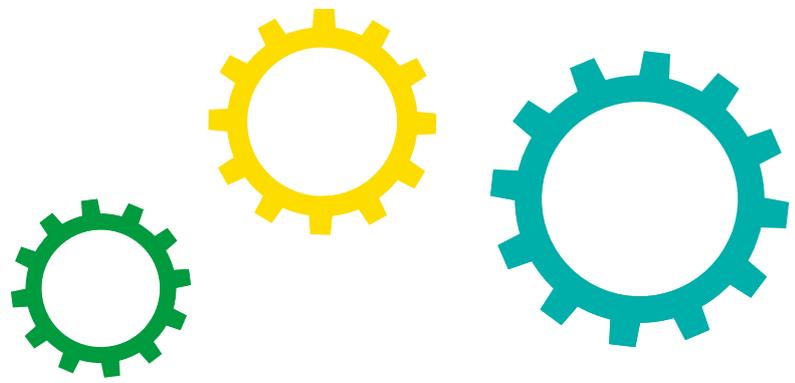


# Healthcare Support Worker Learning Survey 2018

National Report April 2019



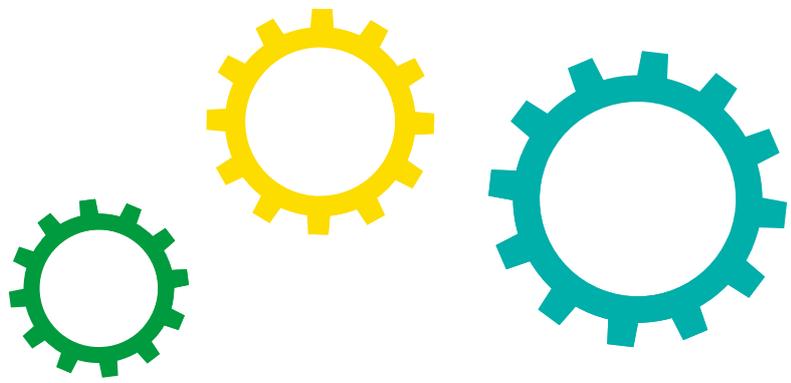


---

## Contents

---

<b>1.</b>	<b>Executive Summary</b>	<b>3</b>
<b>2.</b>	<b>Introduction by Karen Wilson, Director of Nursing, Midwifery and Allied Health Professions, NHS Education for Scotland</b>	<b>4</b>
<b>3.</b>	<b>Background to the survey</b>	<b>6</b>
<b>4.</b>	<b>Methods</b>	<b>9</b>
<b>5.</b>	<b>Findings</b>	
	A – About you	<b>11</b>
	B – Your qualifications	<b>13</b>
	C – Your learning and development	<b>18</b>
<b>6.</b>	<b>Conclusions</b>	<b>28</b>
<b>7.</b>	<b>References</b>	<b>29</b>
<b>8.</b>	<b>Acknowledgements</b>	<b>30</b>
<b>9.</b>	<b>Appendix 1 Transcript of HCSW Learning Survey</b>	<b>31</b>



---

## 1. Executive Summary

---

The 2018 Healthcare Support Workers (HCSWs) Learning Survey sought to understand clinical HCSW's experience of learning and developing at work. HCSWs are a large workforce; collectively there are more than 21,000 HCSWs across nursing, midwifery and allied health professions in NHSScotland. They make up 28% of the nursing and midwifery workforce and 18% of the allied health professions workforce, with diverse roles across sixteen job families.

The survey was administered by NHS Education for Scotland using a census methodology, the data were collected by an online questionnaire hosted in Questback. Initially the results were managed in-house; but with 3,461 unique responses and almost 8,000 free text comments the team sought a further independent analysis of the qualitative comments.

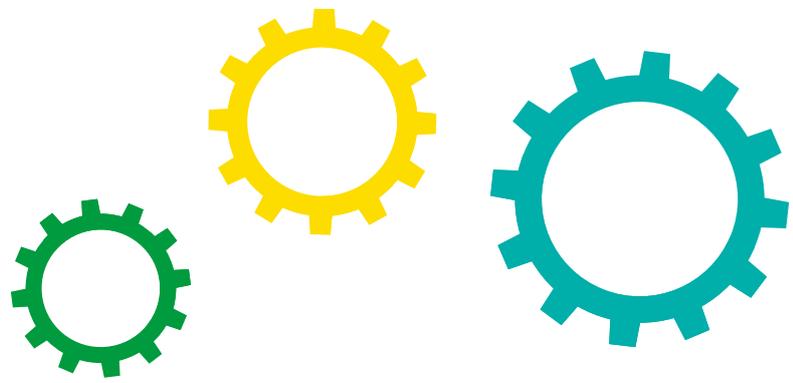
HCSWs in Scotland who responded to the survey clearly want support to develop their careers, with 59% indicating they would like the opportunity to progress within their careers or into registered nursing. The remaining 41% of HCSWs surveyed are satisfied to stay in their current posts with more access to learning opportunities. 47% of HCSWs stated they would like to see differences in how they can learn at work. The data show that there are significant variation for HCSWs in terms of getting information about learning, and although 61% of HCSWs

reported having a current Personal Development Plan discussion, the variation across health boards ranged from 35% to 78%.

The greatest enablers to learning and developing at work for HCSWs were identified as:

1. Time which is free from interruptions
2. Support from manager and team
3. Funding to gain qualifications
4. Information on how to develop, and on what learning is available.

NHSScotland is currently supporting 11% of the HCSWs who responded to the survey to achieve further qualifications. However lack of access to information and funding for qualifications was cited as a major barrier by many HCSWs. Learning which supports career development was poorly understood in terms of the progression, and this was experienced also as a key barrier for HCSWs working in maternity and allied health professions.



---

## 2. Introduction

---

Karen Wilson,  
Director of Nursing,  
Midwifery and Allied Health Professions,  
NHS Education for Scotland

I am delighted to introduce the 2018 HCSW Learning Survey results and wish to offer my sincere thanks to the over 3,000 HCSWs who took the time to complete the survey. It is invaluable to hear directly from HCSWs themselves on the opportunities and barriers they perceive.

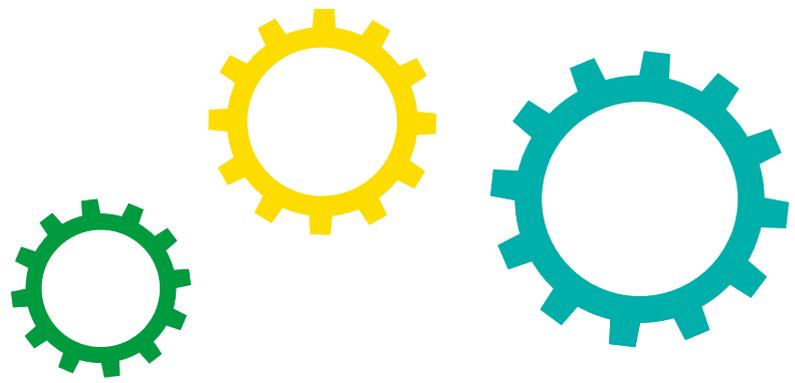
This report presents the national findings from the NES Healthcare Support Worker Learning Survey 2018. It contains highlights from both the quantitative and qualitative data that were collected and where appropriate, it indicates trends from a similar survey that was carried out by NES in 2011.

The survey shows that majority of HCSWs who responded were motivated to learn; with the main motivating factor to be better in their job and be able to contribute more to the team they work in. This gives us a good springboard to build on existing NES initiatives, which include:

- HCSW Learning Framework (2016)
- Associate Practice Educator role
- "Making delegation safe and effective" learning resource
- HCSW Masterclass for leaders in NHS Grampian and NHS Highland

Overall, the 2018 HCSW Learning Survey has yielded rich information which confirms much of what the NES HCSW team have already heard through our HCSW Advisory Group and HCSW Education Network, as well as our annual events. We now have important work to take forward with our HCSWs and stakeholders to prioritise the issues raised in this survey.





The survey results also complement the findings of the CNO commission on widening participation in nursing and midwifery education and careers, a key recommendation of which is:

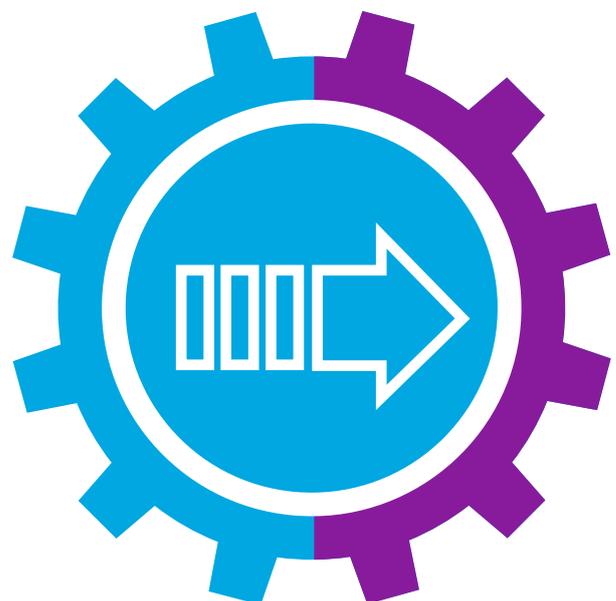
“A working group should be commissioned to develop a common articulation framework for nursing and midwifery education in Scotland, building on the existing Scottish Credit and Qualifications Framework (SCQF). As nursing and midwifery practice and education consider the implementation of revised NMC standards, it is imperative that a once-for-Scotland approach is taken, with a discrete focus on widening participation forming part of full implementation.”

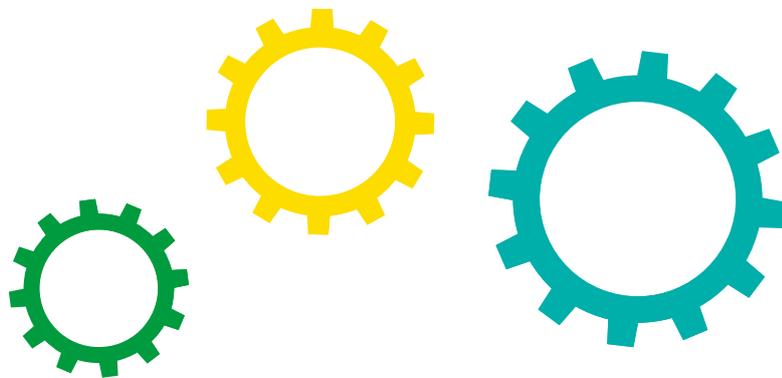
#### The articulation framework should:

- enable flexible entry and exit to the framework at designated points, with recognised outputs
- ensure that recognition and application of recognised prior learning (RPL) is applied consistently across all Higher Education Institutions (HEIs) to support access and entry to undergraduate nursing and midwifery studies
- explore opportunities for integrated inter-professional learning for the health and social care workforce

- recognise that individuals may access it from an increasingly complex provider landscape
- include a nationally agreed progression route for nursing and midwifery support workers.

This work is well underway and will be available in the next year.





