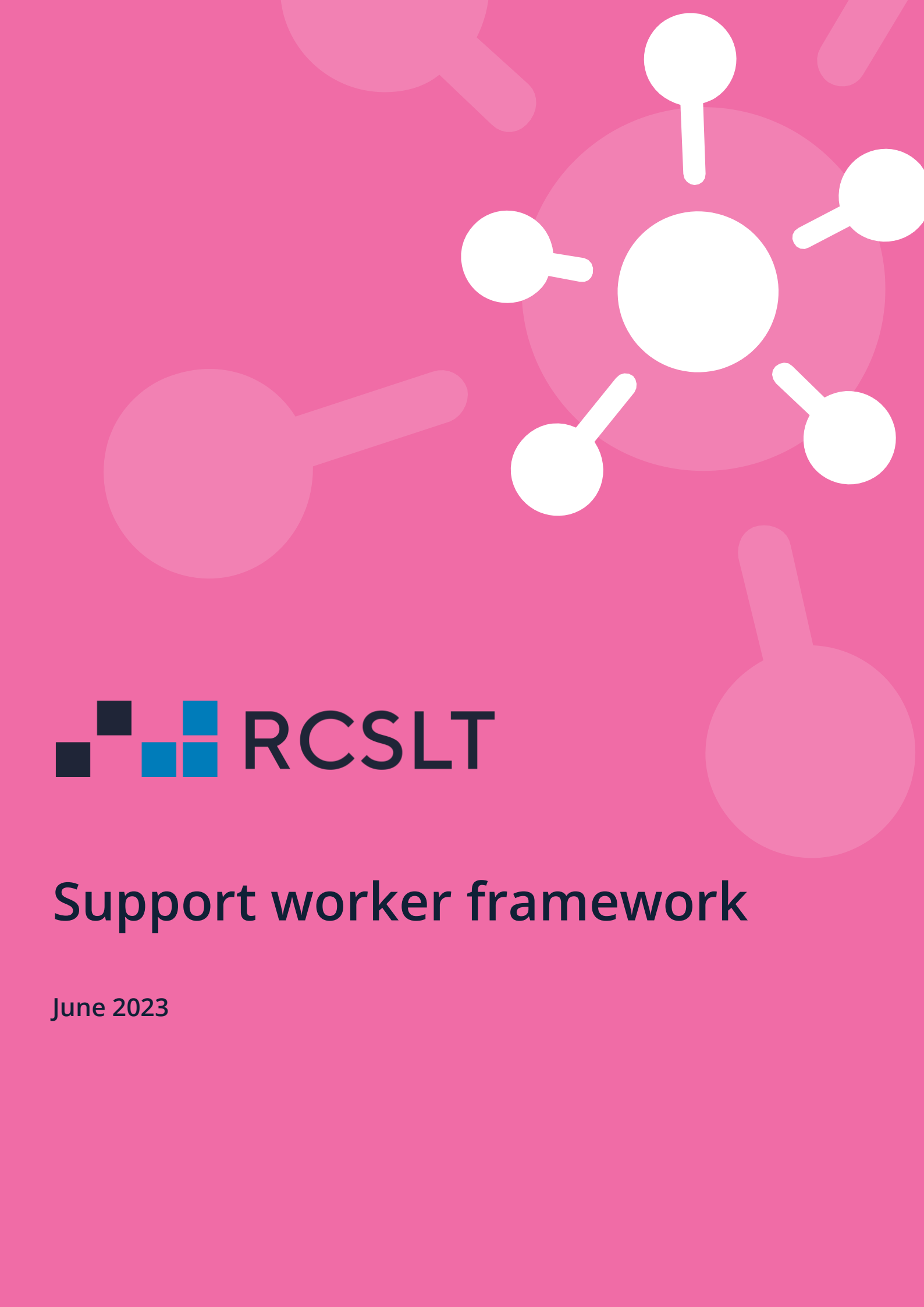

RCSLT

Support worker framework

June 2023

By the Royal College of Speech and Language Therapists 2 White Hart Yard, London SE1 1NX 020 7378 1200 www.rcslt.org

Members can submit their feedback on the document at any time by emailing: info@rcslt.org

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This document is available from the Royal College of Speech and Language Therapists' website: www.rcslt.org.

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Contents

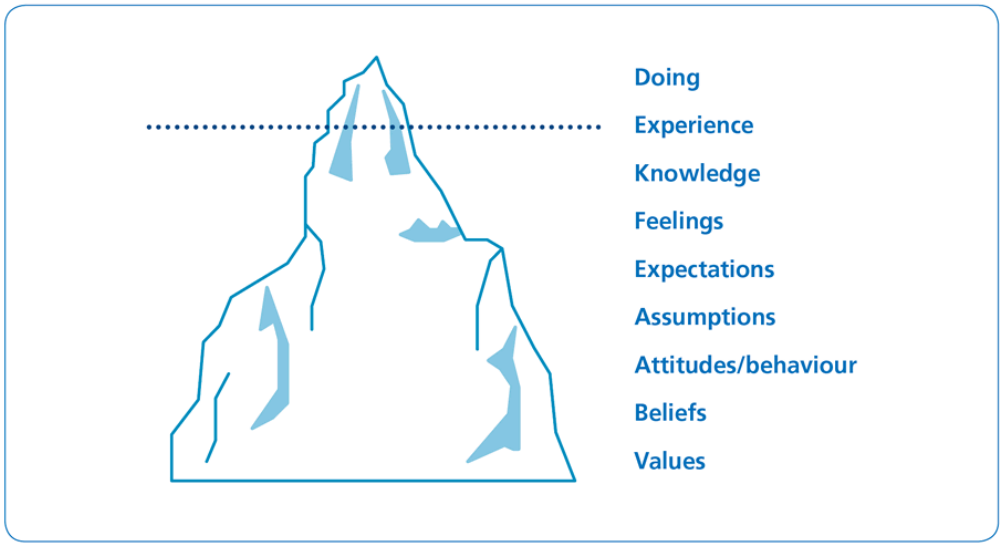
Section One: Introducing the framework

1. Introduction

The RCSLT support worker framework (hereafter referred to as 'the framework') aims to guide safe and effective practice, through supporting the training and development of the support workforce.

Professional practice in any role can be difficult to quantify. Fish and Coles (1998) used the image of an iceberg to represent the 'invisible elements of practice' which are below the surface (figure 1). This element of 'invisible' practice is especially difficult to quantify in an evolving professional role such as a support worker.

Figure 1



Source: Fish and Coles (2005)

Prior to the development this framework, the RCSLT undertook a review of the landscape surrounding the training and ongoing development of the support workforce. A 2021 RCSLT survey of support workers, speech and language therapists (SLTs), and SLT managers identified four key themes:

1. Clarity of job role
2. A structured career pathway
3. Training (for both support workers and supervising SLTs)
4. Support/supervision

This framework is designed to be used flexibly by support workers, managers and organisations to:

- identify current and future development needs,
- support continuing professional development and career progression,
- support supervision and appraisal meetings,
- provide a structure to support the RCSLT CPD Diary.

2. Competency based learning

This framework for professional learning is based around competencies.

In October 2021, NHS England, previously known as Health Education England (HEE), published the AHP Support Worker Competency, Education and Career Development Framework with the intention of "maximising the contribution of the AHP support workforce to delivering safe and effective care". It gives allied health professional (AHP) support workers a shared core framework of wider profession competencies, with three levels of development.

The RCSLT framework builds upon these generic **core competencies**, providing a profession specific **clinical competency framework** for speech and language therapy support workers. It is intended to complement, and be used in conjunction with, HEE's framework.

The RCSLT recommends that speech and language therapy support workers across the UK, and those who support them, use both the core and the clinical competency frameworks to identify training and development needs and track progress over time. The RCSLT's online toolkit provides a blank Word version of the core competencies. These have been slightly adapted from HEE's to include suggested formal education programmes as these tend to be limited for speech and language therapy.

