NHS England London

Rehabilitation Support Worker Resource Pack

Produced by the Workforce Working Group of the London Stroke Clinical Network & ISDN
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Introduction

This resource pack is intended for London community stroke and neurorehabilitation services and commissioning bodies, as a resource for supporting with recruitment and management of rehabilitation support workers (RSW) within the workforce. It contains information and resources on the expectations and scope of RSW roles, signposting to other relevant information, policies and guidelines, and tools to assist with RSW management and recruitment.

The information and resources provided are intended to be supportive and give suggestions for best practice in managing such roles. The pack is not intended to act as a mandatory guideline.

> The support workforce make up 40% of the total NHS workforce and provide around 60% of patient care[1].

As we move towards the implementation of the Integrated Community Stroke Service (ICSS) model, workforce development will be key. The unregistered workforce within the rehabilitation community is pivotal in clinical delivery. They can provide intensity of sessions, release clinical capacity from registrants and have role unique in healthcare by crossing multiple disciplines.

The Allied Health Services Support Worker Policy Landscape End of study report[2], which summarises a study carried out in North Central and North East London in 2017, can be a key resource, with sections on RSW employment profiles, education, training, added value and management.

Any queries regarding this document can be directed to the London Stroke Clinical Network in the first instance: england.cardiac-strokecnldn@nhs.net.

Scope of Rehab Support Worker Roles

'I love my job and my role. I love seeing the patients progress in their therapy and the range of activities we can do with them also to try and reach their goals' - RSW

This section describes the broad expectations and scope of the band 3 and band 4 RSW. Also included are core activities undertaken that are consistent across London and a list of additional activities that are undertaken in individual teams/sectors.

The main difference between the band 3 and band 4 roles is assessment. There is broad consensus that band 4 RSW can undertake assessments without direct supervision, whereas band 3 RSW cannot. For more details of the broad scope, please see part 2 and part 3 of *AHP Support Worker Competency, Education and Career Development Framework* by Health Education England[3].

Under the principles of delegated treatment, staff must only undertake a task or activity for which they have appropriate competency levels and confidence. A registered practitioner in the service will retain overall responsibility for patient care but the support worker will be expected to make decisions within the context of the agreed protocol or the designated work with a patient/client, whilst working towards the aims set by or discussed with the registered practitioner[4].

a) Current guidance suggests that at band 4 level it is possible to hold an autonomous caseload. It is dependent upon the competence of the member of staff and the presentation of the patient. It is suggested that band 4s hold the duty of care for certain patients and that clear guidance is provided as when it is appropriate to seek advice from registered staff.

b) CSP guidance state that "The scope of the role of higher-level physiotherapy support workers means they have the capabilities to undertake an entire episode of care from the first face to face assessment through to discharge for certain patients"[5]. For example, in routine orthopaedic surgery, some routine post-natal care and in community and outpatient settings assessment for walking aid provision and exercise prescription. "It is imperative though that they are suitably trained, educated and competent to carry out these elements of care and that they still report to the registered practitioner for redirection and advice, as necessary"[5]. This guidance is part of a document that although published by the CSP is relevant to any healthcare professional.

Broad scope of tasks and activities undertaken by Band 3 and 4 RSWs
This is not an exhaustive list but suggestions of what appears to be common across London and some additional suggested activities based on current service provision.