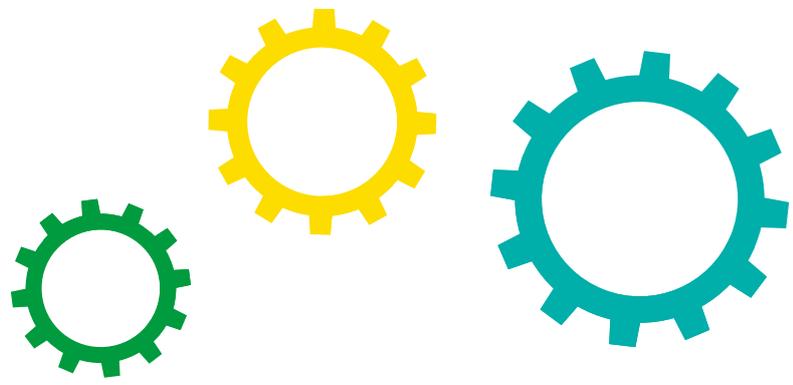
### 3. Background to the survey

Staff working as clinical HCSWs have important roles to play in the delivery of safe, effective and patient-centred services. As multi-disciplinary teams change and develop more advanced practice skills, it is HCSWs who are likely to have initial and sustained contact with patients/clients at each stage of the care journey.

In Scotland there are over 21,000 clinical HCSWs working with nurses, midwives and allied health professionals (AHP). They make up 28% of the Nursing and Midwifery workforce and 16% of the Allied Health Professional workforce within NHS Scotland.

**Table 1: NMAHP HSCW workforce. Source ISD Statistics 2018**

Headcount	Nursing HCSWs	Midwifery HCSWs	Total of Nursing and Midwifery HCSWs	AHPs	Total NMAHP HCSWs by band
Band 2	11,229	447	11,676	164	11,840
Band 3	6,339	61	6,400	1,332	7,732
Band 4	841	146	987	766	1,753
HCSWs	18,409	654	19,063	2,262	21,325



This workforce is often known by a variety of titles including health care assistants (HCAs) and nursing auxiliaries, assistants, technical instructors, maternity care assistants. These differences in terminology create challenges in identifying and examining the roles of HCSWs. It is generally acknowledged that there is variation in role specification within and across Health Boards, with roles developing to reflect the needs of the particular service and the views of leaders and managers within these services.

Traditionally, HCSW roles in nursing and midwifery teams have been associated with personal care such as washing, dressing and feeding patients as well as taking time to listen and reassure them. In allied health professions (AHP) teams, and increasingly in health and social care settings, HCSWs have a long tradition of taking on delegated tasks as part of assessment, treatment and rehabilitation.

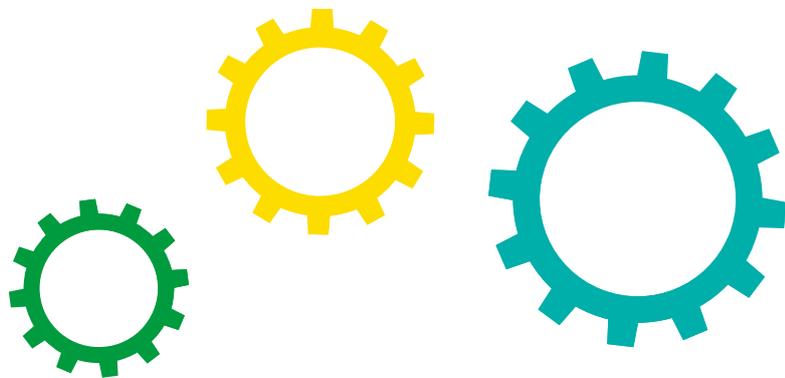
In recent years HCSW have been supported through delegation, education, and supervision, to take on activities previously carried out by registered nurses, midwives and AHPs. This shift in roles has meant that HCSWs are now often working at the heart of patient care and treatment, providing important interventions as a key part of the wider team. It is important that HCSWs are assisted in a considered way to maximise their contribution to team working and to minimise any risks. This approach provides a level of governance to role development and ensures

the whole workforce has the knowledge, skills and competence to deliver safe, effective and person-centred care with patients and families.

HCSW role development has been driven in recent years by a number of priorities within “Everyone Matters: 2020 Workforce Vision” (Scottish Government 2013) which include the following:

- ensuring that development reviews/ appraisals are meaningful, providing fair access to learning and development for support staff, and building capacity and capability to improve the quality of what we do
- developing a learning and development framework and career pathways taking account of prior learning particularly for support workers
- improving digital literacy skills among all staff, especially support workers.

In addition the Chief Nursing Officer’s Commission on Widening Participation into Nursing and Midwifery Careers (Scottish Government 2017a page 9) includes a recommendation to develop a pathway for career progression into nursing and midwifery education building on the existing SCQF. It is anticipated that this pathway will support the development of HCSWs within their roles and potentially into nursing and midwifery education should they choose to do so.



The Active and Independent Living Programme (2016-2020) is the framework for AHP service development and delivery within health and social care; the key focus is on early intervention and prevention. For HCSWs in midwifery and neonatal services, The Best Start (Scottish Government 2017 b) is the five year forward plan which will influence how teams deliver maternity and neonatal care in a way which is family-centred and evidence based. Collectively these policies require teams to think differently, to use the skills of the whole team as an asset, and to work in ways which are truly person centred.

### HCSW Learning and Development in Scotland

Across Scotland there is a wide variety of potential education for HCSWs which includes both formal and work-based learning opportunities. However, there is no consistency in the formal qualifications which are accessed by this workforce. A range of qualifications are available to HCSWs through NHS boards including Scottish Vocational Qualifications (SVQ), National Progression Awards (NPA) and Higher National Certificate (HNC). HCSWs need learning opportunities to support their initial development in the role, throughout their careers, and to articulate into the registered workforce should they choose to do so.

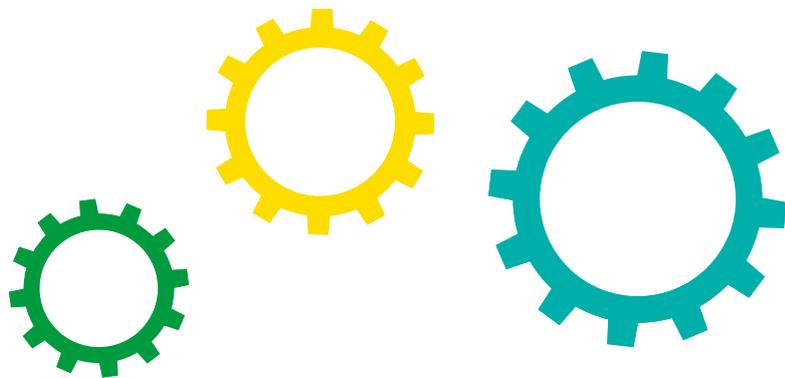
Over the last 10 years NES has implemented a programme of work with the overall aim to develop a sustainable and capable support

workforce by improving access to learning and development opportunities for HCSWs. This involves working with a range of stakeholders across a complex learning landscape which includes: practice education and practice development colleagues, Scottish Colleges and Universities, Scottish Funding Council, Skills Development Scotland, College Development Network, Scottish Social Services Council professional bodies and Scottish Government.

As part of this programme of NES have developed and continue to embed the:

- HCSW Learning Framework (2016)
- Associate Practice Educator role
- "Making delegation safe and effective" learning resource
- HCSW Masterclass for leaders in NHS Grampian and NHS Highland





---

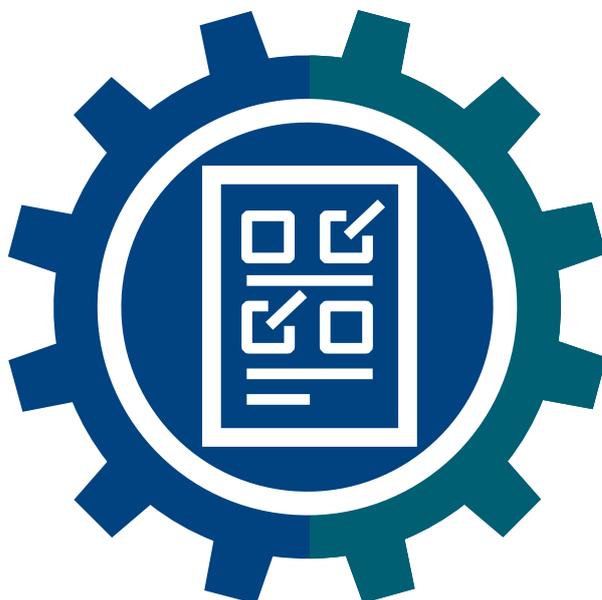
## 4. Methods

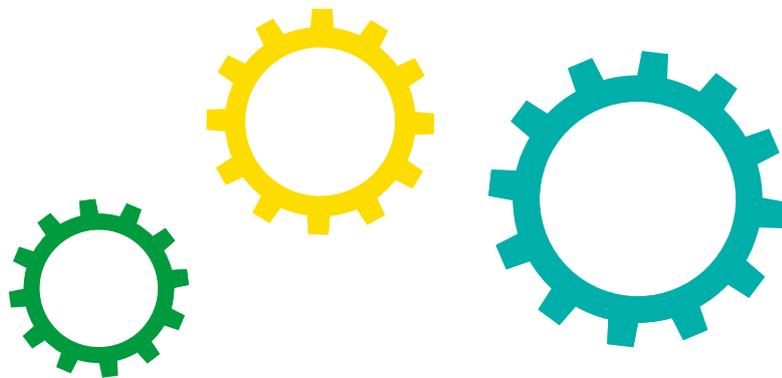
---

NES originally administered a baseline survey to HCSWs in 2011. This (2011) survey had 3,912 responses, 18% of the HCSW workforce which was felt to be a good response rate for a census approach. The survey sought information relating to educational attainment prior to commencing and during employment, preferred learning styles and barriers to accessing learning opportunities. The results were disseminated widely across NHS Scotland and were used to inform educational initiatives to support this workforce.

It was agreed in 2017 that it would be helpful to administer a HCSW survey again to gauge if and how the education landscape has changed for this workforce. The 2011 survey was used as the template to construct the 2018 survey and enable some comparison with earlier data. All the original questions were reviewed for continuing relevance and applicability. A revised version of the survey was developed which retained the spine of the 2011 questionnaire but omitted questions that were no longer relevant. It explored the new areas of career aspirations and awareness of NES resources. The NES HCSW Advisory Group tested and refined the questionnaire to produce a final version.

The 2018 survey utilised a combination of quantitative and qualitative questions and comprised of three sections: About you (11 questions); Your qualifications (12 questions); Learning and careers (13 questions).





### Administration of the survey

The research employed a cross-sectional survey design. A census approach was adopted meaning that all eligible clinical support workers were invited to participate rather than using a representative sample. This allowed all those who wanted to participate the opportunity to be involved.

The criterion for inclusion in the census was to be a support worker in nursing, midwifery or the allied health professions (AHP). This encompasses all the workforce in these professions who are not on a professional register (Nursing and Midwifery Council, and Health and Care Professions Council). Whilst this is generally staff in Agenda for Change Bands 2-4 there are some support workers on Agenda for Change band 5 which is the entry level for registered practitioners. In terms of a changing landscape this survey sought responses from support workers in social care and GP practices as well as the health sector which had been the exclusive focus of the 2011 survey.