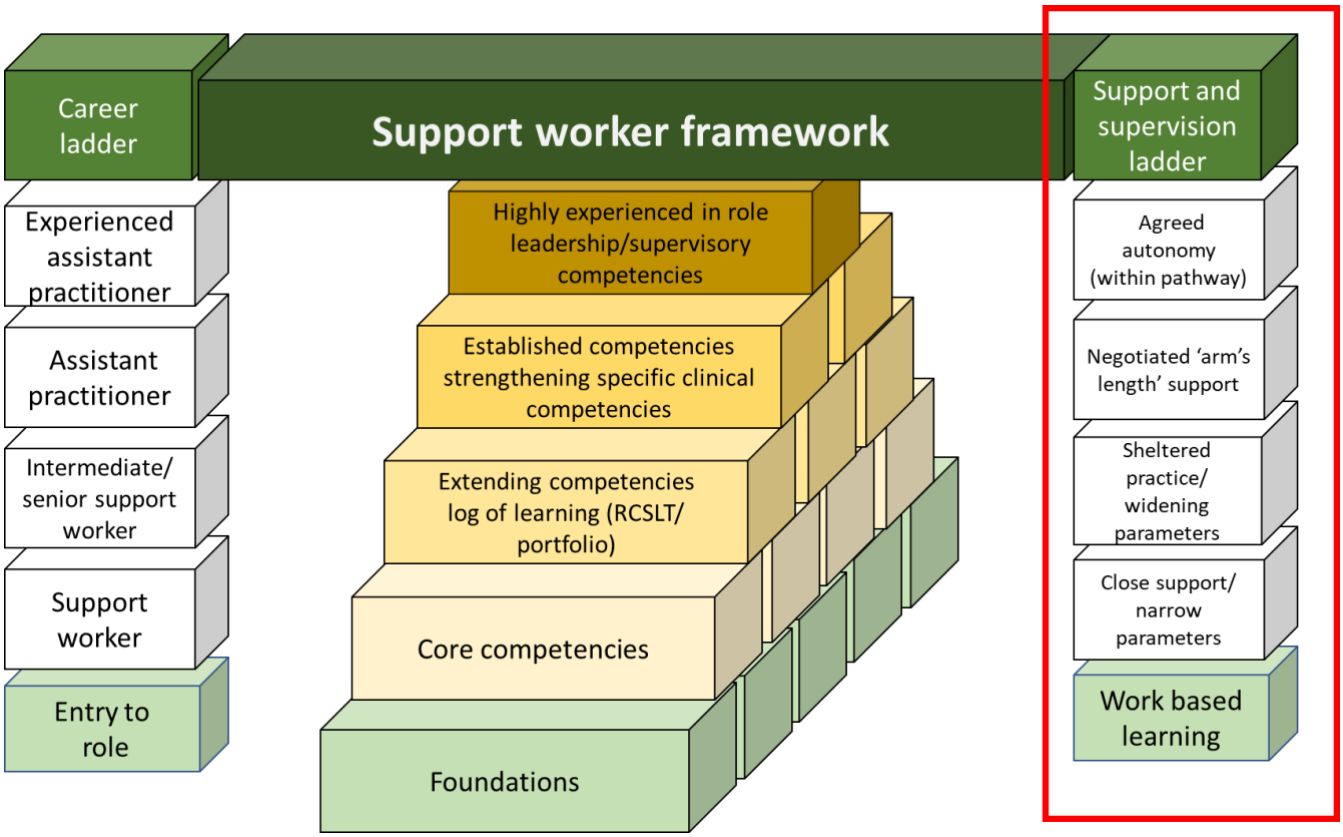
The NHS Scotland Induction Standards' Four Pillars of Practice could easily be substituted for the HEE framework if preferred. The Four Pillars of Practice help practitioners identify areas for development in clinical practice, facilitating learning, service improvement and leadership. The RCSLT clinical competencies enhance these pillars of practice. There are resources but no specific competency statements, so the HEE AHP framework could bridge this gap for practitioners in Scotland.

The visual model of the framework (figure 2) shows how the core competencies form the base, extending upwards into clinical competencies. There is a ladder of support and supervision to give each practitioner scaffolding support in building a set of individual competencies as they move up through the framework.

As the role of the support worker varies significantly across services, each practitioner will follow a slightly different route through the structure. As experience is gained, the practitioner reaches a 'platform of safe practice' in their role, and, over time, the scaffolding support for delegation changes, to become more flexible with wider parameters for decision-making.

The AHP core framework gives a firm base of wider professional core competencies needed for competent practice. At this stage of development, likely close to entry into the role, a support worker is supported by experienced clinicians who give them direction within narrow parameters – for example when undertaking routine clinical or administration tasks. Working through these generic competencies gives a firm grounding in the values, attitudes and interpersonal skills needed in healthcare support roles. Knowledge of healthcare policies and legal frameworks, alongside practical skills such as making case note entries, are also included.

Figure 2



It is generally intended that the RCSLT profession specific clinical competencies are for use after completion of the core AHP competencies. However, there is flexibility – for example, one practitioner might work through the core competencies before commencing the clinical competencies, while another practitioner might be working on core competencies and clinical competencies in tandem. Some practitioners might complete a basic level of core competencies then move on to the next level of the core framework.

Regardless of grading, many speech and language therapy services will need all practitioners to work up to level 3 (assistant practitioner) in some domains of AHP core competencies.

The clinical competencies focus on what is required of support workers in their job roles, or the skills which are needed to do the job with confidence. There are also indications of how the type of support and supervision changes as a support worker gains experience in their role.

The level of scaffolding support on the ladder of support and supervision, needs to be dynamic. For example, if an experienced support worker was embarking on learning skills in a different clinical area, then initially the support would be tighter, with more specific direction. The onus in the framework is on support workers and their supervisors/managers, discussing the type of support/supervision needed for the different competencies identified as required for the job role.

Guidance on this reflective process is provided in the toolkit.

3. What are competencies and competence?

Competencies are statements about what needs to be carried out within the workplace and therefore form part of how professional practice can be described. Underpinning these competencies is all the knowledge, understanding and skills we have as individual practitioners, together with our professional values and beliefs.

Competence is evident:

- within an individual's professional practice, how they carry out their role and responsibilities; and
- in the way an individual critically reflects on their practice.

Essentially, it is about an individual's ability to effectively apply all their knowledge, understandings, skills, and values within their designated scope of professional practice.

Building competencies through a structured framework is the way to achieve confident competency in our professional roles.

4. Clinical competencies: a model of practice

The clinical competencies were developed to strengthen continuing professional development (CPD). This is a framework of clinical and professional competencies which focuses on those specific tasks/roles which are within the scope of practice for support workers. The competencies cover the process of therapy, moving from identification of need through to discharge from service.

In the 2021 RCSLT support worker survey, one of the strongest themes to emerge was that support workers would like to learn more 'background theory' – i.e. the 'whys' behind the therapy they deliver – and a structured model to enable this learning. In this framework there is more emphasis on the 'practitioner in the field', learning and developing as they reflect on experience and the decisions they make when working with clients.

Professional know how

Once any practitioner, registered or non-registered, has acquired a set of competencies linked to their job role, the focus changes to how capable they are in carrying out their role. This is about the wider practical application of competencies and involves factors like individual style, confidence and the ability to make judgements and decisions in a work situation.

Eventually practitioners reach a stage where the focus is on the intuitive application of professional knowledge and skills in day-to-day work.

This has been described as professional know how (Schön 1991) and it is more difficult to measure than acquisition of specific competencies. It is how the practitioner applies knowledge and acts in their daily work and so develops their competent practice. Ghaye & Lilyman (2007) comes at this from an interesting angle and says that there is a point in our professional development where we begin to 'think like' a lawyer, a teacher or an SLT.

Professional practice and know how is far greater than the ability to deliver a service through a predetermined care plan or pathway. Practitioners are constantly facing unique situations and practice dilemmas not just in relation to individual clients.

Schön described an expert practitioner as a 'walking set of theories' based on practical experience over time. He maintained that when a practitioner with expertise (developed over many years) leaves a team, there is a significant gap which is often only recognised when the person leaves that team. If an experienced support worker has worked in a team for many years, then they are an expert practitioner in their field of work. This needs recognition and respect and, as Schön pointed out, we don't always recognise this expertise until the practitioner leaves.

Schön's work set the scene for later research on the reflective practitioner in both education and healthcare. By doing a job we acquire this professional know how and, in becoming experienced practitioners, we shape our professional skills and develop our individual style as practitioners. We eventually become expert practitioners in our field of expertise.

Schön writes of the very technical acquisition of competencies necessary for a particular job. He then writes about the 'art of practice' and how the most successful practitioners progress to this stage not only by working 'in the job' but through feedback and reflection on daily actions. There is an accrual of learning in practical practice settings.

Eventually we have a store of knowledge, built up through our experience of professional practice, and Schön calls this 'professional wisdom'. This is about how we develop in our professional role, and the fact that learning encompasses more than signing off competencies. It is about how we engage with others, share our knowledge in supporting clients and carers and interact in everyday clinical situations.

Judgement and decision-making are two of the most crucial competencies in speech and language therapy professional practice. We can acquire isolated competencies but success in our professional role does not only relate to the development of knowledge and practical skills, it

hinges on how we think and make accurate and timely judgements and decisions within a coherent professional framework.