Core tasks	Band 3	Band 4
Independently carry out patient assessment	No	Yes
Deliver rehab with/without supervision	Yes - directed sessions	Yes – without direct supervision
Run groups autonomously	No	Yes
Conduct outcome measures	As directed	Yes
Assess and review ADL equipment, e.g., rails	Review only	Yes – assess and review
Modify exercises	No	Yes
Provide generic communication advice	As directed	As directed
Telephone assess new dysphagia referrals	No	As part of MDT assessment
Deliver and collect equipment	Yes	Yes
Assemble and adjust equipment such as splints and walking aids	Yes	Yes
Train carers to use equipment such as splints and walking aids	Yes	Yes
Check and maintain stock levels	Yes	Yes
Admin support such as filing	Yes	Yes
Cleaning equipment	Yes	Yes
Ordering equipment as directed	Yes	Yes. Can assess for equipment.
Examples of additional tasks		
FES under supervision	Yes, once set up	Yes
Cognitive assessment	No	As directed
6-month reviews	Yes	Yes
Resettlement Review	No	Yes
SSNAP data entry	Yes	Yes
Blood pressure monitoring	Yes	Yes
Creating communication resources	Yes	Yes
Conversation practice	Yes	Yes
Community access - including mobility and communication	Yes	Yes
Supporting continence	Yes	Yes
Taking observations	Yes	Yes
Mood screening	Yes	Yes
Psychology support as directed by psychologist	Yes	Yes
Secondary prevention advice	Yes	Yes
Service development projects	Yes	Yes
Audit	Yes	Yes

Advice regarding level of expertise/knowledge required is available from:

1. Health Education England. Therapy Assistant, Stroke-Specific Education Framework.
2. Royal College of Speech and Language Therapists. Eating, Drinking and Drinking and Swallowing Competency Framework. May 2020.

Workforce planning

- Integrated community stroke service model recommends a minimum of 1 WTE RSW per 100 referrals.
- There are no current recommendations regarding **ratio of registered to non-registered staff** within the community AHP workforce. Points to consider with regards to ratio are provision of supervision, access to support from registered colleagues and how this is offered (for example, is this via telephone support when needed or a regular meeting), acuity of caseload, type of activity being carried out, and location of activity being carried out.
- **7-day working:** There is evidence to support the use of band 3 and 4 RSWs across 6- and 7-day delivery models. However, there are different models in effect across London, including band 3s working at weekends alongside registrants and teams with no RSWs working outside of core Monday-Friday hours. Consideration should be given to lone working, access to support if needed and what role the RSWs will fulfil when working over 7 days. For example, the RSWs could undertake resettlement visits over the weekends to support flow from the acute hospitals.
- **Value for money:** Cost difference between top pay point of band 3 and 4 is much smaller in comparison to the difference between band 4 and 5 (approximately £2,000 versus £7,000).
- When considering costings for workforce planning, please factor in on-boarding costs. Trusts and ICSs should discuss with local finance team as to what percentage this is. It will include national insurance (NI) contributions, pensions, overheads such as estates, resourcing and any equipment required for individual staff members.

NHS Pay Scales for 2023/24 (excluding HCAS)[6]

Band	Entry step point	Top step point
2	£22,383	£22,383
3	£22,816	£24,336
4	£25,147	£27,596
5	£28,407	£34,581

What is the added value of Rehabilitation Support Workers?

The AHP support workforce works alongside registered staff to deliver patient care and support, working under a range of supervisory arrangements within agreed guidelines and protocols. They often work as part of multidisciplinary teams developing treatment plans under supervision but can also work with individual practitioners or autonomously within the scope of their role and under guidance and following training[3].

Rehabilitation support workers at band 4 will possess enhanced skills in their area of work, which may be a specialist area. They will provide direct care and support, including to service users with more complex needs. They will be able to delegate appropriate tasks to other support staff. They will be able to independently plan and deliver individual or team tasks[3]. They are also able to undertake specific assessments. In the case of neurological rehabilitation, this may include making the first contact with a patient, both face to face and via telephone/virtual, taking observations, prescribing basic level equipment such as walking aids, trolley, toilet frames.

The role of the RSW is multi-faceted. They are skilled and competent practitioners able to provide delegated rehabilitation programmes such as GRASP, fatigue management, home exercise programmes, mobility practice, conversation practice and can undertake 6-month reviews.

An increase in RSW establishment would have the following benefits:

- Increased availability of registrants as can delegate tasks requiring repetition/exercise programmes.
- Increased practice time for task specific work for the patient.
- Increased availability of a second person for patients requiring support from two members of staff
- Continuity of care as the same RSW can potentially provide OT/SLT/PT/psychology input within the same session or in different sessions, allowing the patient to develop a closer rapport with the RSW.

