# Pastoral support quality self-assessment tool

The support worker pastoral support quality self-assessment tool is designed to enable organisations to benchmark themselves against the core principles that underpin a high-quality pastoral support offer for support workers. These elements of practice are not specific to particular settings and will enable organisations to ascertain how they can build upon existing work do to promote support worker recruitment and retention, as well as improving staff experience.

## Theme 1: Recruitment

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | Candidates are provided with a seamless experience from attraction through to induction, underpinned by provision of accessible and informative resources. | * Candidates are provided with a named single point of contact for all queries throughout the recruitment process. |  |
| * Candidates are provided with information during their application, eg anticipated timelines for the recruitment process, resources that detail the role being advertised, an overview of the care certificate, etc. |  |
| 2 | The organisation is taking steps to measure and reduce joiner attrition\*, through ensuring candidates have a greater understanding of support worker roles before applying. | * Candidates are provided with supplementary information to ensure candidates have a developed understanding of the role and recruitment process prior to application.   + this could be in the form of posters, leaflets, photos providing an overview of the role, application and/or interview tips, and promotion of any recruitment initiatives or events to support applications, including details of their content, frequency, and signposting to further information. |  |
| 3 | The organisation holds attraction and recruitment events that remove traditional process barriers to encourage new to care candidates to apply, enabling widening participation in the support worker workforce. | * Candidates are provided with a copy of a healthcare support worker job description that aligns to the new to care agenda, making it clear that no prior NHS experience, nor any formal qualifications, are required for an individual to apply to a role. |  |
| * Specific recruitment days and/or events are regularly run that demonstrate that:   + traditional recruitment processes have been streamlined, eg mass recruitment events   + widening access into the HCSW workforce is being enabled, eg new to care recruitment events and offering of test shifts. |  |

\* Candidate attrition describes the rate at which new joiners leave the organisation within a defined time period, eg one year. This metric should measure those employees who leave the NHS workforce, rather than those who leave the role to work in an alternative NHS role, for example due to progression opportunities.

## Theme 2: Induction

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | The induction provided to employees is specifically designed for support workers, covering the completion of the care certificate, ensuring joiners have a protected supernumerary period, and mechanisms exist to provide opportunities to rotate or transfer between settings to encourage retention. | * Joiners are provided with a copy of the corporate induction pack, including the organisational corporate induction timetable. |  |
| * Joiners are provided with a copy of a care certificate workbook, and an introduction to the care certificate forms a central part of the induction process. Employees are provided with details of the support available to enable certificate completion, including regular catchups that are available to both new joiners and existing staff members. |  |
| * All joiners have a protected supernumerary period that can be extended if requested by an individual. |  |
| * The organisation has a documented, clarified process for transferring staff to different wards, departments and settings, eg set out in a standard operating procedure. |  |
| 2 | Support workers are enabled to build resilience through introductions to and opportunities to carry our reflective practice. | * Joiners are provided with reflective workbooks or journals at their induction. |  |
| * The organisation integrates reflective practice throughout the induction process and implements processes to measure its impact, eg by issuing feedback forms to new starters to capture how they have benefitted from reflective practice. |  |
| 3 | The organisational induction period for support workers lasts for a minimum of 2 weeks, with the provision of additional protected study days over the period in which an individual works to complete the care certificate, reducing the risk of burnout and encouraging continuous development. | * Joiners are provided with a clinical area- and/or support worker-specific induction timetable, including additional ringfenced time for further study for the duration of Care Certificate Completion. |  |
| * Organisations track each support worker’s care certificate completion progress and capture additional information (eg further protected study days) to monitor each individual’s needs. |  |

## Theme 3: Pastoral support

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | Organisations have developed a support infrastructure for their support workers. | * Organisations employ staff in dedicated pastoral roles for support workers. Pastoral support is accessible to joiners for at least 6 months post-induction. |  |
| * All support workers have a dedicated line manager with whom they have regular meetings. |  |
| * The organisation runs a support worker buddy programme, with dedicated training for staff who wish to come buddies. Joiners are provided with information regarding the support that buddies can provide and are signposted to meeting their buddy. |  |
| 2 | Buddies undergo additional training and/or are provided with additional guidance to ensure that both buddies and the people they support have a positive experience. | * Buddies have opportunities to access and undertake additional training and access resources to support them in the role, including but not limited to:   + Freedom to Speak Up guardian training   + opportunity to become a peer listener   + buddies are provided with a manual/guide to enable them to support others to the best of their ability. |  |
| * Pastoral support is accessible to joiners for at least 12 months post-induction. |  |
| 3 | Dedicated pastoral roles can provide continuous support to healthcare support workers throughout the duration of their employment. | * To ensure the sustainability of the support offer provided to healthcare support workers, all roles with a job description/person specification that is dedicated to the pastoral support of healthcare support workers should be substantively employed, rather than being employed on fixed term contracts. |  |
| * Pastoral support is accessible to joiners continuously post-induction. |  |