There are skills and knowledge which underpin the tasks that need to be carried out, as well as skills and knowledge that underpin the process of doing the task and how we monitor, adapt, and adjust, using judgement to make decisions. Interestingly, it was this type of knowledge which support workers said they were keen to learn more about in the survey. In simplest terms, this means acquiring the professional know how to undertake the job role with confidence. It is also about developing individual practice and being successful in a role and it is more difficult to measure.

Sometimes we utilise observation and feedback by colleagues as tools to support practice development. Certainly, the support worker at this stage needs to be able to access an identified colleague (manager/supervisor) as a competency coach with opportunity to meet for reflective learning.

At a basic level, all support workers need to have conversations about their experiences and unpick events. Decision making in a session might be retrospectively explored with questions such as:

- What went well?
- Would you have done anything differently?
- Would you do the same again in a similar situation?

A skilled, experienced colleague can guide the conversation through a reflective learning cycle and through this process jointly identify new learning points.

The busy clinician does not have time to scrutinise learning and development theory and the RCSLT framework and toolkit intends to ensure that the information is there and accessible for those who are juggling casework and need to access information which they can then apply practically to support their colleagues.

There is a recognisable stage when we become established in our role. We are confident. In the visual representation of the framework we have reached a safe platform. We know our job. We are keen to continue learning, developing, and building on an established level of skills and expertise in our role. This is when we have that professional know how and competence in dealing with everyday situations in clinical practice that can be problematic.

Knowledge and skills develop over time. As support workers do their job they develop a store of individual experience and a clinical style or approach in how they carry out their role. The practitioner develops their professional know how plus individual style in their job role.

This is difficult to set out in a learning and development framework, but colleagues will recognise this level of experience with respect. This is equally true of a Band 3 support worker as it is of a Band 6 Specialist SLT. It is true of all professional roles. The theory and knowledge about how we develop in our individual professional practice is relevant across all roles.

What does this mean in terms of supporting development of a practitioner?

Professional competence is difficult to measure. It can be estimated by analysing someone's judgement and decision-making processes related to their designated responsibilities. Analysis of outcomes is also useful, including consideration of caseload demands as well as unexpected situations.

If individual professionals work with integrity, and in a critically reflective way, they will be more likely to achieve and improve upon high quality of professional practice.

There seems to be consensus that the key to individual practice development, after a basic level of competency has been achieved, is through reflective clinical conversations about their job.

Using the core or clinical competencies as a focus for conversations about strengths and gaps, while identifying objectives for learning is a good starting point. As are regular reflective conversations with colleagues and supervisors, to share experiences, look back at what happened and learn from experience.

5. The eight domains

The clinical competencies within this framework (see section three) are grouped into eight domains. These are based on the domains in the HEE AHP Support Worker Competency, Education and Career Development Framework.

1 Formal knowledge and experience	2 Supporting service users	3 Clinical, technical and scientific roles and responsibilities	4 Communication and information
5 Safe and inclusive environments	6 Research and service improvement	7 Leadership	8 Personal and professional values and behaviours

6. Summary of levels

The clinical competencies (see section three) contain three levels of practice which reflect the three levels of practice within the HEE framework and NHS Scotland Healthcare Support Worker Development and Education Framework.

1. Entry Level (support worker)

At this stage in the framework, support workers will use general skills and work under the close supervision of registered staff. They will carry out straightforward clinical, technical and/or administrative tasks, for example performing equipment, resources, administrative related or

delegated clinical tasks according to established protocols, procedures, or systems of work with close guidance and supervision. They will begin to identify areas for self-development and will participate in service improvement programmes.

2. Intermediate (senior support worker)

Support workers at this level are expected to use more advanced skills and work alone with their own caseloads under the supervision of a registered therapist. They will take responsibility for their own development and may be involved in service improvement projects and student teaching. They will use clinical skills and have the underpinning knowledge to take more responsibility and work safely in more complex situations and with other professionals in wider multidisciplinary teams.

3. Assistant Practitioner

Support workers at this level will possess enhanced skills in their area of work, which may be a specialist clinical area or with service users with more complex needs. There is a requirement for factual and theoretical knowledge of principles, procedures, processes, and concepts in broad contexts, within a designated field of work.

They also have more in-depth knowledge and understanding about 'factors that influence language, communication and EDS and the factors which influence care pathways for example a focus on universal strategies in a service.

The assistant practitioner has a specific role and is guided by a care pathway or individual plan. This involves taking greater responsibility within their designated role, making judgements and planning activities within designated caseload. At this level, under the direction and supervision of a healthcare practitioner, a support worker is expected to have the appropriate skills and knowledge to participate and support a multidisciplinary team in the planning and implementing of holistic and protocol-based care.

Assistant practitioners:

- make judgements
- plan activities
- contribute to service development
- demonstrate self-development
- undertake specific, specialist pathway work.

4. Experienced assistant practitioner - advanced skillsets

The support worker framework in figure 2 identifies a fourth level within the support workforce: the experienced assistant practitioner.

The NHS Health Careers information refers to an additional extended role or level within the support workforce. These roles are highly specialist and include supervising the work of other

clinical support staff. They are usually band 5 on the Agenda for Change pay scale. The supporting information in the support worker hub contains a feature on this role and one of the examples is for an assistant practitioner who has led and published a research project. Another leads a team of 4 or 5 support workers with delegated management oversight. In these cases, it is likely that the domain skills in the AHP Framework will have been achieved and exceeded by these senior assistant practitioners.

It is recommended that a support worker working in an experienced assistant practitioner role would spend time reflecting on the competencies, the strengths and gaps and compile an individual clinical profile based on this framework and the individual requirements of their role.

These members of the support workforce are inspirational role models for colleagues. They excel in this evolving professional role which is complimentary to that of the qualified/registered SLT. There are restrictions on some aspects of clinical care for example analysis of assessment and generating hypotheses for clinical direction. However, it is important to remember that these roles are open to the support workforce.

7. Reflective learning

The Framework has its foundations firmly in reflective learning. Reflective practice is a researched tool which is easily available, and which works if implemented consistently with quality support and supervision. This approach to learning for professional development is advocated by RCSLT and HCPC.

We know that reflection can enable practitioners to:

- analyse complex and challenging situations
- consider the way we make decisions
- make connections between previous cases and current practice
- make it more likely that we will put what we have learned into practice
- improve our problem-solving skills
- identify future learning needs
  (CPD statement, Health and Social Care Professional Advisory Group, HSE 2017).

Reflective practice is long recognised as an important aspect of good practice and is seen as integral to how professionals integrate learning and experience into their development and into improved practice throughout their careers (Argyris & Schön 1978, Kolb 1984, Gibbs 1988, Rolf, Freshwater & Jasper 2001).

Section Two: Professional training and development

1. The learning structure of the framework

Acquiring the core competencies in a planned, tracked way and engaging in reflective practice is the best approach for learning and developing within the role.

The RCSLT toolkit includes documents that could be used for signing off the AHP core competencies. There is a blank framework for support workers and their managers to fill in as they work through the 3 core competency levels. There is also a sign off sheet to recognise more experienced support workers who are already working at a level of proficiency in these core competencies and a sign off sheet for those who have worked through and achieved core competencies.

Figure 2 shows the visual model for the framework. Through the scaffolding structure of the support and supervision ladder, the support worker gradually builds on their core AHP competencies and into the extending, established and supervisory competencies. This may be a rapid or gradual progression and will be individual to the practitioner and the team context.

The support worker then moves on to focus on extending clinical competencies linked to their specific job role and a set of specific clinical competencies can be selected with their manager. Some support workers might begin working on clinical competencies in parallel with core competencies in the AHP core framework, but this would be a decision for each service.

After initial training and development, the support and oversight changes from close directive support to 'sheltered practice support'. Competencies are built through planned work-based learning with the support of an experienced clinician, a competency coach (supervisor or manager). Where a support worker is working in a team the reality is that all clinicians who are delegating casework to the support worker will be involved in guiding and coaching a support worker's development, though it is advisable to still have an identified competency coach co-ordinating the learning.

Once the support worker becomes experienced in their role, the focus will be on practice development with more individual and specialised competencies linked to 'working near the top of their scope of practice' (HEE 2021). They should have reached a safe platform of professional expertise in the role. More specialist competencies in areas such as supervision, leadership and more advanced clinical skills become part of the skillset.

Over time, there is more focus on reflective practice with each support worker identifying their own learning from experience. At this stage of development, the scaffolding provided by the ladder of support and supervision is through reflective conversations, sharing practice experience through a professional relationship with colleagues and a specific clinical/professional supervisor. The level of support and supervision becomes negotiated and increasingly 'arm's length'.