All the above benefits can combine to provide increased intensity of rehabilitation, thereby improving patient outcomes and reducing length of stay. Additionally, there is a cost benefit to RSW as they can work both uni-disciplinary and multi-disciplinary.

Blended roles

'I really enjoy the variety in the role; no two days are ever the same. It allows you to develop skill sets in each area and provides you with a holistic understanding of multidisciplinary rehab.' - RSW

There are a variety of roles in London. Many RSWs are in blended roles. Some provide elements of rehabilitation on behalf of several disciplines including physiotherapy, occupational therapy, speech and language therapy but others are in single discipline roles. There are pros and cons to both.

Blended roles, whether two or more disciplines, allow for more integrated approaches to therapy. As people with stroke often present with impairments in many domains, having one person deliver a rehabilitation programme covering multiple facets is efficient and promotes a more holistic approach. It reduces the number of individuals providing rehabilitation for the patient.

Alternatively, a single discipline RSW allows for the role to cover specific aspects of rehabilitation, to develop a greater depth of knowledge and skills within that discipline, which may support further career development.

Interview with a band 4 in a blended role

'S' works as a band 4 rehabilitation support worker with a Stroke Early Supported Discharge Team. The RSW role works across physiotherapy (PT), occupational therapy (OT) and speech and language therapy (SALT). The qualified therapist does the initial assessment and then patients are allocated to the RSW at the daily MDT handover meeting according to the patient therapy goals and plan.

As part of her role 'S' sees patients both jointly with a qualified therapist and individually. She is able to progress the patient in discussion with the qualified therapist which happens on a daily basis. She also refers onto other services. Most sessions she has had with patients have been on her own.

'S' expressed that this is rewarding work and she has gained confidence in her skills and has seen the difference that it makes in people's lives that are living with stroke. She is able to concentrate on one particular discipline when she sees the patient. She has particularly enjoyed working in cognitive rehabilitation under the cognitive framework that the team have and reflected that it is rare that a patient does not have any cognitive impairment.

She uses exercises and resources provided by the OT to look at cognitive impairment using different assessment tools like washing and dressing, kitchen assessment and meal preparation to observe initiation of actions, sequencing and problem solving. She reflected that this sheds a light on movement patterns, neglect, visual scanning, attention, memory and information processing.

She has found that the RSW position has given her the practical experience to understand what it is like living with language and neurological difficulties. She finds that joint sessions with qualified therapists as well as clinical psychology have helped her to develop more analytical skills. She has regular contact with her supervisor and had training to help her feel competent and confident in her role. She has also valued understanding and working alongside third sector organisations like Stroke Association and Different Strokes. She has picked up that patients are often experiencing fatigue and adapts her sessions into small chunks with regular breaks. The appointment duration is usually 45-60 minutes. The ratio of qualified to unqualified in her team is four qualified to two unqualified.

Management Frameworks

Consideration of the sometimes significant management resource required for supervision, training and competence and development of RSWs is a key point. There is an expectation that RSWs should be supervised by a registrant, certainly until the RSW has attained the necessary competencies. Often the supervision of RSWs will be undertaken by senior staff as opposed to rotational staff to provide consistency. However, in some teams, the RSW may be the only static member of staff.

Some trusts have dedicated roles aimed at the development of support workers across both nursing and allied health professions. This releases time from within the team to develop the core skills of the RSWs and allows for consistency across organisations.

There is the potential to develop unregistered band 5 roles either in operational roles overseeing band 3 and 4 staff or in development roles including workforce.

It is recognised that band 4 staff have a significant role to play in the training and development of band 3 RSWs alongside registrants e.g., teaching, shadowing, joint sessions. It is considered a part of the role[3].