The 2018 survey was administered online using Questback survey software and managed in-house. The survey went live in April 2018 and was open for 11 weeks to allow for maximum participation or a group who may not be able to engage through traditional channels. The survey links were disseminated through practice development and practice education colleagues, along with Twitter, NES corporate Facebook page and the HCSW Advisory Group members.

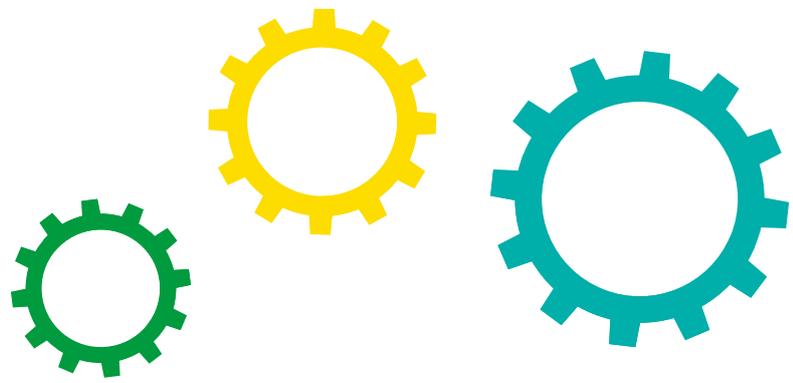
### Analysis

Quantitative data were analysed by a combination of Questback summary reports and tabular analysis with Microsoft Excel. Further sub-analysis of the data have been undertaken to explore the influence of a number of factors such as occupation and Agenda for Change bandings.

The qualitative analysis was initially managed in-house; however, we recognised that we had very rich data in the 7,900 free text comments. Therefore, it was decided to commission further independent analysis of this qualitative data from research consultants EKOSGEN, which took place between August and November 2018. The qualitative analysis was based on a thematic framework and used a 'constant comparative method' to identify common themes and issues. The analysis found four overarching themes in relation to the barriers that HCSW's face in terms of their education and development:

1. Time
2. Support
3. Funding
4. Information.

These themes are woven into the results sections below and examples of the free text comments are also included. These themes are the same as these found in the 2011 survey, suggesting that investment in education opportunities for HCSWs does not meet current demand.



## 5. Findings

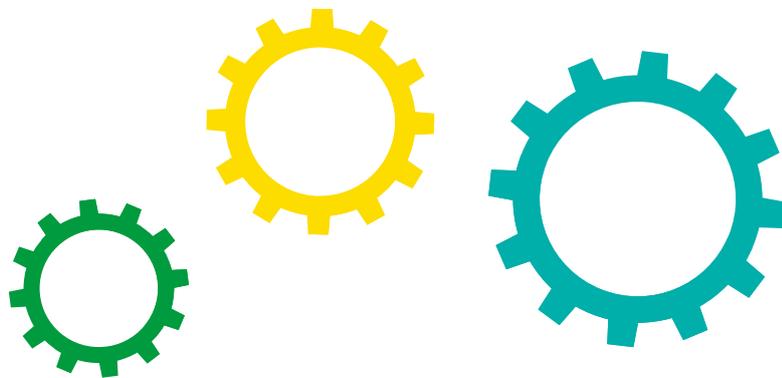
### 5A. About You

At closure of the survey there was a total of 3,461 responses, spanning all 14 territorial health boards, two national boards and several GP practices and Health and Social Care Partnerships. The overall response rate is 16% of this workforce, with responses across nursing, midwifery and the allied health professions. 45% of the responses came from support workers in hospital settings.

This section of the survey asked about where the respondents worked and their area of work and working patterns. There was also a question about job titles and roles.

Table 2 Respondent's area of work

Areas of work	Count	Percent
Nursing (Adult)	1,235	35.8
Nursing (Children)	162	4.7
Nursing (Mental Health)	338	9.8
Nursing (Learning Disability)	61	1.8
Midwifery	171	5.0
Arts Therapies	0	0.0
Dietetics	55	1.6
Occupational Therapy	231	6.7
Orthoptics	16	0.5
Physiotherapy	29	0.8
Prosthetics	0	0.0
Radiography - Diagnostic	88	2.6
Radiography - Therapeutic	7	0.2
Speech and Language Therapy	94	2.7
Multi-disciplinary	123	3.6
Other area	556	16.1
Number	3,450	100.0



Of the respondents 69% are in full-time permanent jobs, 28% in part-time permanent jobs and 1% on temporary contracts, with the most common working pattern being 6-8 hours per day on rota or 12.5-hour shifts. (See Table 3 below).

**Table 3 Terms of employment**

Terms of Employment	Count	Percent
Permanent, full time (30 hours or more per week)	2,373	69.1
Permanent, part time (less than 30 hours per week)	970	28.2
Temporary contract	49	1.4
NHS Bank	162	4.7
<b>Number</b>	<b>3,435</b>	

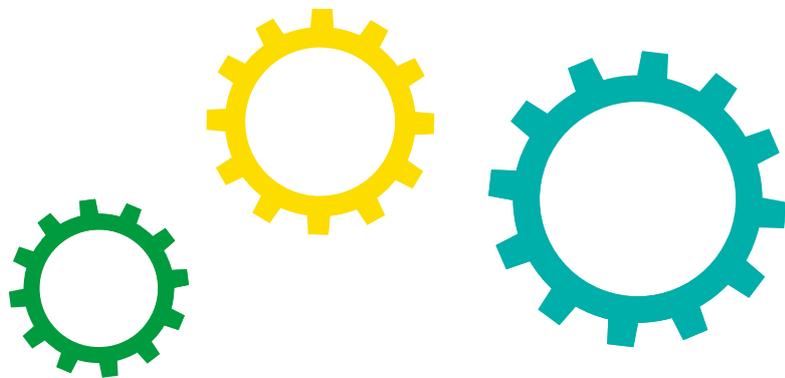
HCSWs who responded to the survey mostly work Monday to Friday patterns which is likely to be congruent with the increased move to more out-patient and day surgery models of care. This working pattern can potentially make accessing part-time formal education more challenging for them.

The differences between job title and area of work demonstrates the confusion across this workforce. Band 2 nursing HCSWs have a wide variation of job titles, for example nursing auxiliaries, HCSWs, Clinical HCSWs, generic support worker. Whilst in AHP teams see job titles which pre-date Agenda for Change, for example Technical Instructor, mean very little to those outside the profession.

**Table 4** Agenda for Change banding illustrates the response rate was greatest for HCSWs in Band 3 roles, although the response from Band 2 staff under-represents the size of this group which currently is 11,840 or 56% of the total HCSW workforce.

**Table 4 Agenda for Change pay band**

Agenda for Change Pay Band.	Count	Percent
Band 2	1,326	38.6
Band 3	1,543	45.0
Band 4	450	13.1
Band 5	26	0.8
Not sure which band	43	1.3
Employed by other	44	1.3
<b>Number</b>	<b>3,432</b>	<b>100.0</b>



---

## 5B. Your qualifications

---

This section of the survey included questions relating to qualifications which HCSWs currently hold. In NHSScotland there are no minimum entry level qualifications for HCSWs and they can come from many different sectors of employment before they join the health sector. It is worth noting that the NHS experience for HCSWs is in sharp contrast to the social care sector where all care staff are supported to achieve relevant SVQ qualifications to meet the regulatory requirements of Scottish Social Service Council (SSSC).

Clinical HCSWs have diverse routes into NHSScotland, with changes of career direction, and making lifestyle adjustments due to caring responsibilities often cited as reasons for choosing HCSW roles. The survey asked HCSWs which qualifications they had achieved prior to joining NHSScotland, and whether they were currently being supported. The survey also explored personal motivation and barriers in gaining qualifications.

The survey also asked three key questions about qualifications currently being studying, how supported HCSW felt and who in the main was funding the qualification.

### Findings

HCSWs are a well-qualified workforce on entry to NHS Scotland, with qualifications ranging from SVQ at level 2 to post-graduate degree.

The survey asked about which qualifications the respondents had when they came into post. The percentages below give an indication of these qualifications:

- 36% hold an SVQ qualification (Levels 1-4)
- 22.5% hold an HNC/HND qualification
- 10% hold a degree or post-graduate degree

Table 5 on page 14 outlines the full range and level of qualifications held by HCSWs, it is worthy of note that a significant number of HCSWs came into NHS employment with relevant qualifications already being achieved.



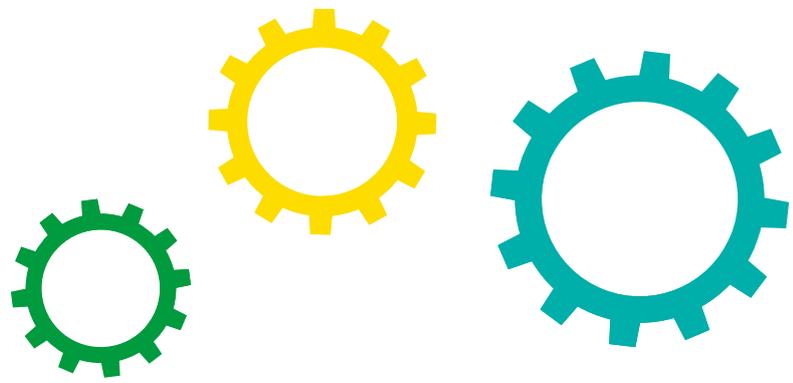
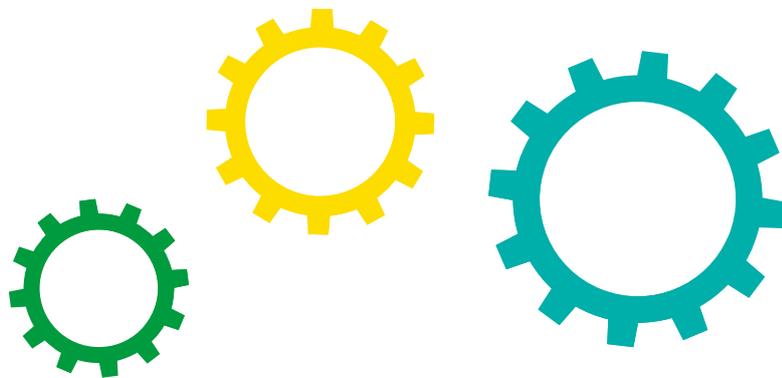


Table 5 Qualifications held before entering the NHS and those acquired while working in the NHS (all that apply)

Qualification	I held this qualification when I came into the NHS		I acquired this qualification while working in the NHS	
	Count	Percent of total (n= 3,457)	Count	Percent of total (n= 3,457)
National 1 - 4	476	13.8	34	1.0
National 5, Standard Grades (or equivalent)	1,671	48.3	33	1.0
Higher Grades (or equivalent)	1,032	29.9	31	0.9
Advanced Higher, CSYS (or equivalent)	211	6.1	43	1.2
SVQ Level 1 or 2	680	19.7	444	12.8
SVQ Level 3 or 4	587	17.0	546	15.8
SVQ Level 5	94	2.7	37	1.1
HNC	522	15.1	194	5.6
HND	257	7.4	37	1.1
National Progression Award (NPA)	11	0.3	37	1.1
National Certificate (NC)	324	9.4	42	1.2
Professional Development Award (PDA)	66	1.9	68	2.0
Degree	291	8.4	35	1.0
Postgraduate Degree	58	1.7	14	0.4
Other Qualification	414	12.0	161	4.7



From the results there does appear to be evidence of a postcode lottery for HCSWs in terms of access to information about learning opportunities, funding and support to study in order to progress their careers. From the survey results, only 11% of respondents are currently being supported to study for a qualification (Table 6 below) with the range across individual territorial boards being from 3% to 16%.