2. Evidence of learning

The usual performance and development review (PDR) paperwork used by the service might be all that is needed to plan learning in role once this 'platform of safe practice' is reached.

In the toolkit there is a profile which can be used to plan and record learning where the focus is on more specialised, individual clinical competencies. It will depend on the job role as to whether the clinical competencies framework is still relevant in the identification of competencies for development at this stage. However, the clinical competencies are designed to provide enough flexibility to cover different specialist areas in speech and language therapy and continue to be relevant for experienced support workers.

The framework covers the progression up the ladder of supervision and support. Variability in responsibilities delegated and the style of delegation was a strong theme in the survey. The support begins at the lower rungs of the ladder where there is a need for specific, directive supervision to assure safe practice in delegated work. As the support worker becomes established and experienced towards the higher rungs of the ladder then the support is less specific and more flexible.

The RCSLT CPD Diary is accessible as a log of reflective learning for those who are RCSLT assistant members. There is also signposting to other portfolio-based approaches in the toolkit.

3. Entry requirements

There are currently no specific entry level qualifications for support workers, although most organisations will specify essential and desirable criteria within job descriptions. Support workers can enter employment through various routes and with a diverse range of experience and qualifications. In 2021, the RCSLT surveyed support workers about their role and asked about educational attainment. The responses to the survey illustrate just how diverse the range of qualifications is with:

- 50% of respondents having GCSE qualifications
- 48% A Level qualifications
- 39% an undergraduate degree
- 6.8% a postgraduate degree

In addition, 39% of respondents said that they have other qualifications such as a National Vocational Qualification (NVQ).

This is positive in terms of encouraging wider diversity and skill sets on entry. Everyone in the survey and project group regarded this flexibility about entry requirements as positive for speech and language therapy. However, it does increase the need for a framework to guide development in the role.

Many support workers will have already acquired their core AHP competencies. This should be recognised with a 'sign off' so that this level of competence is validated and recognised. The competencies recognition confirmation is the sign off sheet which can be used for this in the toolkit.

4. Clinical competencies

Clinical competencies need to be central to a support worker's development. Surprisingly, they can often be overlooked when frameworks focus on generic 'across professions' learning competencies. Clinical work is what motivates SLTs and support workers. Clearly planned, supported learning within a clinical competency framework reduces risk and assures safe practice.

This is about acquiring those competencies which are necessary to work clinically in a role as a support worker. The core competencies are an important foundation, but roles are predominantly designed to support the clinical care provided by a speech and language therapy service, whether that service is in the NHS, independent or third sector.

Clinical work is why people enter this career and it is essential that there is planned quality training and development in the acquisition of specific clinical competencies. Some tracking of development via a profile gives a focus for learning conversations and an assurance that there is quality training and development. There will come a point where the support worker becomes an experienced expert in their job role and professional development focuses on very specific individual objectives e.g. around extension of clinical capability or contribution to service improvement.

It is essential that after, or sometimes alongside the acquisition of core competencies, that the newly appointed support worker begins to focus on speech and language therapy specific clinical competencies.

The clinical competencies in the framework are generic and can be adapted for different specialities giving a structured framework for practice development. Competency coaches and support workers can draw on this when planning development. It should enable structured conversations around an individual's practice then joint identification of gaps and learning objectives.

Selected competencies can be recorded and tracked on the blank clinical competencies in the toolkit.

This profile is provided for recording clinical competencies. However, a service could use something in house, but it is necessary that for safe practice there should be a documented competency-based learning plan. Any competency plan needs to be updated on an agreed timescale, e.g. monthly, quarterly or annually.

Once a support worker is experienced and established in post, in terms of the framework they have reached a safe platform, then focus changes to an individualised set of specialist competencies. It is important to think clinically when discussing objectives.

A service/team could use the clinical competencies to identify the competencies required for a particular role, or it can be used as a focus to structure individual conversations about strengths and gaps for learning objectives.

For some specialist roles there may be an appropriate competency framework which is outside of speech and language therapy. For example, Skills for Health capabilities and competence frameworks — some content is very relevant to support workers. Another example is the AAC Competency Framework (Scotland).

5. Practice development: training and development

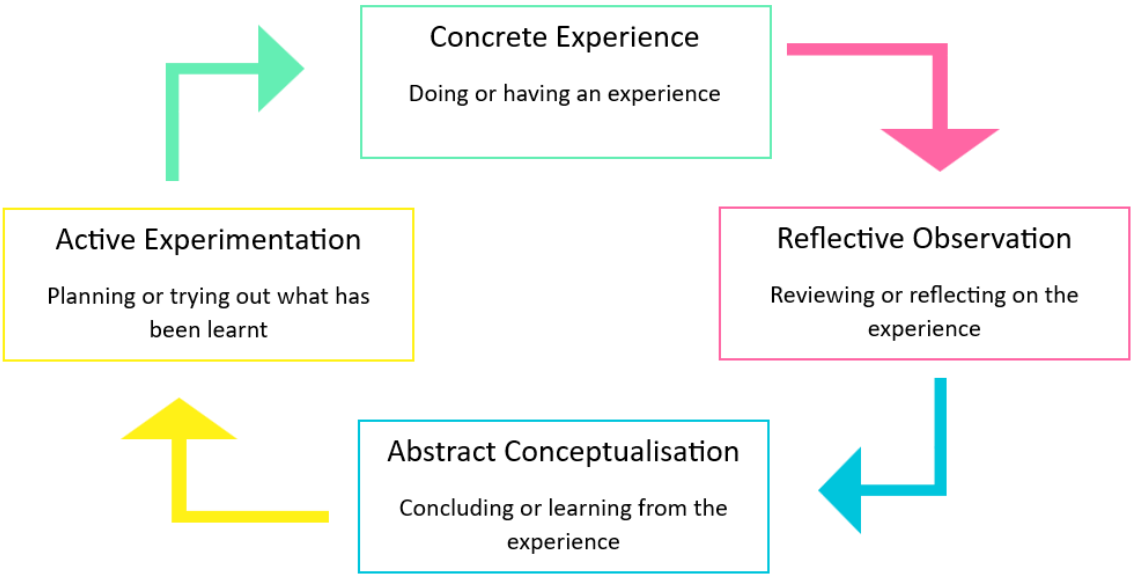
Professional learning is complex. We learn from experience in day-to-day practice. We attend training, we take time to study and read and integrate that knowledge with our experience. We go out once again into our day-to-day practice and we perhaps see things a little differently based on our insights from our learning, it's a reflective cycle.

The framework is built upon a foundation of core professional competencies (HEE) and clinical competencies (RCSLT) with development through work-based learning supported by reflective conversations and logged learning points.

Types of learning opportunities include:

- work based learning
- short courses
- formal training programmes
- modules
- other (e.g. networks/coaching/mentoring).

Diagram: Reflective Learning Cycle (Kolb, D.A. 1984)



The approach in the framework to ongoing professional development is based on this cyclical approach with support workers as engaged, reflective learners. The toolkit contains examples of reflective learning models and the RCSLT reflective writing e-learning.

Practice development is a term which is more widely used in nursing or other AHP professions. However, it should be better known and is very relevant in speech and language therapy. This is the concept of a clinical professional extending and developing their competencies/skills in a structured/individual framework, a reflective learning approach to practice development.

In the early stages of a career, we are more focused on acquisition of basic core competencies. For qualified SLTs the RCSLT NQP Competencies Framework is a requirement at the beginning of their career. Competencies are acquired, evidence is provided, evaluated and signed off. For newly appointed support workers the AHP Framework of competencies will fulfil the same function.

Adult learners have different styles and strengths. With competency-based learning evidence can be gathered and presented, with a mixture of learning with practical experience, online material, short courses and networking.

6. Education, experience and personal development (CPD)

There is national recognition that there is limited access to high-quality training for ongoing development.

The competency driven approach to ongoing professional development continues after initial training. It is essential that support workers keep extending their clinical and wider professional competencies over time. Learning can be planned, tracked and practice skills assured.

The framework is based on competency development, through work-based learning with guided reflection on practice with the support of an experienced colleague – a competencies coach. The key features include:

- continuing with a competency-based approach, utilising work-based learning plus formal training opportunities
- the 'Grow your Own' approach of the HEE Framework is especially relevant in speech and language therapy, particularly for the wide-ranging roles under the support worker umbrella
- recognising that there is a need for quality training in all services for this crucial, but unregulated clinical role
- stating that it is essential that services ensure support workers can access continuing development.

AHP-wide guidance highlights the need for professionals to develop within teams and progress their competencies. However, this variability in professional training and development can make career progression problematic for support workers.