Retention of Rehabilitation Support Worker roles

'We do not realise how valuable the support workers are until they are not there.' - Senior Radiographer

- **Rotations** for RSWs within neuro services and across community services provide variety and increased opportunity for learning.
- **Apprenticeships** enable staff to develop into registrants and benefit the service as the RSWs have enhanced skills through their training.
- **Career progression**: Early results from a survey in South West London suggests that majority of RSWs would be interested in progressing to a higher band.
- **Training** of band 3 and band 4 RSWs may lead to them feeling more supported and therefore more likely to stay. A survey carried out in South West London indicated that regular core/role specific training is desirable by staff. Training should be available via training videos such as 'what is a stroke', basic anatomy and forms of e-learning courses.
- Teams should consider RSW engagement events and trust implementation of the *AHP Support Worker Competency, Education and Career Development Framework* via the trust AHP Practice Development Lead
- **Training in psychological support**: Psychology guidelines recommend MDT approach to managing emotional and psychological needs of patients and families. Teaching and training of RSWs on psychological aspects of the role may help RSWs to feel more confident in carrying out activities such as mood assessments and facilitating conversations to monitor mood. Signposting materials should be made available, given services may not have an 'in-house' psychologist in post.
- Roles may be made more interesting and appealing through:
    - Participation in presentations and service development projects
    - Ownership of work in specified areas, such as resettlement or 6-month reviews, and active contribution to decision making
    - Opportunity to become a champion in Bridges self-management training
- Retention may be improved through good management practices such as supervision, appraisal, dedication to continuing development and opportunity for flexible working.

Case studies

These case studies are based on interviews with RSWs working across London in community stroke and neuro services. Other case studies are available on *AHP Support Worker Case Studies*, Health Education England.

Case study 1: Band 4 RSW - Blood pressure monitoring at home pilot project in SWL

- Involved from the beginning of the project to help design the methodology
- Created a leaflet to give to patients explaining the project.
- Created an information sheet for patients as to how to apply the monitor and how to record the readings
- Created a diary sheet to record the readings
- Developed a checklist for the band 4s delivering the monitors
- Created a flow chart for the process
- Carried out the initial visit to supply the monitor, educate the participant how to use the monitor, how to record the readings, what the readings mean and when to make contact with primary care (e.g., high readings). Also screened for risk factors.
- Collected the monitor at the end of the 7-day recording period.
- Inputted readings into database
- Assisted in write up of pilot project

Application of knowledge

During the project the RSW identified a patient who was at significant risk of second stroke due to high BP and risk factors. They arranged for education sessions with the stroke nurse. After the sessions, the patient had made changes to lifestyle and BP readings had significantly reduced.

RSW was able to use the information leaflets and patient education to support a patient not part of the study to correctly use their own BP monitor, providing reassurance to the patient and ensuring correct readings obtained.

Case study 2: RSW perspectives of community working

'SA' has worked for the NHS since he was 18, starting out as an Operating Department practitioner in theatres and then a patient pathway co-ordinator for stroke. The last six years he has been working as a Rehab Support Worker.

He loves his job consisting of helping other people, organising care by other teams and helping people living with stroke to get settled at home. He suggested that about six out of ten people he works with get back to baseline after six weeks of early supported rehabilitation for stroke. He finds he never gets bored of it.

He works mostly alone with patients with an aim of 60 minutes working towards their rehab goals with a couple of sessions a week as a double session. His job enables him to carry out the initial assessment, complete outcome measures including Berg Balance Scale, dynamic gait index and HIMAT, goal setting and rehab sessions. He likes it when he gets to do a longer session incorporating OT and PT. He works closely with the other rehab support worker for the team. 'SA' reports that even though you are out alone with a patient, which is probably the toughest part of the job, there is always support available by contacting the team and someone is always around.

He finds the team has great teamwork and communication with good, enthusiastic team members. The two qualified OT and physios come to the team on rotation leaving a permanent team of a clinical manager (who is an OT), SALT, two rehab support workers and the stroke co-ordinator. This gives a good mix of stability and fresh ideas and knowledge coming into the team. He prefers his post to remain static but enjoys working with different people that rotate.