**Table 6 Percentage of HCSWs currently studying for a qualification**

	Count	Percent
<b>Yes</b>	<b>373</b>	<b>10.9</b>
<b>No</b>	<b>3,060</b>	<b>89.1</b>
<b>Number</b>	<b>3,433</b>	<b>100.0</b>

Of the recognised qualifications currently being studied by 11% of the respondents the top five were:

- Degree: 24%
- SVQ level 3/4: 20%
- HNC: 13%
- SVQ level 1/2: 7%
- Professional Development Award: 5%.

Lack of information about learning was also cited as a major barrier for HCSWs, and leads to frustration and hopelessness that any career development is possible.

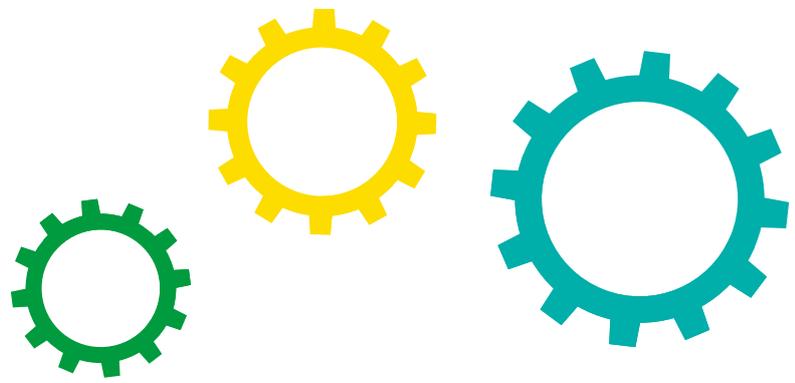
“  
Just spread the word more widely.  
Many of us have no clue that there is something like Open University, HNC etc  
”

Key barriers that were cited by HCSWs as being important for their development included:

- lack of time for learning (57%)
- juggling demands of home, work and study (55%)
- studying and its relationship (or not) to higher pay (51%)
- funding (49%)

These barriers are discussed in more depth on page 16 and as demonstrated are interlinked.

“  
Lack of opportunity, lack of guidance,  
lack of support at work.  
”



## Time for learning and juggling demands

No protected time to learn at work was a barrier for 57% of respondents, whilst 55% of HCSWs also felt that juggling the demands of home, work and study would sometimes or always stop them from gaining a qualification. The need for protected time or study days was consistently high across all job roles, with 27% of respondents stating protected time for learning would improve their experience.

The free text comments in this section revealed that many HCSWs were often not able to access learning opportunities at work, leading to some HCSWs expressing negative views of the value some NHS boards place on HCSW development.

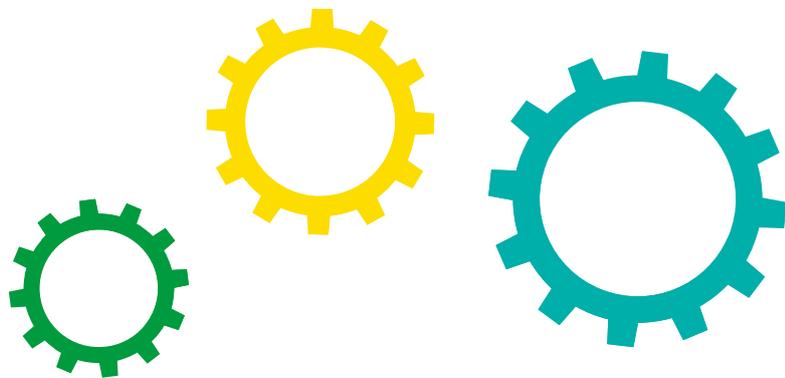
“There are no opportunities within my work place to progress. I have spoken to management about it and have got nowhere. I am trying to start doing my Highers so I can get into University to study Midwifery - but I can't afford to pay for it myself. It feels nearly impossible to progress in my career.”

## Funding and studying doesn't necessarily lead to higher pay

Funding was cited as one of the biggest barriers to gaining qualifications, with 49% of respondents saying it sometimes or always stopped them participating in learning.

It is important to note that most HCSWs are eligible for Students Awards Agency for Scotland (SAAS) funding, but this is poorly understood by both individual HCSWs and their managers.

Many respondents commented that they were unable to leave their current posts to embark on further education. There was also a perception that studying does not lead to higher pay or career progression; 51% of HCSWs said that this factor sometimes or always stops them from studying.



In addition to the above barriers there were several comments within the qualitative data that related to the equality of opportunity to learn for this workforce:

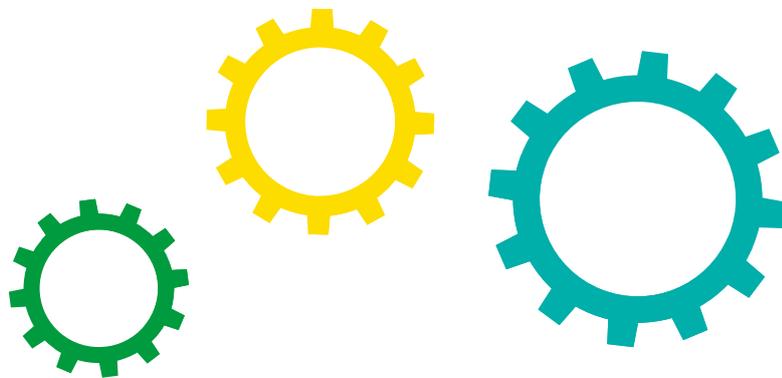
I have had a positive experience learning at work by doing my SVQ3 but struggled finding time in the workplace to study as patients are the priority.

When working in a small team, getting time away from work is not always easy, others seem to get to go on courses, but not HCSWs.

Finally, there was a perception from some HCSWs that their learning was given less importance or priority than that of registered NMAHPs.

HCSW personal development is just as important as band 5 and above but is not met with the same encouragement, there's lack of opportunity and our learning needs are disregarded, and this can be due to our extensive workloads.





---

## 5C. Your learning and development

---

This section explored HCSWs' experience of learning at work. The intention was to capture both the current experience of learning and the aspirations of clinical HCSWs who may wish to develop their careers. This section builds upon the information that was captured in 5B which shows that the HCSW workforce already have a diverse range of qualifications prior to coming into the NHS, including HNC/D and degree level.

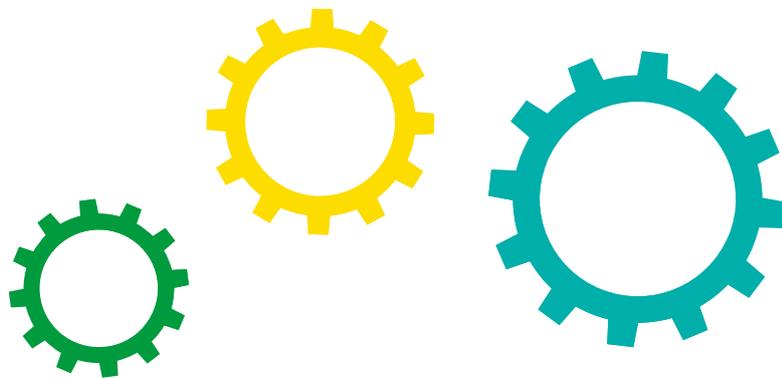
The responsibility for the learning environment in clinical teams lies with the leader of that team, namely the Senior Charge Nurse, Midwife or Allied Health Professional. The local learning environment will be influenced by many factors and it is known to vary significantly across all health boards, individual teams and different professions. It affects all team members from HCSWs to students and registered staff and is likely to be influenced (positively or negatively) by team leaders who are juggling many factors including staffing levels, sickness absence, staff well-being, budgets and workload.

### Findings

Learning and development at work for HCSWs is a very different experience depending upon which health board, service, team and professional group they work in. The variation is significant and creates inequality in how HCSWs can progress their careers. Many HCSWs who made free text comments expressed frustration about not being able to do more to help the

registered staff they work with. A lack of clearly understood and supported routes to becoming a registered nurse, midwife or allied health professionals is also an issue for HCSWs who want to progress along that career pathway. Change is desired by survey respondents as expressed by the following findings:

- Those in Band 2 roles were less likely to have a current PDP than those in Band 3 and 4 roles
- In 2018 an average of only 60% HCSWs have had a PDP/KSF discussion in the past 12 months as compared to 83% in the 2011 survey
- There is significant variation across health boards and professional groups in how many HCSWs had a current PDP/KSF discussion (from 35% to 78% across health boards)
- 59% would like to progress their careers, either to higher banded HCSW posts or to become registered health professionals
- 47% would like to see differences in how they can learn and develop at work (an increase on the 2011 figure of 32%)
- 57% stated their motivation for learning was to help them in their current job and to be able to increase the support they provide to their team
- NES learning resources for HCSWs were not well known; with an average of 65% of HCSWs not having heard of any NES learning resources. There was significant variation across territorial health boards (from 47% to 75%).



## HCSWs and Personal Development Plans

HCSWs are an unregulated workforce, meaning there are no minimum entry qualification or regulatory requirement for evidence of continuing professional development (CPD). In terms of providing good governance, it is important that HCSW roles are underpinned by knowledge and skills at the right level, to support safe and appropriate delegation of aspects of care and treatment. In NHSScotland, the learning needs of HCSWs should be recorded in their annual personal development/appraisal discussion with their manager or supervisor. The 2011 survey asked whether HCSWs had had a current Personal Development Plan (PDP) discussion with their manager. At this time there was a Scottish Government target that NHS Boards should ensure that all staff on Agenda for Change permanent contracts take part in an annual review against a KSF post outline which might explain why 83% of HCSWs in 2011 reported they had an up-to-date PDP. The same question was asked in 2018 and a significant reduction in current PDP discussion was reported, with a national average of 60.2% but within that a range of 35% to 78% when analysed at individual health board level.

The 2018 survey asked two questions about HCSWs' experience of having a PDP discussion. One of these questions was about HCSW perceptions of managerial support and the other was a quantitative question regarding

the number of HCSWs who had an up-to-date (PDP). The two questions seem to triangulate see below:

**Table 7**

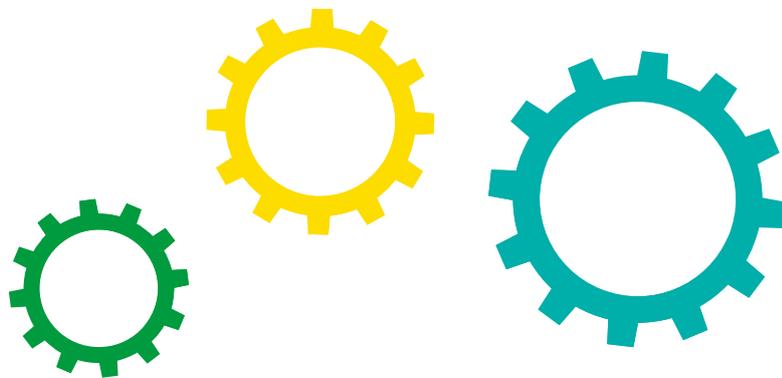
**How far do you agree or disagree with the statement below? My manager recognises how important training is and gives me the support to learn**

Response	Count	Percent
Agree	1,973	57.4
Neither agree nor disagree	973	28.3
Disagree	435	12.7
Non applicable to me	56	1.6
Number	3,437	100.0

**Table 8**

In the last twelve months, have you had a discussion about your Personal Development Plan (PDP) with your Knowledge and Skills Framework (KSF) reviewer?