7. Safe and effective delegation

The involvement of support workers in care pathways is an efficient use of resources by allowing the person delegating the work to concentrate on more complex parts of the job and improve the service. When delegating, there needs to be confidence that the person is competent to undertake the work safely and effectively.

The qualified SLT holds the ethical and legal 'duty of care' for the patient/client and consequently for the standard of duties delegated to a support worker. An SLT must therefore always be responsible for the work undertaken by them.

It is important that there is consideration of the support workers' agreed competence level and reference to local procedure and protocol. There needs to be recognition that the support worker will implement and monitor intervention and adapt as required.

This is an evolving landscape and as roles extend. there needs to be careful risk assessment and identified support to ensure safe practice. Increasingly speech and language therapy services are designing care packages which are coordinated and delivered by support workers. This is positive in that the service sets up this clinical system, with risk assessed, clear therapy guidelines with triggers for accessing qualified support from other professionals. Initial training and ongoing support and supervision is integrated into the service provision. This becomes a service level mitigated risk with assured safe practice. Delegation by therapists is simplified because it is defined within a care pathway in a framework which includes support for support workers and ensures a responsive, quality service for clients.

The ladder of support and supervision was devised to support decision making in delegation. The framework gives guidance about how the style and level of support can change as the support worker gains experience.

There is an expectation that a trained, experienced support worker will not require narrow parameters and guidance. It is possible for more collaborative discussion, with the support worker able to make adaptations to the therapy programme if the client's reaction suggests this is needed. If the therapist is confident in the support worker and their training, then they are confident that decisions can be made with support available when required. An SLT can allocate work to a support worker who is deemed competent to undertake that task. The support worker then carries the responsibility for the performance of that task.

The recommendation is that the role of support workers is integrated into services' care pathways which allows positive delegation to experienced support workers who have clear, discussed triggers to access qualified support as required.

The ladder of support and supervision in the visual model shows how the type/level of support changes over time. The scope of practice for each support worker needs to be clearly identified and those who are more experienced will have more flexibility and wider parameters in delegated duties. The support worker hub contains information on the evidence and research for delegation when working with support workers.

The RCSLT Delegation Guidance considers that delegation within the context of a pathway or protocol can allow delegated discretion and autonomy for some elements of practice.

8. Spotlight on supervision

Professional (or clinical, or practice) supervision is an essential component of support for all members of the speech and language therapy workforce. The RCSLT Supervision Guidance outlines standards and guidance for all practitioners. This has been extended specifically in relation to practically supporting support workers in the toolkit.

Practice supervision needs to be wider in scope than the individual case supervision which is given to support workers working in clinical roles. This case related supervision is essential but there is also a need for supervision to cover wider aspects of practice. There is no difference in the approach and content of supervision for a support worker.

Procter's model is widely used and gives three functions of supervision: formative, normative and restorative. Supervision for an early career support worker might focus on learning and development needs, whereas for an experienced support worker the conversation might cover difficult relationships which are a barrier to implementing care plans or the ongoing need to prioritise workload and maintain wellbeing at work.

There was a concern from the survey feedback that the restorative and wider supportive supervision was less available for some support workers in comparison to their SLT colleagues.

There is further guidance for professional/clinical supervision in the toolkit.

Support and supervision ladder

The professional training and development profile is supported by the support and supervision ladder (highlighted red on the model – figure 2) and shows the levels of support and supervision required at each stage. There is an expectation that as competence extends in a role that the level of support and supervision will change. It is very likely that there will be different levels of support/supervision for different competencies in a job role.

All support workers should receive professional (clinical) supervision as stated in the RCSLT supervision guidance. The levels of support/supervision below relate to a support worker's daily casework, scope of practice and ability to make judgements and decisions on a day-to day basis.

Level	Support and supervision
Close support	
Close support/ narrow parameters	• close specific support/supervision • working within narrow, set parameters • knows when additional support is needed and seeks it out • supported decisions in clearly identified circumstances • decisions to be checked with a therapist • contributes observations to discussions about clinical planning.
Sheltered practice	
Sheltered practice/ widening parameters	• agreed level of support/supervision with less direct support, more 'arm's length' support for routine tasks/decisions within scope of practice • seeks support if decisions move out of agreed role/scope of practice • workload structured by service with some flexibility within agreed parameters • makes independent decisions in routine casework within clearly defined role boundaries • able to discuss casework in reflective conversation with supervisor.

Level	Support and supervision
Arm's length support	
Negotiated arm's length support	• support, supervision and direction provided primarily through discussion with negotiated level of support • working autonomously with negotiated level of support • managing own time/workload • makes decisions within clearly defined scope of practice, discussing decisions/dilemmas in supervision • adapting service user activities & recording and discussing in supervision • reflective practitioner, evaluating casework, knowing when additional support/supervision is needed • plans for supervision using reflective log/journal as a reference point.
Agreed autonomy	
Agreed autonomy (within pathway)	• working autonomously within scope of practice in care pathway or individual care plan. Identified route for accessing support from SLT • extending own Mentoring/Coaching/Supervising Competencies • managing time/workload and prioritising duties • discussing delegated case-working in supervision, adapting aims and activities within agreed scope of practice • reflective practitioner, evaluating and contributing pro-actively to case discussions • keep a reflective diary, highlighting learning from reflection and ability to reflect-in-action (thinking in the moment) as well as after events.

9. Career pathway

What's in a name?

There is a national move across all AHPs around facilitating clinical support worker roles into a structured career, allowing progression within the role. It seems timely to consider job titles and whether these might influence colleague and client's perception of the role.

There are a wide variety of titles used for this role. The feedback is that often, support workers are called 'assistants' whatever their job title or grading. What is noticeable, is the developing awareness of the skillset of the support worker and how it differs from that of a qualified SLT. It is essential within the profession that therapists begin to think in terms of support workers as clinical practitioners who have skills and expertise in their scope of practice. There is a strong

feeling that being called an assistant causes frustration. A shift in mindset is needed to think differently about what is a long-established, evolving, complementary role to the SLT.

Increasingly, some support workers are working in specific areas of support with enhanced skills that are different to the core skill set of an SLT. An example is in universal/health promotion services, where they can work in a service set up and supported by SLTs but are not assisting in a therapy process.

It is unlikely there will be complete consensus on job role titles. This is partly because the role is so diverse ranging from support workers who provide part of a service within narrow parameters, to those who have a different, defined and professional role within a framework who require minimal support.

The term support worker has been used across all RCSLT materials to refer to all levels within the unregistered speech and language therapy workforce.

Career progression

There is consensus about a lack of progression and consistency across areas/regions/countries through the Agenda for Change bandings.

It is often difficult for support workers to enter the role at Band 3 and progress through the grading to Band 4. This can be due to lack of local opportunities and most support workers are recruited from the local community and wish to develop their career locally. Some organisations have a highly specialist role at Band 5, but this is rare and there are no Band 5 roles in NHS Scotland. There are fewer Band 2 support workers in speech and language therapy in comparison to other AHP professions. It is possible to enter the role at Band 3 level.

Section Three: The clinical competency framework

This RCSLT framework identifies the competencies required by a speech and language therapy support worker to develop their knowledge and skills within their role and enable them to perform at the limit of their scope of practice. The competencies have been divided into eight domains.

Domain 1: Formal knowledge and experience *(being a reflective practitioner/work-based learning)*			
	Entry level	**Intermediate/senior stage**	**Assistant practitioner stage**
This focuses on individual practice development, learning new skills and strengthening and extending existing competencies. Learning and development will be predominantly through work-based learning and reflection on development and quality of practice. Although the support worker has a responsibility for identifying and exploring ways of meeting own learning needs, this should be with the support of a supervisor/competency coach. This is also relevant to domain 8.			
Formal training			
1.1 Formal training	Level 2 apprenticeship, such as the healthcare support worker apprenticeship	Level 3 apprenticeship, such as the senior healthcare support worker apprenticeship (or other level 3 qualification pathway	Level 5 apprenticeship, such as the assistant practitioner apprenticeship
	Formal training (HEE) is in development		
Work based learning (WBL)			
1.2 Work based learning	Actively seeks learning opportunities to widen skills in knowledge/practical skills. Agreed objectives based on role and RCSLT framework. Logging learning experiences.	Competently engaging in WBL. Focusing on extending practical and theoretical knowledge in designated field of work. Aware of strengths & gaps in knowledge/practical skills.	Reflectively aware of development as a practitioner in role. Developing enhanced skillset in own area of work which may be a specialist clinical area. Reflecting on work-based learning in log/journal/portfolio.