The challenges of working in this post are incomplete referrals with poor patient information, including the address being wrong sometimes. This takes away from time with the patient and can cause increased risk for the patient and sometimes results in readmission. The other difficulty is when the home setting has not been thought through comprehensively before discharge home and the Stroke ESD team must spend time to complete tasks which were omitted. He enjoys the admin side of the job the least, but the duties are shared out well.

He finds his job extremely rewarding and has so much experience that he can confidently see a large amount of the team's caseload each week. He is valued for his great contribution to both patient care and the team.

Case study 3: RSW perspective of gaining knowledge and skills

'L' has been working in her current post for one year following being in healthcare assistant role. Her role incorporates working across physiotherapy, occupational therapy and speech and language therapy. The clinical aspects of the role are initial assessment, running rehabilitation sessions (mostly focused towards one discipline), doing outcome measures apart from the Oxford Cognition Scale, joint sessions with qualified therapists, discharging and onward referral of patients. Administrative tasks include updating the SSNAP forms, so they are ready for data entry by the data team, ensuring there are enough patient packs for the team to take out, uploading initial assessment forms to system one and contacting patients with the times for their therapy sessions the following week.

She sees most patients on a 1:1 basis with some sessions being joint with a qualified clinician. She travels to all her patient appointments on public transport. There are two rehab support workers in the team, and they do a large amount of the rehab focussed work with the qualified therapists guiding this. There is a good team dynamic with a good response to queries or questions during or following the treatment session. She finds that the good communication between the teams is very helpful in managing the patient and she has support in what she does. She can suggest adaptations to the plan to the qualified therapist following her observations with the patient. She has home access to systems which enables her to complete her patient notes at home where her timetable does not allow her to go back to base.

'L' finds the job challenging in a good way. She learns a lot and finds that gaining more knowledge and skills gives her confidence to do her job and support patients. She understands the difference between the disciplines but can also see how they work together, for example washing and dressing can involve OT practice with the task and physio practice with balance and standing endurance. She has learnt the difference between the aspects of rehabilitation by having a set of competencies to achieve and supervision and teaching with a permanent member of the team.

She finds everything about the job enjoyable and it is helping her to get closer to her career plan of training to be an occupational therapist. She finds the teamwork is great and communication very good as well with a regular team meeting. She does some self-studying at home to help her role. A couple of the challenges are travelling on public transport and when patient circumstances change. She likes the job as it is and is happy with it being a static position rather than rotational.

She has learnt so much in a year and is a competent productive member of the team who is very valued for all she contributes.

References

1. Sophie Sarre, Jill Maben, Clare Aldus, Justine Schneider, Heather Wharrad, Caroline Nicholson, Antony Arthur. *The challenges of training, support and assessment of healthcare support workers: A qualitative study of experiences in three English acute hospitals*, International Journal of Nursing Studies, Volume 79, 2018. https://www.sciencedirect.com/science/article/pii/S0020748917302729.
2. Allied Health Solutions. *Allied Health Services Support Worker Policy Landscape End of study report*, Retrieved 30 May 2023 from https://www.alliedhealthsolutions.co.uk/PDFs/SupportWorkforce/SWAPFinalReport.pdf
3. Health Education England. *AHP Support Worker Competency, Education and Career Development Framework*. Retrieved 30 May 2023 from https://www.hee.nhs.uk/sites/default/files/documents/AHP_Framework%20Final_0.pdf
4. Chartered Society of Physiotherapy. *Supervision, accountability and delegation of activities to support workers - a guide for registered practitioners and support workers.* 17 March 2020. https://www.csp.org.uk/publications/supervision-accountability-delegation-activities-support-workers-guide-registered
5. Chartered Society of Physiotherapy*. FAQs: support worker delegation*. Retrieved 30 May 2023 from https://www.csp.org.uk/content/faqs-support-worker-delegation
6. NHS Employers*. Pay scales for 2023/24*. 2 May 2023. https://www.nhsemployers.org/articles/pay-scales-202324

APPENDICES

Competencies

Stroke - A Training Resources Guide: Health Education England. A comprehensive collection of training resources available for people working along the stroke pathway from prevention to life after stroke. It is not specific to RSWs however many of the resources are applicable. It is designed to be used alongside the Stroke Specific Education Framework.