Response	Count	Percent
Yes	2,056	60.2
No	1,241	36.4
Don't know	115	3.4
Number	115	3.4



Analysis of the narrative comments shows that support from managers was cited as a key enabler when present and a key barrier when absent in terms of supporting learning and development. This managerial support is not only practical but also emotional, it includes giving protected time and resources to help make learning successful, this can give confidence to HCSWs to develop further.

The support I have had from my manager has been phenomenal and allowed me to progress further in my role. She always actively encourages further learning to have continuing progression for the department

I have been in my current post for 1 year and 10 months and have never met with my mentor/KSF reviewer or line manager to review my progress and discuss training and career development. I have asked many times to have such a meeting and am told that I am doing well so there's no need to have a review! My management does not take my role seriously at all and my career development does not seem to matter.

Whilst the average national response to whether HCSWs had an up-to-date PDP question was 60% (Table 8), the variation across health boards ranged from 35% to 78% confirming that there is significant variation in support for HCSW development across NHSScotland. This would confirm that HCSWs experience a postcode lottery in terms of how well the national policy for all staff to have an annual conversation with their manager is implemented by individual boards, Sub-analysis of the PDP data shows significant variation when analysed by Agenda for Change (AfC) band Table 9 and Occupational Grouping, Table 10.

HCSWs working in Bands 3 and 4 roles were most likely to have discussed their personal development in the past 12 months. Those in Band 2 working in nursing and midwifery teams were least likely to have a current PDP discussion. This group makes up the majority of the HCSW workforce with 11,676 (headcount) in Band 2 roles.

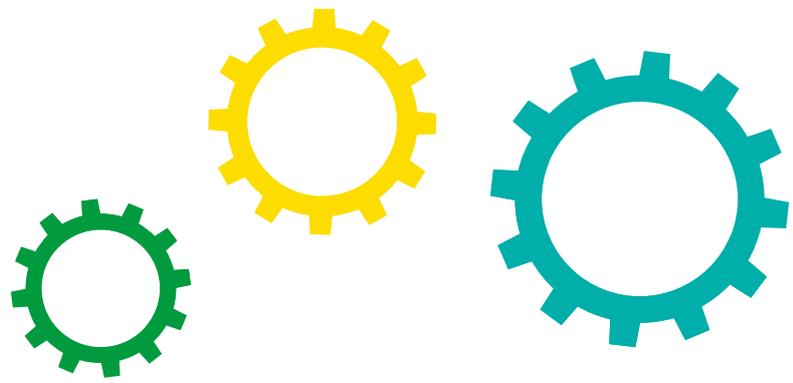
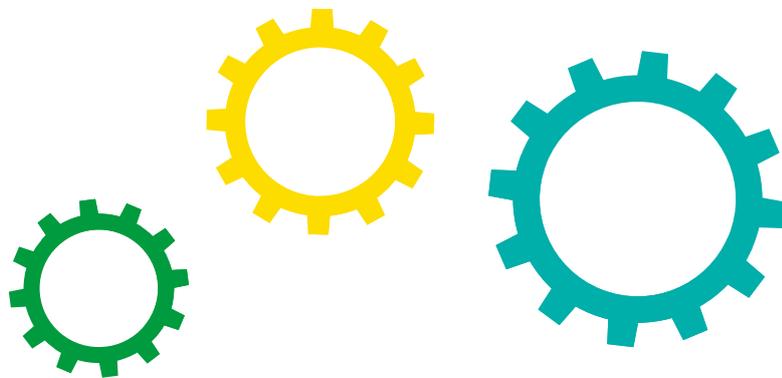


Table 9 PDP by Agenda for Change Band

	Yes	No	Don't know	Total	Number
Total	60.3%	36.4%	3.4%	100.0%	3412
Band 2	48.5%	47.2%	4.4%	100.0%	1310
Band 3	65.4%	32.0%	2.6%	100.0%	1519
Band 4	78.5%	19.2%	2.2%	100.0%	447
Band 5	61.5%	38.5%	0.0%	100.0%	26
Not sure which band	48.8%	39.5%	11.6%	100.0%	43
Employed by other	53.5%	39.5%	7.0%	100.0%	43

Table 10 PDP by Occupational Grouping

	Yes	No	Don't know	Total	Number
Total	60.3%	36.4%	3.4%	100.1%	3412
Nursing HCSW	55.3%	41.2%	3.5%	100.0%	1777
Midwifery HCSW	44.6%	51.2%	4.2%	100.0%	168
AHP HCSW	76.2%	22.1%	1.8%	100.1%	797
Other HCSW	57.6%	37.5%	4.9%	100.0%	547



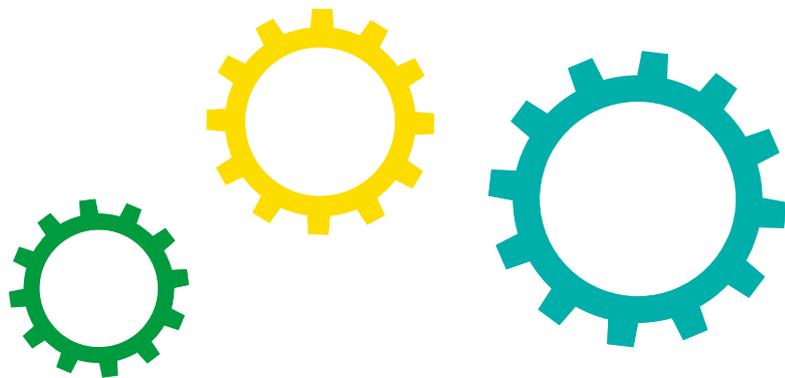
### HCSWs and career development

Career aspirations, enablers and barriers for HCSWs who want to progress to higher banded posts or to become registered nurses, midwives or allied health professionals were explored within the survey. Overall 59% of respondents want to progress their careers. Many respondents expressed frustration at both the lack of higher banded (Bands 3 and 4) posts available, and the lack of clarity on what education would enable them to progress.

“I feel there should be a stepping stone in the progression from healthcare support worker to registered nurse while in a permanent post with the NHS. I feel this could be achievable while working with support from management in our department. It would be beneficial to the NHS, and also for our workplace, to have these skills”

Table 11 Thoughts about career progression

Statement	Count	Percent
I'm happy to stay in my current role	1,401	41.1
I'd like to prepare for a higher HCSW role	1,290	37.8
I'd like to progress to become a registered nurse	430	12.6
I'd like to progress to become a registered midwife	48	1.4
I'd like to progress to become a registered AHP	243	7.1
Number	3,412	100.0



### Career development for AHP HCSWs

The number of AHP HCSWs expressing a desire to progress was 243 respondents which makes up 29% of the total AHP support worker responses.

The relatively high numbers of AHP HCSWs expressing a desire to progress is significant as there are so few routes where a stepped approach to becoming a registered health professional is possible. Occupational Therapy is currently the only profession with an HNC access route into Year 2 of the undergraduate programme. AHP HCSWs were much more likely to have a current PDP (76%) but were more likely to report gaps in training and difficulty with progressing their careers.

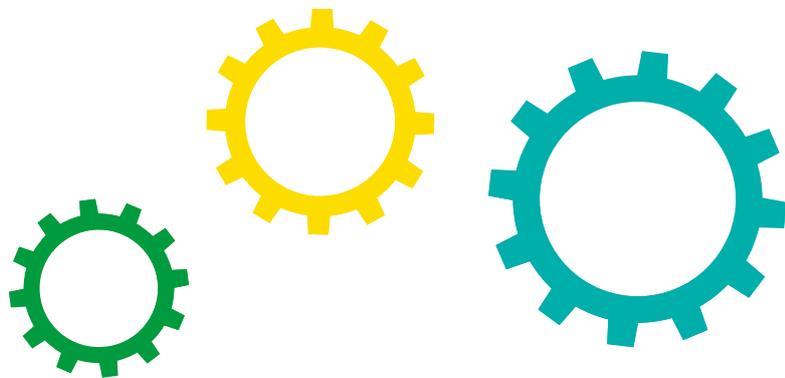
“  
Most band 3 AHP Support workers tend to leave the NHS due to no career progression, no ladder to climb. Offering courses may keep the staff longer.”

AHP HCSWs felt there were gaps in learning for both profession-specific topics, for example Speech and Language Therapy and for condition specific topics, for example dementia, eating disorders, respiratory diseases and working in patient's own homes.

### Career development for maternity HCSWs

There were a significant number of comments from Maternity HCSWs on the lack of opportunity to learn and progress. There is an increased opportunity to learn and progress in the light of the transformation of maternity services through “The Best Start” (Scottish Government 2017).

“  
There are many HCSWs that are like myself - eager to learn and progress. Looking for ways to go forward with their careers in healthcare. It's a shame that it's so difficult to do so. I think that the hospital could do with more opportunities for band 3/4. More training means we can help more, do more and give more patient care. This would be helping trained staff in so many ways and reduce waiting times, complaints and take the pressure off the midwives.”



24% of Maternity HCSWs also report an education need in terms of taking bloods and 18% would like more education on counselling. Only 45% of maternity care respondents reported having a current PDP.

HCSWs often had a positive experience of learning. However there could be a lack of support and opportunity to practice skills safely back in the workplace which led to frustration, disappointment, or feeling that there was no point engaging in further learning.

I think there should be more scope for a healthcare support worker, surely healthcare support workers working already in maternity should be trained up to become an MCA, after all we already know how community services and work with the midwives that you would be working with on a daily basis, its actually really disappointing that this hasn't been considered

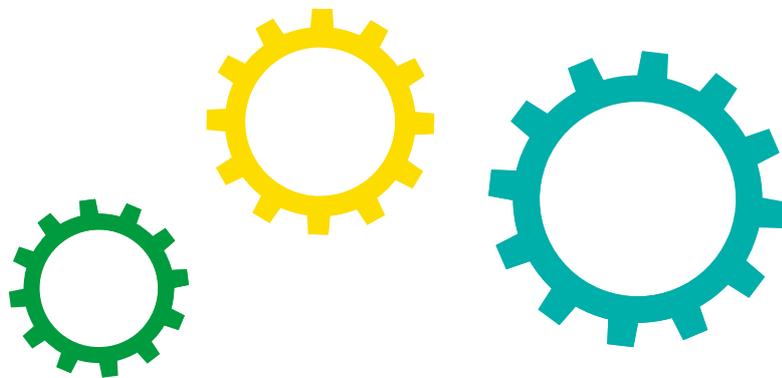
I am really disappointed at having to leave a post I love as there are no opportunities to progress at all. I have researched any opportunities and none exist.

### Learning preferences as perceived by HCSWs

When asked what would make learning a better experience:

- Time
- Support
- Information about learning to support career progression
- Funding.

HCSWs consistently cite protected time for learning as a way of making their experience of learning at work better. Support from managers and the teams they work in is important too.