		Identified set of objectives based on role and RCSLT framework. Logging learning & reflecting on own development in supportive role.	Maintaining learning plan with strengths/gaps and objectives to extend practice.
Reflective practitioner			
1.3 Being a reflective practitioner	Reflecting on learning through experience. Discussing events and role in events with supervisor and tracking skill development.	Values work based learning opportunities. Reflects on events in reflective learning conversations. Identifying priorities for development in role.	Competently able to engage in reflective conversations about own actions and events. Identifies own learning through reflecting on experience/achievements/mistakes. Able to ask reflective questions of colleagues. E.g. in peer supervision.

Domain 2: Supporting service users *(supporting service users and their families throughout their care, promoting health and wellbeing, and understanding the wider health and social care system)*			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
The intervention process (in some clinical services, these are therapy skills, while in other preventative or educational services these are facilitative/developmental teaching skills) and can be broken down into: • assisting in assessment/information gathering. This may involve carrying out observations or specific assessment tasks which feed into evaluation which is co-ordinated by a case-managing therapist • intervention — contributing to developing, implementing, monitoring and evaluating the implementation of an intervention programme. Tasks may involve developing materials, working with the service user and family and liaising with people • making decisions within the context of designated work with a service user or setting whilst working within parameters set by therapist or within identified scope of practice within a care pathway • monitoring and evaluating changes in the service user's responses and feeding back relevant information to the therapist(s). Increasingly, models of practice in services are based on care pathways with much more collaborative case sharing between the SLT and support worker, focusing on different aspects of care e.g. the SLT might initially evaluate and analyse needs and the support worker might then continue with implementing a care plan before jointly discussing/evaluating progress and devising the next steps together. The level of insight/contribution varies according to experience/expertise of the support worker (agreed scope of practice in service provision) and governed to some extent by banding.			
Service user support			
2.1 Partnership with service users/carers. Developing & maintaining positive relationships	Awareness of the need to develop and maintain positive, appropriate relationships with service users, families, and carers.	Working alongside SLT in developing, managing & maintaining a positive collaborative relationship with identified service user /family.	Taking a lead role in developing, managing & maintaining a positive collaborative relationship with an identified service user/family/carer.
2.2 Compassion	Demonstrating respect, kindness, compassion, and empathy at all times.	Demonstrating respect, kindness, compassion, and empathy at all times. Being a role model in the service.	Demonstrating respect, kindness, compassion, and empathy. Supporting new colleagues/students in developing a compassionate approach.
2.3 Service user/carer involvement	Knowing about the basics of person-centred care. Keeping the service user's	Able to discuss person centred care with colleagues and feed suggestions	Competent in knowledge of person/family centred approaches. E.g. attended course.

	needs and choices central to decision making and planning.	from knowledge of service user/carers into planning.	Listening to service user/family about preferences in goal choice.
2.4 Communication from service users	Awareness of importance of individual communication methods which enable service users to share their views with others.	Supporting service users in utilising individual communication methods. Enabling service users to make choices, share views with others.	Strong advocate for supporting service users in utilising individual communication methods.
2.5 Supporting service users and families who are distressed	Supportive approach in situations where service users/carers/families are distressed about difficulties/diagnosis. E.g. change in EDS strategies.	Is able to support service users/ carers/ families in situations where difficult news is being conveyed.	Involved in conversations (alongside registered colleague/s) with service users/carers/families where difficult news is being conveyed.
2.6 Supporting service users to recognise positives	Is able to identify to, and celebrate with, service users' positive outcomes and milestones reached.		
2.7 Enabler/ facilitator for service users	Under direction of SLT working with carers/families in facilitating self-supported management.	Working with SLT to support carers/ families in becoming confident in providing self-supported management.	Enabling carers/families in be confident in providing self-supported management.
Health promotion			
2.8 Health promotion - wider health needs. Including *Making every contact count*	Understands the need to think holistically and promote wider health promotion and improvement.	Supporting SLT in promoting wider health needs e.g. follow up conversation with a carer/ family.	Confident in initiating conversation around *Making every contact count*.
2.9 Supporting change in skills/ health behaviour	Follows a plan devised by a registered practitioner designed to enable client/parents/carers to change their health behaviour.	Understands principles of behaviour change and interventions to prevent ill health and effectively applies these to practice.	Applies principles of behaviour change within individualised contexts to enable personalised discussion, sensitively communicating complex

			and/or potentially challenging information to service users.
2.10 Privacy and dignity	Able to identify ways to promote dignity in SLT care.	Able to identify ways to promote dignity and engage in a conversation with colleague about importance of SLT	Able to engage in a conversation about the importance of dignity in SLT care provision and to challenge & report concerns
2.11 Signposting in local health, education and social care system	Knowledge of local services relating to own service provision.	Knowledge of local services relating to own service provision. Confidently signposting service users/carers to local resources.	Referring service users/carers to services appropriately (with agreed level of support)
Knowledge of role			
2.12 Explaining about own role to colleagues/service users/carers	Describing own role and range of duties to MDT colleagues, students, service users/families	Confidently discussing own role and scope to MDT colleagues, students, service users/families	At times when acting as the key team member in contact with carers in service delivery (e.g. in Universal service in Children's Centre) able to explain role and planned actions with confidence and know when to involve a registered practitioner.
2.13 Explaining role of other practitioners in team	Describing the role of other practitioners in the team	Explaining role and scope of other professionals closely linked to care pathway/service delivery	

Domain 3: Clinical, technical and scientific roles and responsibilities *(knowledge and skills underpinning clinical practice. Providing interventions to service users/carers)*			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
Many support workers work in specialist areas such as head and neck service and in their daily casework their service users have complex needs. Increasingly the role is specified within a care pathway and there will be a case-managing SLT who sets direction, goals and gives feedback. As the scope and role of the support worker has expanded the term case-managing SLT is used to reinforce that care is delegated and supervised safely by this case-managing therapist but within the planned care the experienced support worker may often proceed with autonomy, accessing support/supervision as needed. This can be ad-hoc as well as on an agreed schedule of case discussion. In the foreword to the AHP Framework (HEE, 2021) the expectation is that support workers will be developed to work at the top end of their scope of practice. They must remain aware at all times of the limits of their expertise and seek support from appropriate sources when those limits are reached.			
Organising workload			
3.1 Managing time effectively	Workload managed and overseen by registered professional.	Competently organising workload. Applying time management strategies effectively Organises own day to day tasks, alerting manager to issues of timetabling.	Managing workload and time. Confidently making decisions about priorities for designated area of work/caseload.
3.2 The wider workload (balancing priorities)	Whilst keeping the needs of the individual service user to the fore, balances those needs with those of other service users/designated duties.	Whilst keeping the needs of the individual service user to the fore, balances those needs with those of other service users on caseload/designated responsibilities in team & professional approach (e.g. supervision/team meetings/CPD).	Competently balancing needs of other service users/wider responsibilities & professional approach, studying e.g. supervision/team meetings/CPD). Supports identified colleagues in balancing priorities.
Autonomy			
3.3 Autonomy & ladder of support/ supervision	Fully aware of ladder of Support/supervision in relation to job role.	Utilises ladder of support/supervision in everyday practice. Competently working alone within scope of role. Supporting own caseload	Utilises ladder of support/supervision to confirm decision making Working independently with service users within the scope of the role and care pathways/protocols.

	Confident in undertaking identified routine admin/clinical duties. Understands need to seek support/ supervision when duties are outside scope of role/confidence.	of service users identified by registered practitioner.	
Scope of practice			
3.4 Works within individual scope of practice undertaking only tasks for which trained and competent, seeking appropriate support when necessary	Has a clear understanding of current role and responsibilities Knows and works within the limits of current scope of practice Recognises when limits of own scope of practice are reached, support for judgement and decision making is required and where to access it.		
3.5 Autonomy within scope of role	Delegated specific work with service users with agreed level of close/ structured support.	Joint working or delegated responsibility for cases. Works independently with service users on a day-to-day basis within the scope of the role and operational pathways & protocols with agreed level support from an SLT.	Has delegated responsibility for casework, working independently with within the scope of the role and operational pathways & protocols with negotiated level/timescale of support/supervision from an SLT.
3.6 Decision making within scope of practice	Makes decisions within agreed parameters e.g. changing materials in therapy activity.	Makes decisions within identified scope of practice and confidence e.g. adjusting level of activity/materials.	Makes decisions within identified scope of practice and confidence e.g. adjusting level of activity/materials. Supports identified colleagues in decision making.
3.7 Outside scope of practice	Recognises when limits of own scope of practice are reached and there is a need for support in judgement and decision making. Able to identify where to access support outside scope of practice.		