## Theme 4: Ongoing learning and development

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | Support workers are provided with opportunities to develop the fundamental function skills they need for life-long learning, alongside information on how they can develop and progress within their careers. | * Support workers have access to dedicated educator roles or teams to support them on their educational and learning journeys, eg signposting to training and qualifications. |  |
| * The pastoral and/or educational team track whether support workers have been offered, and have accessed, support or information regarding education and training. |  |
| * The organisation provides a functional skills offer to support workers that is actively signposted to both new starters and existing employees. |  |
| 2 | Support workers are enabled to plan their careers, with this offer being tailored to the needs and motivations of each individual. | * Support workers are provided with a copy of the organisational chart/organogram which highlights the managerial and leadership structures within their clinical setting. |  |
| * Support workers are offered dedicated group or 1-to-1 career planning sessions. The frequency and content of these sessions are tailored to the needs of every support worker and the outputs are tracked by the education teams. |  |
| 3 | Dedicated educator roles can provide continuous support to healthcare support workers throughout the duration of their employment. | * To ensure the sustainability of the support offer provided to healthcare support workers, all roles with a job description/person specification that is dedicated to the educational support of healthcare support workers should be substantively employed, rather than being employed on fixed term contracts. |  |
| * The ratio of educators to support workers should be proportionate to the size of the healthcare support worker workforce/establishment to ensure each individual can access the level of support they need. |  |

## Theme 5: Value and recognition

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | The organisation has mechanisms in place to ensure that the role of the support worker is recognised for the valuable contribution they make. | * The organisation runs annual celebration events specifically for support workers, eg Nursing Support Workers’ Day. |  |
| * Support workers are nominated alongside clinical staff for awards to recognise their contribution to patient care and service delivery, eg Chief Nursing Officer and Chief Midwifery Officer awards. |  |
| * The organisation has established a groups/space to listen to the ideas and concerns of support workers, eg a support worker forum. Support workers are aware of the purpose of this space and are actively signposted to attend if they wish. |  |
| 2 | The organisation enabled support workers together to develop a collective voice, empowering them to have an influence in organisational decisions and policies that impact them. | * Support workers are enabled, through various mechanisms (eg ward rounds with senior clinical staff and staff forums), to provide their perspectives on organisational processes and decisions, or suggest potential changes themselves. |  |
| * The organisation is able to demonstrate how changes in the organisation have been made in response to support worker feedback and actively platform the role of support workers in leading change. |  |
| 3 | The organisation has mechanisms in place to systematically capture support worker experience and use it to drive organisational improvements. | * The organisation actively seeks out the views and feedback of support workers through both informal and formal mechanisms, eg ward rounds and annual surveys. |  |
| * The views, perspectives and suggestions of support workers should be promoted amongst senior leadership. For example, instances of how service improvements have arisen from support worker feedback should be discussed in executive/board meetings and detailed in corresponding papers. |  |

## Theme 6: Flexibility and wellbeing

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | Support workers are provided with information about flexible working and are enabled to achieve an effective work-life balance. | * The organisation has a documented, clarified process for facilitating flexible working conversations with staff, eg set out in a standard operating procedure or organisational policy document. |  |
| * The organisation has dedicated and differentiated approaches for accommodating flexible work for new starters and existing staff. |  |
| * Support workers are actively supported to internal/NHS wellbeing services and signposted to additional external support services (eg financial wellbeing, staff networks, staff physiotherapy, bereavement support etc.). |  |
| 2 | Organisations provide a dedicated wellbeing offer to support workers to enable them to maintain their mental and physical health. | * The organisation coordinates and runs dedicated wellbeing workshops to ensure that healthcare support workers are equipped with the support they need to manage their own wellbeing. Attendance as these sessions is monitored to quantify engagement and adapt the content, frequency, and structure as necessary. |  |
| * The workshops are supported by supplementary material for support workers to refer to in the own time eg support packs. |  |
| 3 | Organisations implement specific initiatives to facilitate flexible working within the healthcare support worker workforce. | * The organisation provides dedicated opportunities for support workers to work flexibly, supported by corresponding guidance. |  |
| * The organisation connects support workers with voluntary roles, such as support worker champions, to support the wellbeing of the healthcare support worker workforce. Such roles can exist within departments, organisations, and/or across integrated care systems. |  |

## Theme 7: Organisational expectation

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| Phase | Element of practice | Examples | RAG self-assessment |
| 1 | The organisation’s senior leaders are invested in the support worker workforce, implements data-driven approaches and seeks out best practice and supporting tools. | * Senior leadership teams engage with support workers in a regular formal capacity, eg via bespoke events or virtual organisational briefings. |  |
| * Workforce data is utilised to plan, recruit and retain the support worker workforce. Teams responsible for both staff recruitment and retention should work collaboratively and use workforce data to continuously monitor ongoing workforce trends. |  |
| * The organisation is accessing and utilising the Healthcare Support Worker Programme’s Future NHS workspace. Relevant staff members are registered to the workspace and engage with its resources and tools. |  |
| 2 | The organisation implements interventions to maintain low vacancy and attrition rates to ensure the resilience of support worker workforce, whilst also promoting individual progression and development. | * Workforce data is utilised and mapped to demonstrate that support worker vacancy and attrition rates are equal to or below the national average. |  |
| * The organisation has mechanisms in place to capture the relevant data to measure progression of support workers into other NHS roles, eg nursing associate and registered nurse to demonstrate the impact of entry-level roles. |  |
| 3 | The organisation ensures the long-term stability of the support worker workforce and collaboratively shares its knowledge and experience with the wider NHS. | * Workforce data is utilised and mapped to demonstrate that support worker vacancy and attrition rates have been stable over a sustained period of time, eg over the course of a financial year. |  |
| * The organisation shares its support worker best practice with other NHS providers, its local integrated care system and NHS England to showcase its dedication to championing the workforce and to encourage knowledge-sharing. |  |