### Access to learning resources

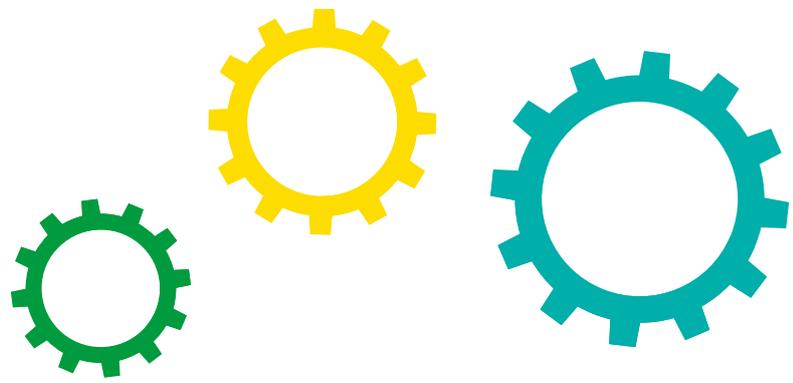
Access to information about education and learning opportunities and resources was a theme that emerged within the findings. It was noted by 65% of respondents that they were not aware of any of the NES HCSW learning resources. HCSWs were most aware (16%) of the NES HCSW Learning Framework.

It is often assumed that HCSWs do not prefer online learning. The survey asked a question about the format of the learning resources that respondents preferred. Table 12 below indicates that 65% of survey respondents were happy with both online and paper resources. From the narrative comments, HCSWs prefer online materials for ease of access, but paper-based learning materials when doing something which requires concentration. This is likely to be similar to any other group of adult learners surveyed.

Table 12 Preferred format of learning resources

Format of learning resource	Count	Percent
Online	950	28.1
Printed copy	218	6.5
Both online and printed copy	2,208	65.4
Number	3,376	100.0

Limited access as difficulty accessing website due to lack of time and therefore forget how to, yet another username and password to be remembered.



The narrative comments also revealed that access to computers within the working day is a barrier to learning, both as they are used by so many members of the team for clinical tasks, and there is some evidence of a negative attitude from others that HCSWs should not be using computers during working time.

When HCSWs did have access to NES resources it tended to be a positive experience:

“I am a Senior HCSW with supervision and training responsibilities for Band 2 staff and I use the four pillars (of practice) to support and direct their development.

“Previously awarded a fellowship for funding” (AHP Career Fellowship)

“I use facilitator’s toolkit and Quality Improvement resources”

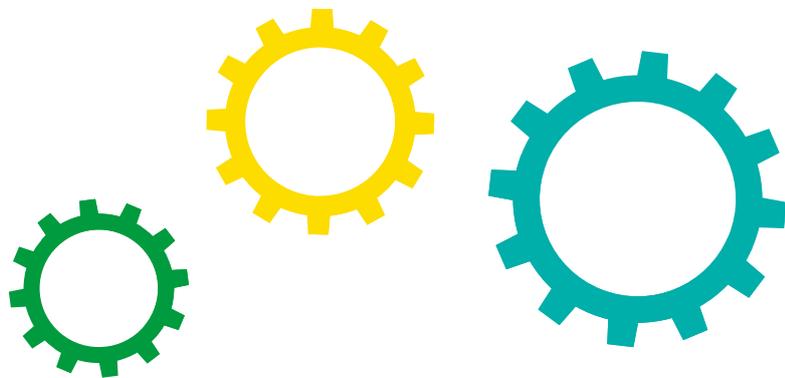
“The HCSW conference in Edinburgh (2018) made me feel valued which as a support worker doesn’t always happen.”

### What makes learning a good experience for HCSWs?

HCSWs told us that learning works for them when it is designed to be:

- Fun
- Engaging
- Relaxed
- Face-to-face
- Small groups
- Offers variety
- A mixture of theory and practice
- Structured
- Interactive
- Adapted when I need it to be e.g. dyslexia
- Not just mandatory topics; not just learnPro

The majority of HCSWs who responded were motivated to learn, with the main motivating factor to be better in their job and be able to offer more to the team they work in.



## HCSWs would like to see change in how they are supported to learn at work, specifically to have:

### a) The right culture to promote learning at work, for example

- Protected time
- Support and access to resources
- Able to learn from mistakes
- Allowed to learn at own pace
- More access, and equity of access to learning
- More opportunities

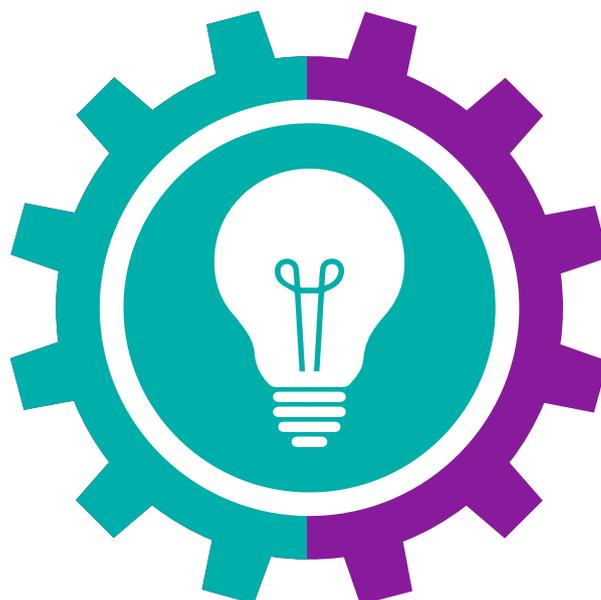
- Digital skills, administration skills, time management, leadership
- Profession-specific skills, for example maternity care, paediatrics, podiatry, dietetics, speech and language therapy, occupational therapy, radiography, physiotherapy, paramedics

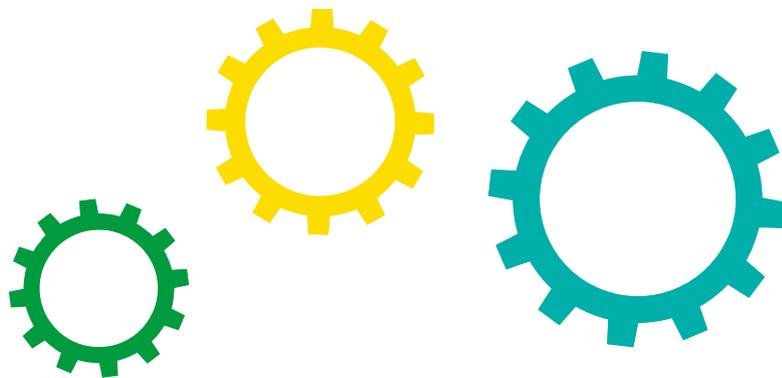
### b) Accurate information about how to progress as HCSW, for example

- How to progress between bands 2,3 and 4
- How to become a registered nurse, midwife or allied health professional
- Where to get funding, which qualifications will support progression?

### c) Learning which is relevant to HCSW roles, for example

- Clinical skills, venepuncture, cannulation, mental health, end of life and palliative care, investigations
- Communication skills, working with groups, supporting patients who receive bad news, counselling, bereavement, psychological therapies, interview skills, suicide prevention





---

## 6. Conclusions

---

The 2018 survey asked NMAHP HCSWs to share their experience of learning and developing at work. The results indicate that HCSWs in Scotland do want support to develop their careers; 59% of HCSWs who responded would like the opportunity to develop their careers or become registered nurses, midwives or allied health professionals. The remaining 41% of the HCSW workforce are happy to stay in their current role, but with more access to learning opportunities to remain up to date. However, our data shows that there is significant geographical and professional variation for HCSWs in terms of getting information about learning, having a PDP discussion with their manager, or being supported to develop further.

Learning at work can be a better experience if HCSWs are provided with:

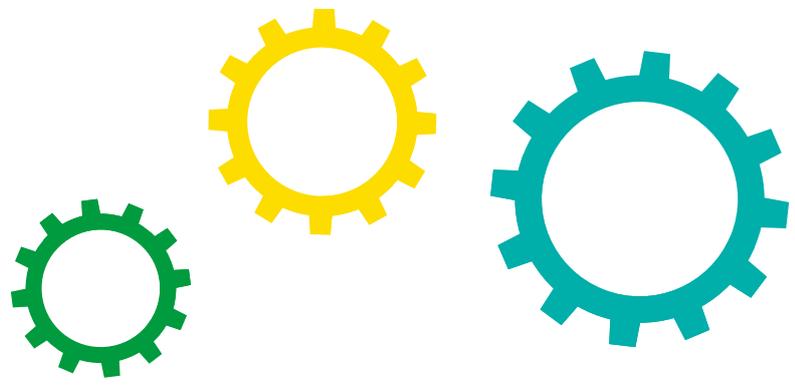
1. Time which is free from interruptions
2. Support from manager and team
3. Funding to gain qualifications
4. Information on how to develop and on what learning is available.

Survey results show that many HCSWs have come into NHS employment having already achieved relevant qualifications. NHSScotland is currently supporting 11% of the HCSWs who responded to the survey to achieve further

qualifications. However lack of access to information and funding for qualifications was cited as a major barrier by HCSWs. Learning which supports career development was poorly understood in terms of the available routes. This was cited a key barrier for HCSWs in maternity and allied health professions. The resources developed by NES to support HCSW learning are not well known in the workplace. On average 65% of respondents had not heard of any NES learning resources, although there was variation across health boards.

Overall this learning survey has yielded rich information which confirms much of what the NES HCSW team have already heard through our HCSW Advisory Group and HCSW Education Network, as well as our annual events. It is important that we now work with our HCSWs and stakeholders to prioritise the issues raised in the survey.

NES is committed to supporting the learning and development of HCSWs across Scotland. This is a diverse workforce group whose learning needs cannot be defined by their pay bands alone. This survey shows that change is desired by HCSWs, and that they want to be able to contribute more to the teams they work in, and to play their part in making care, treatment and rehabilitation a good experience for patients and their families.