Specialist knowledge			
3.8 Interested in knowledge/evidence relating to own casework	Understands the importance of clinical evidence in case working.	Interested in developments in the areas relating to own casework in evidence for approaches to intervention & technology.	Knows where to find and build on knowledge Vigilant about evidence-based developments in identified casework, technology, and approaches to intervention.
3.9 Specific specialist skills	Each role has a different skillset of knowledge and practical skills. These vary widely across different specialisms e.g. a Universal early years' service and a specialist Head & Neck team. It is expected at that at individual team level very specific clinical knowledge and skills are incorporated here into the Clinical competencies.		
Accountability			
3.10 Accountability for Actions & identifying learning points. E.g. after incident/ complaint	Understands accountability for actions. Reflecting with support on actions/events which do not go to plan with manager/supervisor.	Accepts accountability within scope of role. Able to reflect on actions during a structured reflective conversation guided by a manager/supervisor. Identify learning to improve in future.	Accepts accountability within scope of role. Confidently reflecting on actions/events to identify learning needs/gaps and extend skillset.
Environmental support			
3.11 Environmental support for communication	Works with others to create and maintain environments and practices which facilitate people's abilities to communicate and/or eat and drink to their full potential and which promote their emotional, social and cognitive well-being.		
Screening/assessment			
3.12 Early identification/ screening	Administers screenings for early identification of difficulties or risk factors in a given population.	Administers screenings for early identification of difficulties or risk factors in each population. Assists other professionals in developing the skills to carry out screening procedures.	Contributes to the development of screenings for early identification of difficulties or risk factors in each population (screenings to be carried out by other professionals/agencies) Trains other professionals in developing the skills to carry out screening procedures.

3.13 Assessment/ information gathering	Provides information to others about the speech and language therapy approach/process. Gains consent for speech and language therapy involvement from service user/carer. Carries out agreed activities linked to assessment overseen by a case managing therapist. E.g. observational schedule, informal activities, interview sheet.	Provides information to others about the speech and language therapy approach/process. Gains consent for speech and language therapy involvement from service user/carer. Carries out activities linked to assessment overseen by case managing SLT. E.g. observational schedule, informal activities, collecting information including discussion with service user/carer and colleagues.	Provides information to others about the speech and language therapy approach/process Gains consent for speech and language therapy involvement from service user/carer. Carries out assessment activities within agreed scope of practice. E.g. observational schedule, informal activities, collecting information including discussion with service user/carer and colleagues. Administering/discussing specified (allowable) formal assessments.
Intervention			
3.14 Intervention In a clinical service: implementing an evidence based and integrated approach to the management of the service user's difficulties involving the individual, the family, other professionals and key people in the service user's environment	Confident in delivering specific strategies to meet the communication/eating and drinking difficulties of service users. Undertaking a role in intervention as specified in care pathway (in place at service level) or care plan (for individual) with close guidance from a therapist. This could include supporting the service user in: - resolving identified difficulty - maximising improvement of function - maximising the use of existing skills in achieving self-care/through effecting environmental modifications or	Acquired a variety of specified strategies/approaches to meet the communication/eating and drinking difficulties of service users. Undertaking a role in intervention as specified in care pathway (in place at service level) or care plan (for individual) with guidance from a therapist, and could include supporting the service user in: - resolving identified difficulty - maximising improvement of function - maximising the use of existing skills in achieving self-care/through effecting environmental modifications or	Competent in utilising a wide range of strategies/approaches to meet the communication/eating and drinking difficulties of service users. Key role with service user/carer in undertaking intervention with role identified in Care Pathway/specific Care Plan. Negotiated level of support/supervision from SLT. This could include supporting the service user in: - resolving identified difficulty - maximising improvement of function - maximising the use of existing skills in achieving self-care/through effecting environmental modifications or

	coming to terms with difficulties where appropriate (e.g. in the context of a deteriorating condition).	coming to terms with difficulties where appropriate (e.g. in the context of a deteriorating condition).	coming to terms with difficulties where appropriate (e.g. in the context of a deteriorating condition).
3.15 Health promotion - universal SLT approaches	Knows about wider universal language and communication strategies.	Confidently delivering universal strategies for language & communication.	Key role in delivering universal strategies for language & communication.
3.16 Adaptations/ context	Within agreed parameters able to modify activities to meet the requirements of a service used in a specific context.	Adapts and modifies approaches and activities to meet the requirements of different working contexts. for example - how to motivate the client or suggest/choose appropriate resources.	Competence in adapting and modifying approach and activities in identified clinical area/s and choosing/devising resources e.g. in different working contexts, to motivate, or provide the appropriate resources needed for them.
3.17 Reflective planning/joint working	Ability to respond to reflective questions about service user's responses in a de-briefing conversation.	Reflecting and discussing on own role in/impact on events.	Critically reflective - able to initiate and sustain a conversation about progression of care plan.
3.18 Communication needs in an individual context	Understands the social, environmental impact on communication difficulties and needs.	Recognizing when a service user's communication needs may be impacted by wider social and environmental context.	Supporting service user/family in signposting to local network of wider services where there is a social/environmental impact on communication/EDS.
Outcomes			
3.19 Knowing and utilising outcome measurement systems as appropriate	Knowledge of any locally implemented system of outcome measures.	Knowledge of any locally implemented system of outcome measures. Presenting case & discussing outcome with SLT colleagues.	Confidently collaborating with SLTs in locally implemented system of outcome measures.

3.20 Discharge/ completion of episode of care	Knows about the discharge process in service. Feeds back when goals/objectives in care plan are achieved. Supports service in carrying out discharge procedure, including providing information about referral back into the service.	Contributes information to case-managing therapists decision making about completion of an episode of care/intervention. Supports service in carrying out discharge procedure, including providing information about referral back into the service.	Contributes collaboratively to case-managing therapists decision making about completion of an episode of care/intervention. Discussing end of care with service user. Talking through any discharge forms, Show they have reached goals Supports service in carrying out discharge procedure, including providing information about referral back into the service.

Domain 4: Communication and information			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
Communication			
4.1 case sharing skills (communication with SLT colleagues)	Engages in feedback conversations – reporting back about progress/ difficulties.	Involved in discussions re: level of support/supervision for themselves. Listens and contributes to conversations about implementing care plan.	Negotiates and agrees level of support/supervision for themselves. Leads conversations about implementing care plans Works collaboratively with other support workers and SLTs.
4.2 Clinical communication with service users	Is aware of the emotional needs of others and displays empathy with service users and carers during discussions and in delivery of treatment/therapy.	Being able to adapt style/method of communication to different service users. Able to present to service users in meetings.	Employs core skills of rapport making, putting others at ease, listening to the service user's story, asking relevant questions and strategies such as introducing/adjusting/cueing/ demonstrating activities.
4.3 Communication with other professionals	Demonstrates communication skills needed to build relationships with others around the needs of the service user. Provides timely and clear updates to professionals involved.	Engages in active listening and contributes to conversations related to implementing support. Have clear idea about the role of other professionals to contribute towards discussions.	Negotiates and agrees level of support and how SLT input could assist them in their support.
4.4 In working with interpreters	Communicates effectively through the use of interpreters and co-workers.	Prepare resources necessary for such interactions - visual resources/written text	
4.5 Communication in meetings	Confident in contributing to meetings (team or service user related).	Able to give presentations to colleagues on subjects within scope of practice. Following up on agreed actions made during meetings in coordination with others in a timely manner.	

Written communication			
4.6 Written information	Effectively contributes to formal written information.	Writes informatively, and in a clear and structured way, about service users (writing confidently about own observations, activities, changes and progress made outside of formal reporting).	
4.7 Written reporting	Able to engage in conversation with therapist about delivery of plan and answer questions about service user's response.	Able to provide written summary of involvement in Plan and describe service user's responses.	Able to provide written summaries of impressions/evaluation of progress/difficulties.
Feedback			
4.8 Feedback	Understands the importance of giving clear, organised feedback to therapists.	Confidently giving information about duties, progress, barriers to therapist.	Routinely providing information about progress/barriers in delivering Care Plans or clinical scenarios in daily work.
Conflict			
4.9 Resolving dissatisfaction and conflict	Escalates issues to supervisor/manager.	Knows and follows service policies and procedures in de-escalation of dissatisfaction and resolving conflict.	Suggests solutions where possible and appropriate and ensure the other person feels 'listened to'. Listens attentively and note the issues which are causing the dissatisfaction applying appropriate communication skills (including listening, repeating/re-phrasing back, clarifying, etc).
IT			
4.10 Information technology	Confident with IT admin systems in specific role in the service. Able to support therapists in spreadsheets and database.	Competent with IT in the service relating to specific role Supporting team with spreadsheets/data base Plus more specific equipment e.g. AAC equipment/maintenance, programming	Setting up systems e.g. spreadsheets for the team. Leading in an identified area e.g. maintaining a spreadsheet. Taking a lead role around equipment e.g. AAC, laryngectomy equipment including maintenance.