Stroke rehabilitation for the non-registered workforce: E-learning for Healthcare. This module introduces what a stroke is, what difficulties can present after a stroke and the optimum ways to support people post stroke. It is intended for carers, support workers and family members.

Stroke Training and Awareness Resources (STARs) project eLearning Modules: CHSS eLearning. The core competencies are designed for all staff working in health and social care and cover 18 domains including signs and symptoms, cognition, emotion, rehabilitation. There are also advanced modules which take a more in-depth look at each domain.

Therapy Assistant - Stroke-Specific Education Framework: Health Education England. A role profile library.

Booklet for the assessment of competence for band 4 physiotherapy Assistant Practitioners: Gloucestershire Health and Care NHS Foundation Trust. An example of a workbook covering core competencies including basic assessment. It is not stroke specific.

Core Standards for Assistant Practitioners: Skills for Health. A set of core standards for support workers. Not stroke or profession specific.

Eating, Drinking and Drinking and Swallowing Competency Framework. 29 May 2020. Royal College of Speech and Language Therapists.

Part four: RCSLT clinical competencies for assistant practitioners. Draft clinical competencies from Royal College of Speech and Language Therapists.

Occupational Therapy Technical Instructor Band 4. Clinical competencies from Royal College of Occupational Therapy.

Practice competencies for support workers. Band 3 and 4 competency workbooks from Chartered Society of Physiotherapy.

Calderdale Framework Provides the ‘How to’ in transforming the workforce. The Calderdale Framework.

Scope of practice

1. The Chartered Society of Physiotherapy. *Supervision, accountability and delegation of activities to support workers - a guide for registered practitioners and support workers.* 17 March 2020. https://www.csp.org.uk/publications/supervision-accountability-delegation-activities-support-workers-guide-registered
2. The Chartered Society of Physiotherapy. *Scope of practice for support workers.* https://www.csp.org.uk/networks/associates-support-workers/scope-practice-support-workers
3. NHS England. *Healthcare Support Worker programme*. https://www.england.nhs.uk/nursingmidwifery/healthcare-support-worker-programme/

Additional resources

1. Health Education England. *AHP Faculties*. https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/ahp-faculties
2. Health Education England. *Developing the role of AHP Support Workers*. https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers
3. Health Education England. *Support worker learning and development roadmap*. https://www.hee.nhs.uk/our-work/talent-care-widening-participation/support-worker-help-resources/support-worker-learning-development-roadmap
4. Health Education England. *Allied Health Professions support workforce: readiness toolkit 2021*. A step-by-step guide to implementing the AHP competency framework, at regional, ICS & organizational levels. Also contains links to profession specific guidance. https://www.hee.nhs.uk/sites/default/files/documents/AHP_SupportWorker_Toolkit_Acc_Form.pdf
5. Health Education England. *AHP support workforce - grow your own workforce strategies*. https://www.hee.nhs.uk/sites/default/files/documents/AHP_Guide_GYO_Acc.pdf
6. Health Education England. *Making Learning Work for AHP Support Workers*. An employers guide to creating supportive learning cultures in workplace. https://www.hee.nhs.uk/sites/default/files/documents/AHP_Guide_MakingLearningWork_Acc.pdf
7. Health Education England. *AHP support workforce - understanding education, qualifications and development.* A brief overview of the formal education and development opportunities that assist support worker learning, including Functional Skills and Technical levels (T levels). https://www.hee.nhs.uk/sites/default/files/documents/AHP_Guide_EdQual%2BDev_Acc.pdf
8. NHS England. *National service model for an integrated community stroke service*. February 2022. https://www.england.nhs.uk/wp-content/uploads/2022/02/stroke-integrated-community-service-february-2022.pdf