---

## 7. References

---

Chief Nursing Officer Directorate (2017a) Best Start: Maternity and Neonatal Care Plan, Scottish Government, Edinburgh

Chief Nursing Officer Directorate (2017b) CNO Commission on Widening Participation into Nursing and Midwifery Education and Careers, Scottish Government, Edinburgh

NHS Education for Scotland (2016) HCSW Learning Framework: A Guide for HCSWs

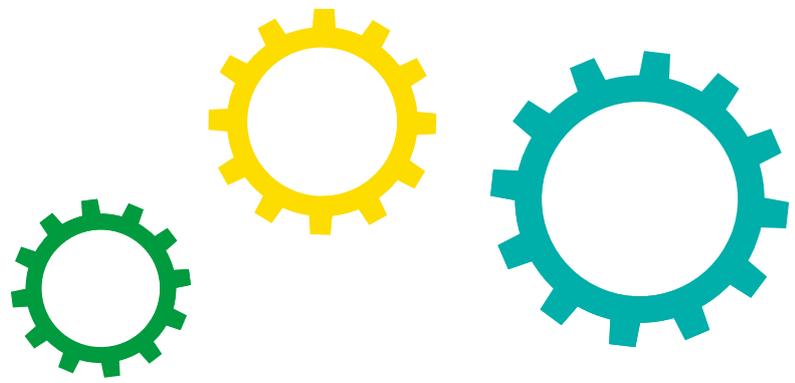
NHS Education for Scotland (2016) HCSW Learning Framework: A Guide for Managers

Scottish Government (2013) Everyone Matters Workforce Vision, Scottish Government Edinburgh

Scottish Government (2014, 2015, 2017) Everyone Matters Workforce Action Plans for, Scottish Government Edinburgh

Scottish Government (2016-20) Active and Independent Living Programme, Scottish Government, Edinburgh





---

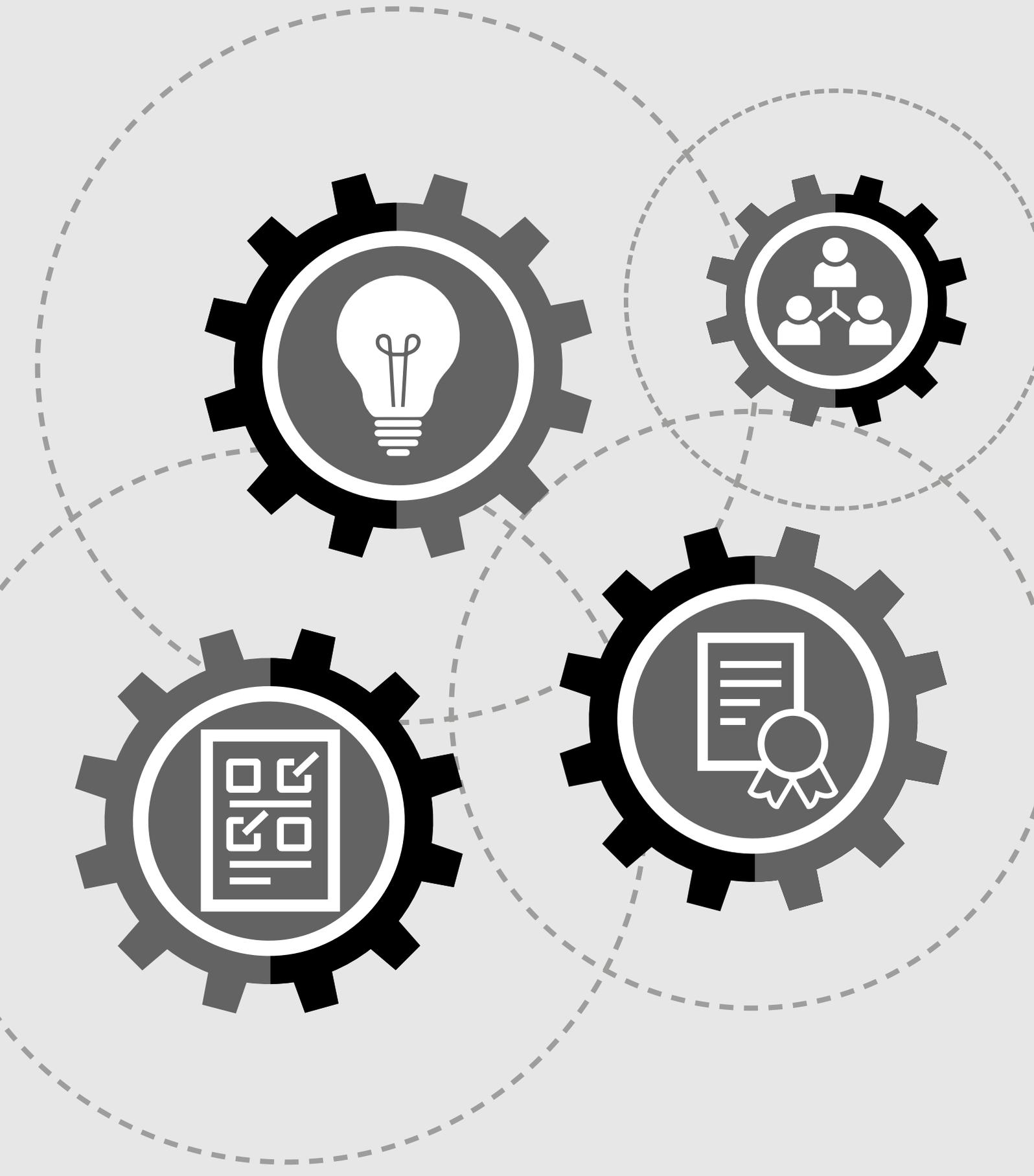
## 8. Acknowledgements

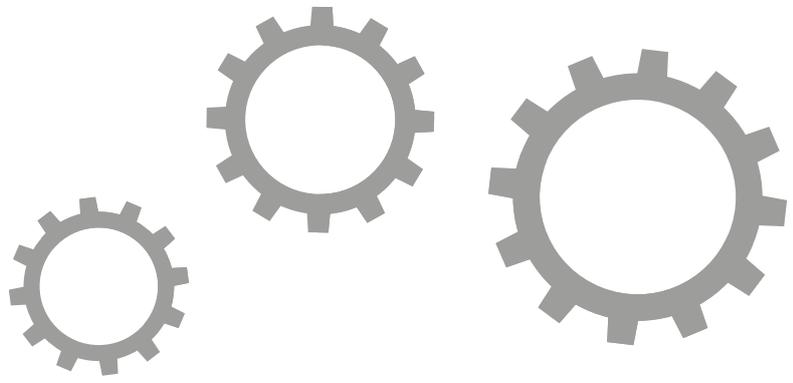
---

Many individuals and groups made the HCSW Learning Survey possible, NES would like to acknowledge the leadership, support and commitment of the following teams and groups:

- NES HCSW Programme Team; Jane Cantrell, Head of Programme, and Linda Harris, Principal Educator, supported by Iain Colthart NMAHP Research and Information Officer
- Karen Wilson, Director of NMAHP and directorate colleagues for being critical readers and supporting the roll out of the survey through our practice education networks
- NES HCSW Advisory Group for testing and refining the survey questions
- NES HCSW Education Network for supporting roll-out and working to share board reports with their own networks
- ESKOGEN colleagues for their independent analysis and reporting of 5,000 free text comments







---

## Clinical Healthcare Support Worker Learning Survey 2018

---

### A. About your work for NHS Scotland and working history

1. Please tell us about your terms of employment: *(select all that apply)*

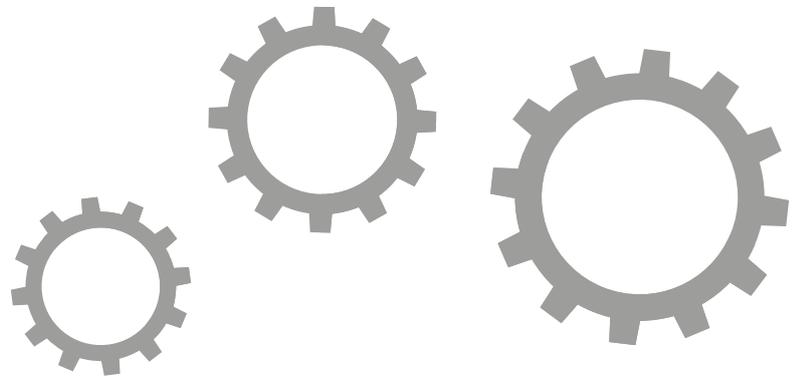
- Permanent, full time *(30 hours or more per week)*
- Permanent, part time *(less than 30 hours per week)*
- Temporary cocontract
- NHS Bank

2. How many hours do you typically work each working day?

- 1 to 3
- 4 to 5
- 6 to 8
- 9 to 12.5

3. Which of all the following describes how you work your hours? *(select all that apply)*

- 12.5 hours
- early shift
- late shift
- night shift only
- on rota – it varies
- Mon-Fri part-time
- Mon-Fri full-time
- weekend only

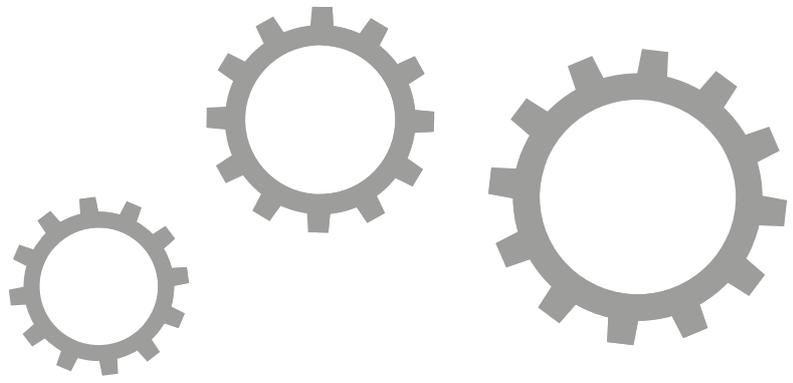


4. Which Health Board or other health service do you work for?

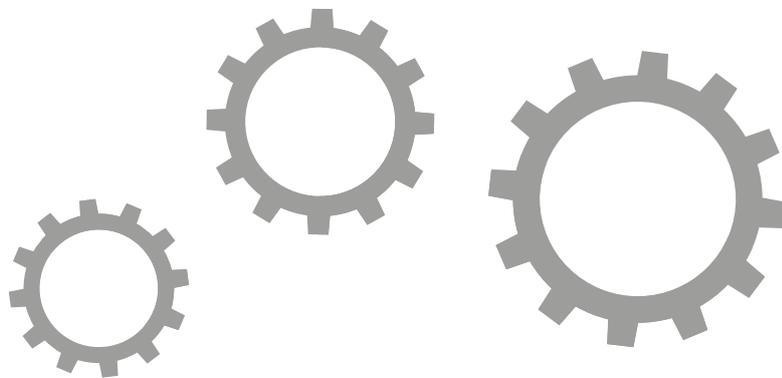
- Ayrshire & Arran
- Borders
- Dumfries & Galloway
- Fife
- Forth Valley
- Grampian
- Greater Glasgow & Clyde
- Highland
- Lanarkshire
- Lothian
- Orkney
- Shetland
- Tayside
- Western Isles
- NHS 24
- NHS Health Scotland
- State Hospitals Board for Scotland
- Golden Jubilee National Hospital (*National Waiting Times Centre*)
- National Services Scotland
- Health and social care partnership
- Scottish National Blood Transfusion Service (*SNBTS*)

5. Which of the following most closely describes the area you work in?

- Nursing (*Adult*)
- Nursing (*Children*)
- Nursing (*Mental Health*)
- Nursing (*Learning Disability*)
- Midwifery
- Arts Therapies
- Dietetics
- Occupational Therapy
- Orthoptics
- Physiotherapy
- Podiatry
- Prosthetics
- Radiography – Diagnostic
- Radiography – Therapeutic
- Speech and Language Therapy
- Multi-disciplinary
- Other area - (*go to question 6*)



6. If other area, please specify which?
7. Which of the following job titles is most like yours? *(select one only)*
- Nursing Assistant/Auxiliary
  - Healthcare Support Worker
  - Clinical Support Worker
  - Rehabilitation Support Worker
  - Maternity Care Support Worker
  - AHP Support Worker
  - AHP Technical Instructor
  - Assistant Practitioner
  - Other job title – *(go to question 8)*
8. If other job title, please state what it is.
9. For your current job, is the place where you mainly work:
- In a general hospital setting
  - In an out-patients setting
  - In a rehabilitation setting
  - In a longer term care setting
  - In a mental health setting
  - In the patient's own home
  - Another place – *(go to question 10)*
10. If another place, please state where.
11. Which Agenda for Change pay band are you in?
- Band 2
  - Band 3
  - Band 4
  - Band 5
  - Not sure which band
  - Employed by other