Domain 5: Safe and inclusive environments *(safety in service provision)*			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
5.1 Knowledge and skills in safeguarding vulnerable adults and children	Is confident in and follows local process/policies. Engages in regular, and seeks out ad hoc, safeguarding supervision.	Has knowledge and skills in safeguarding vulnerable adults and children in line with other practitioners in the service.	Can have key role in safeguarding in the team e.g. safeguarding champion.
5.2 Health and safety aware	Provides safe care within working practice and keeps the work environment safe for self and everyone else through reference to health and safety procedures.		
5.3 Reporting risk	Identifies, reports and escalates risks in the working environment or service provision while maintaining a positive approach within a team is critically important in service delivery. Aware of the need and routes for raising concerns about breaches of compassionate care, dignity of colleagues (bullying), use of resources etc.		

Domain 6: Research and service improvement *(clinical, technical and scientific roles and responsibilities)*			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
Knowing about the different strands of the quality agenda/clinical governance (in healthcare organisations)/quality/standards (within education/social care settings). It is recognised that some support workers will work outside of a healthcare organisation with different quality standards/frameworks in Sure Start/Education.			
Service improvement			
6.1 Contributing to service improvement	Suggesting improvement for change based on practical knowledge about where blockages and frustrations in the system are happening.	Contributing to service improvement projects with designated role. Increasing skillset around service improvement e.g. gathering data. Sharing feedback from service users.	Applying service improvement skills. Taking leadership in designated projects connected to own area of skills/expertise.
6.2 Service user/carer involvement	Participates in gathering information from service users/carers about their experience of service and level of satisfaction, e.g. surveys, questionnaire.	Designated role in service improvement projects e.g. designing surveys, questionnaires.	Lead role in service improvement projects.

Clinical audit			
6.3 Clinical audit/ audit of standards	Participates in audits, service evaluation relevant to own work. e.g., case note audit.	Participates in and contributes to audits, service evaluation relevant to own work.	Participates in, contributes to, and may lead, audits, service evaluation relevant to own work.
6.4 Implementing audit results	Embedding clinical audit results into working practice.		Contributing to discussion/agreement about these quality improvements within a team.
Evidence base/research			
6.5 Critical appraisal of evidence	Understands how new research/ information needs to be objectively scrutinised (critical appraisal), through discussions with support networks in SLT/MDT.	Involvement in gathering evidence in service e.g. reading articles in professional magazines e.g. RCSLT, NAPLIC Bulletins.	Works with SLT/MDT in identifying and gathering evidence and in objectively scrutinising (critical appraisal), through discussions with support networks in SLT/MDT.
6.6 Profession specific research	Involvement in research activities e.g. as part of a team project.	Designated role in research activities in a service.	Engaging/leading research in a service Writing articles for publication etc. There are experienced assistant practitioners at B4 & 5 who are engaged in research and research degrees. Further info on the RCSLT support workers hub.

Domain 7: Leadership *(understanding the importance of being a role model, time management, identifying areas for self-improvement, and supervising others)*			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
Professional Behaviour			
7.1 Values and behaviours	Knowing organisation's values and associated behaviours in compassion, integrity, accountability etc. Applying professional core values, knowledge and skills appropriately in working towards agreed service user goals. Being a compassionate and caring practitioner who considers service users and carers holistic wellbeing.		
Leadership			
7.2 Self leadership	Confident & positive representative of own service. Utilising strategies for emotional self-awareness & regulation. Sympathetically supporting colleagues (who have had a difficult morning).	Self-awareness - monitoring own emotional responses & which strategies work for own self-regulation. Contributes to maintaining compassionate culture Supporting colleagues e.g. in de-briefing conversation after a difficult morning.	Acting as a role model in the team. Self-aware, positivity in approach & knowing about how negativity is contagious. Supporting colleagues e.g. in de-briefing conversations. Skilled in actively listening colleagues.
7.3 Building your own support networks	Knows when and where to access a range of support, resources and further information to support clinical practice.		
7.4 Situational leadership	Shows leadership in an unexpected situation as required e.g. arrival of dissatisfied service user/carer e.g. evacuation of building during fire alarm.	Leading in day-to-day routine situations at work e.g. weekly clinic rota organisation.	Confidently leading in routine and unexpected situations at work. Identified lead roles in aspects of service provision.
7.5 Leadership in service	Contributing to leadership in service development e.g. improvements in how a clinic is organised.	Leading in aspect of service development. e.g. Improving approach to collecting service user feedback.	Leading identified projects in service development e.g. improvement in ways of collecting service user feedback

	Taking the initiative to solve issues in service delivery/support team efficiency within scope of role. Suggesting improvements for service delivery Positivity around own objectives	Taking initiative in solving day to day issues/stepping in to support team efficiency. Motivating colleagues in day-to-day work/projects. Leading in designated administration tasks related to service user needs and the wider service e.g. governance related.	e.g. improving induction approach for new colleagues in team. Motivating colleagues in identified duties/projects.
Development and supervision of colleagues			
7.6 Developing others	Demonstrating/discussing role in service with visitors/inspectors.	Demonstrating own duties to other support staff and less experienced therapists.	Providing training to others in designated area of expertise.
7.7 Students	Supporting students settling into office, service routines. Discussing role e.g. following shadowing by student. Supports students on placement by providing opportunities for students to learn about SLT through observation and discussion.	Sharing skills with SLT students on placements Demonstrating role to students (SLT & MDT) Regularly involved in helping students settle into placement Sharing insights into role. Supporting students learning e.g. observational opportunities, shared casework (e.g. running group).	Sharing skills with SLT students on placements Supporting identified students on placement. e.g. sharing casework. Providing practical training to students.
7.8 Trainer	Developing confidence, skills and style as a Trainer e.g. sharing a care plan with carers.	Confident/skilful Trainer Informal Training: e.g. sharing supportive strategies with carers,	Experienced/confident Trainer. Informal Training: e.g. sharing supportive strategies with carers, sharing resources with teachers and teaching assistants in Education

		sharing resources with teachers and teaching assistants in Education Formal Training: involvement in training others e.g. early language training workshop, voice care support. At this level this ranges from demonstrating resources/ equipment to contributing to a training course/workshop.	Formal Training: involvement in training others e.g. early language training workshop, voice care support. At an advanced level this could be leading a training event.
7.9 Managing/ supervising others	Supporting new colleagues e.g. in preparing clinical environment.	Part of the induction/ orientation to a new area. Training new staff in tasks/process. Mentoring less experienced support staff and students (including apprentices) in identified tasks and responsibilities. Ad hoc management supervision of less experienced colleagues.	Managing others as identified in job role. Mentoring less experienced staff and students, including apprentices.
7.10 Coach/mentor	Providing support to less experienced colleagues and peer support with colleagues	Participating in coaching and mentoring of less experienced support staff and students (including apprentices) in respect of tasks and responsibilities within scope of practice.	Coaches and mentors less experienced support staff and students.

7.11 Clinical supervision	Knowing the skillset for being a good supervisee.	Takes role of clinical supervisor for identified colleagues who have less experience or in a peer supervision arrangement.

Domain 8: Personal and professional values and behaviours *(the values required to work in health and social care, and personal learning and self-development)*			
Competency	**Entry level**	**Intermediate/senior stage**	**Assistant practitioner stage**
Ways of working			
8.1 Ways of working	Aware of and adheres to regulatory body, RCSLT and local employment codes of conduct.		
Health and wellbeing			
8.2 Health and wellbeing	Supports the health and wellbeing of colleagues.	Actively supporting wellbeing initiatives at work.	Actively supporting wellbeing initiatives at work. Can have lead role e.g. as wellbeing champion for service.
Self-development			
8.3 Self development	Awareness of skills in self-development e.g. time management, resilience, emotional regulation.	Able to initiate and engage in conversations about own development and potential objectives in self-development e.g. time management, stress, resilience.	Reflecting and identifying own needs and objectives in self-development e.g. time management, stress, resilience.
Individual learning			
8.4 Individual learning plan & personal development review	Actively tracks own learning and suggests objectives using the RCSLT framework and other frameworks as a guide in development.	Strong reflective practitioner & learner. Utilising work-based learning with identified competencies coach (RCSLT framework or alternative).	Continuously reflecting on own development and updating objectives regularly. Actively suggesting objectives for development as a practitioner in role. (RCSLT framework or alternative).

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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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