**B. Your Qualifications**

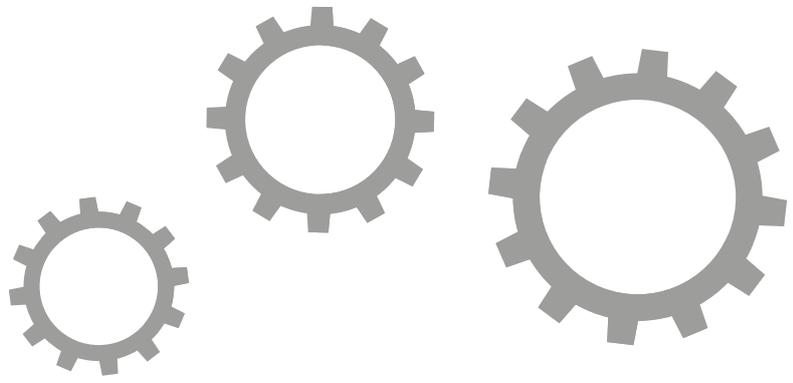
**12.** Please indicate which qualifications you held before entering the NHS and those you have acquired while working in the NHS (*select all that apply*)

	I held this qualification when I came into the NHS	I acquired this qualification while working in the NHS
	Yes	Yes
National 1 - 4	<input type="checkbox"/>	<input type="checkbox"/>
National 5, Standard Grades ( <i>or equivalent</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Higher Grades ( <i>or equivalent</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Higher, CSYS ( <i>or equivalent</i> )	<input type="checkbox"/>	<input type="checkbox"/>
SVQ Level 1 or 2	<input type="checkbox"/>	<input type="checkbox"/>
SVQ Level 3 or 4	<input type="checkbox"/>	<input type="checkbox"/>
SVQ Level 5	<input type="checkbox"/>	<input type="checkbox"/>
HNC	<input type="checkbox"/>	<input type="checkbox"/>
HND	<input type="checkbox"/>	<input type="checkbox"/>
National Progression Award ( <i>NPA</i> )	<input type="checkbox"/>	<input type="checkbox"/>
National Certificate ( <i>NC</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development Award ( <i>PDA</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Degree	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate Degree	<input type="checkbox"/>	<input type="checkbox"/>
Other Qualification – go to question 13	<input type="checkbox"/>	<input type="checkbox"/>

**13.** Which other qualification/s do you have?

**14.** Are you currently studying for qualifications while working in the NHS?

- Postgraduate Degree
- Other



15. Which Health Board or other health service do you work for?

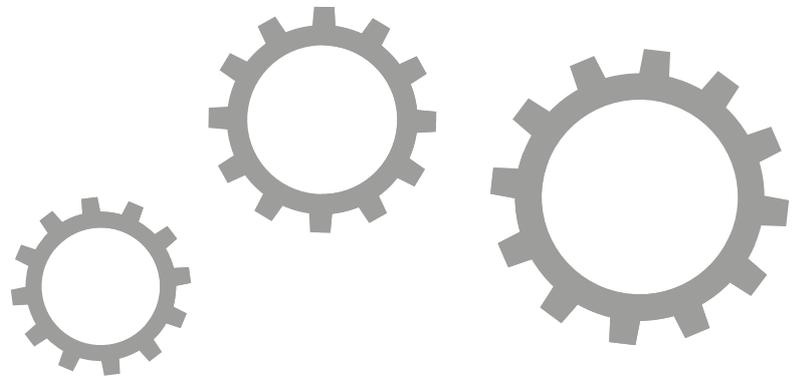
- National 1 - 4
- National 5, Standard Grades (*or equivalent*)
- Higher Grades (*or equivalent*)
- Advanced Higher, CSYS (*or equivalent*)
- SVQ Level 1 or 2
- SVQ Level 3 or 4
- SVQ Level 5
- HNC
- HND
- National Progression Award (*NPA*)
- National Certificate (*NC*)
- Professional Development Award (*PDA*)
- Degree
- Postgraduate degree
- Other qualification – go to question 16

16. Which other qualification/s are you studying for?

17. Why did you or are you studying for qualification/s? (*please select up to three of the following which you see as the most important reasons for you*)

- I studied for qualifications while at school
- To help me in my job
- To consolidate what I know
- To help me find a new job soon
- To gain confidence
- To get back into education
- I don't want to change job now but this qualification might be useful in the future
- It's not related to my work – I'm doing it for my own interest/enjoyment
- My team and manager encouraged and supported me to do so
- Other reason/s – go to question 18

18. If other reason/s, please briefly explain.



19. Are any of the qualification/s you have obtained, or are currently studying for, work-related in the sense that you studied for them while at work and they are intended to help you in your job?

- Yes – go to question 20
- No – go to question 23
- Not applicable – go to question 23

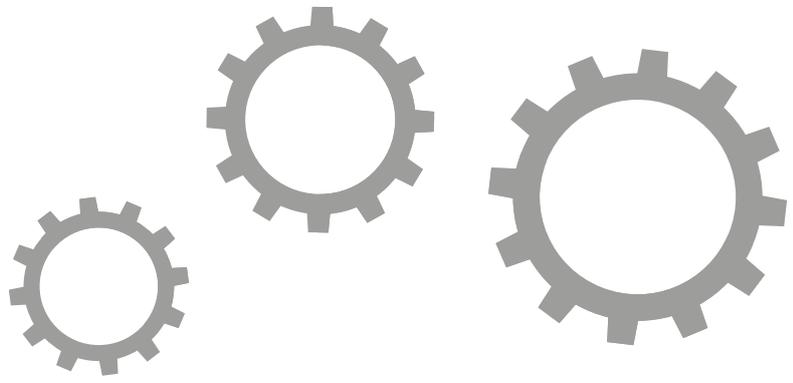
20. How were/are you studying for work related qualifications? *(please select all that apply, if appropriate, for more than one work related qualification)*

- In my own time
- In work time
- A combination of work time and my own time

21. Who has paid/is paying for your work-related studies? *(please select all that apply, if appropriate, for more than one work related qualification)*

- Myself
- My employer
- A combination of myself and my employer
- I received funding through ITA Scotland (*Individual Training Account*)
- AHP Career Fellowship Scheme
- Others – go to question 22
- Not applicable

22. If others, please state who.



C. Your Learning and Development

23. In the last twelve months, have you had a discussion about your Personal Development Plan (*PDP*) with your Knowledge and Skills Framework (*KSF*) reviewer?

- Yes
- No
- Don't know

24. "My manager recognises how important training is and gives me the support to learn."

How far do you agree or disagree with the statement above?

- Agree
- Neither agree nor disagree
- Disagree
- Not applicable to me

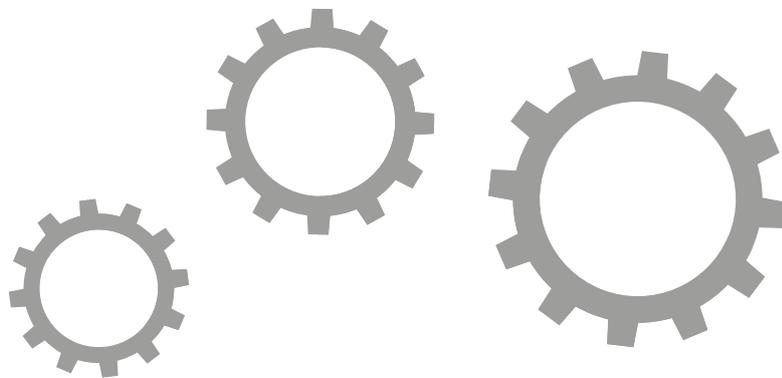
25. The 2020 Workforce Vision commits to increasing access to learning and development for support workers. Do you think there is increased access to such opportunities for you and your colleagues where you work?

- Yes
- No
- Not sure

26. What are your thoughts about career progression?

- I'm happy to stay in my current role – *go to question 28*
- I'd like to prepare for a higher HCSW role
- I'd like to progress to become a registered nurse
- I'd like to progress to become a registered midwife
- I'd like to progress to become a registered AHP

27. Is there anything you can think of that would stop you progressing your career as you would like to do? If yes please briefly explain.



28. Do any of the following prevent you from participating in learning?

	Never stops me	Sometimes stops me	Always stops me	Not applicable to me
Training not on offer during my work time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of support from my manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of the training course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing training doesn't lead to higher pay or career progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The qualification I want to do is not available for me at this time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to college/training centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English isn't my first language so it can be difficult for me to follow instructions or take part in training courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juggling the demands of work, home and studying at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of study time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason/s – ( <i>go to question 29</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. If other reason/s sometimes or always stop you, please explain.

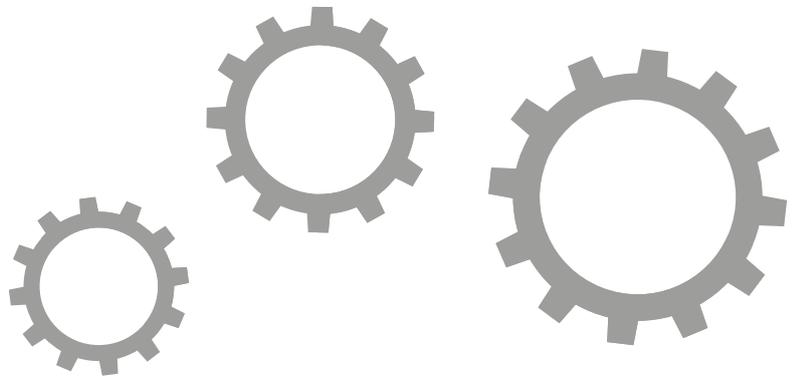
30. Would you say there are any gaps in the range of subjects covered in the learning opportunities available to you and your colleagues? This could include practical, job-related subjects or skills you could use outside of work.

- Yes
- No
- Not sure

31. If yes, what subjects would you like to see covered?

32. Would you like to see any difference in the ways you can learn at work?

- Yes
- No
- Not sure



33. If yes or not sure, how would you like training to change? Please tell us anything that comes to mind, large or small.

D. Awareness of NES Resources

34. Are you aware of the following NES education resources? All that apply.

- Support Worker Central – *(go to question 36)*
- HCSW Toolkit – *(go to question 36)*
- AHP Career Fellowships – *(go to question 36)*
- HCSW Learning Framework/ 4 Pillars of Practice – *(go to question 36)*
- Other NES resources – *(go to question 35)*
- I'm not aware of any NES resources – *(go to question 37)*

35. If you are aware of other NES resources, please state which.

36. How have you used the NES resources?

37. What type of format do you prefer to access learning resources in?

- Online
- Printed copy
- Both online and printed copy

38. Please briefly explain the reason for your preference?

E. Final Thoughts

39. What makes learning a good experience for you? How could it be improved?

40. Do you have any other comments you would like to make?

## Healthcare Support Worker Learning Survey 2018 National Report

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **[altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk)**.



NHS Education for Scotland  
Westport 102  
West Port  
Edinburgh  
EH3 9DN  
**[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)**

© NHS Education for Scotland 2018. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.