**RCSLT clinical competencies for support workers**

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| **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
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| **Sheltered practice** |
| **Sheltered practice/****widening parameters** | * Agreed level of support/supervision. 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
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| **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
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| **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
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**Learning log/journal approach**

For each role/competency, evidence should be recorded and provided in a learning log/portfolio approach. This could be entered in the RCSLT CPD diary or alternative system.

For services which are very different e.g. universal health promotion or highly specialist unit, then services may need to adapt and develop more individual/specific competencies/learning logs which cover the roles undertaken by practitioners in that setting. This profile has been devised to be generic and relevant across a range of roles in adult, ALD and children’s services.

**Clinical support competencies: entry level**

“Professional practice is rich and complex in nature. In order to capture some of this complexity, the speech and language therapy competencies Frameworks need to be set within a concept of practice that goes beyond a functional analysis of job role”. (RCSLT, 2002)

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| **Domain 1: Formal training and experience** *(Being a reflective practitioner / Work based learning)* |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Formal training** |  |
| 1.1 Formal training | Level 2 apprenticeship, such as the Healthcare Support Worker apprenticeship. |  |  |  |
| **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 Support Worker Framework. Logging learning experiences. |  |  |  |
| **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. |  |  |  |

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| **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** | **Agreed level** | **Date achieved** | **Evidence** |
| **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. |  |  |  |
| 2.2 Compassion | Demonstrating respect, kindness, compassion and empathy at all times. |  |  |  |
| 2.3 Service user/carer involvement | Knowing about the basics of person-centred care. Keeping the service user’s needs and choices central to decision making and planning. |  |  |  |
| 2.4 Communication from service users | Awareness of importance of individual communication methods which enable service users to share their views with others. |  |  |  |
| 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.  |  |  |  |
| 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. |  |  |  |
| **Health promotion** |  |
| 2.8 Health promotion - wider health needs. Including [*making every contact count*](https://www.e-lfh.org.uk/programmes/making-every-contact-count/). | Understands the need to think holistically and promote wider health promotion and improvement. |  |  |  |
| 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. |  |  |  |
| 2.10 Privacy and dignity  | Able to identify ways to promote dignity in SLT care. |  |  |  |
| 2.12 Signposting in local health, education and social care system | Knowledge of local services relating to own service provision.  |  |  |  |
| **Knowledge of role** |  |
| 2.11 Explaining about own role to colleagues/service users/carers | Describing own role and range of duties to MDT colleagues, students, service users/families. |  |  |  |
| 2.12 Explaining role of other practitioners in team | Describing the role of other practitioners in the team. |  |  |  |

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| **Domain 3: Clinical, technical, and scientific roles and responsibilities***(Knowledge and skills underpinning clinical practice. Providing interventions to service users/carers)* |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Organising workload** |  |
| 3.1 Managing time effectively | Workload managed and overseen by a registered professional. |  |  |  |
| 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. |  |  |  |
| **Autonomy** |
| 3.3 Autonomy & ladder of support / supervision (Support Worker Framework) | Fully aware of ladder of support/supervision (Support Worker Framework) in relation to job role.Confident in undertaking identified routine admin/clinical duties.Understands need to seek support/supervision when duties are outside scope of role/confidence.  |  |  |  |
| **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. |  |  |  |
| 3.6 Decision making within scope of practice | Makes decisions within agreed parameters e.g. changing materials in therapy activity. |  |  |  |
| 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. |  |  |  |
| 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 Year’s 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.  |  |  |  |
| **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 ‘at risk’ factors in a given population.  |  |  |  |
| 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.  |  |  |  |
| **Intervention** |
| 3.14 Interventionin 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 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. |  |  |  |
| 3.16 Adaptations / context | Within agreed parameters able to modify activities to meet the requirements of a service used in a specific context.  |  |  |  |
| 3.17 Reflective planning / joint working | Ability to respond to reflective questions about service users’ responses in a de-briefing conversation. |  |  |  |
| 3.18 Communication needs in an individual context | Understands the social, environmental impact on communication difficulties and needs. |  |  |  |
| **Outcomes** |
| 3.19 Knowing and utilising outcome measurement systems as appropriate | Knowledge of any 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. |  |  |  |

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| **Domain 4: Communication and information** |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Communication** |  |
| 4.1 Case sharing skills (communication with SLT colleagues) | Engages in feedback conversations – reporting back about progress/difficulties.  |  |  |  |
| 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. |  |  |  |
| 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. |  |  |  |
| 4.4 In working with interpreters | Communicates effectively through interpreters and co-workers. |  |  |  |
| 4.5 Communication in meetings | Confident in contributing to meetings (team or service user related). |  |  |  |
| **Written communication** |  |
| 4.6 Written information | Effectively contributes to formal written information.  |  |  |  |
| 4.7 Written reporting | Able to engage in conversation with therapist about delivery of plan and answer questions about service user’s response. |  |  |  |
| **Feedback** |  |
| 4.8 Feedback | Understands the importance of giving clear, organised feedback to therapists. |  |  |  |
| **Conflict** |
| 4.9 Resolving dissatisfaction and conflict | Escalates issues to supervisor/manager. |  |  |  |
| **IT** |
| 4.10 Information Technology | Confident with IT admin systems in specific role in the service. Able to support therapists in spreadsheets and database.  |  |  |  |

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| **Domain 5: Safe and inclusive environments***(safety in service provision*) |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Formal training** |  |
| 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. |  |  |  |
| 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 positive approach in team is critically important in service delivery, very aware of need and route for raising concerns about breaches of compassionate care, dignity of colleagues (bullying), use of resources etc.. |  |  |  |

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| **Domain 6:Research and service improvement** *(clinical, technical, and scientific roles and responsibilities)* |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **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. |  |  |  |
| 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.  |  |  |  |
| **Clinical audit** |  |
| 6.3 Clinical audit/audit of standards | Participates in audits, service evaluation relevant to own work e.g. case note audit. |  |  |  |
| 6.4 Implementing audit results | Embedding clinical audit results into working practice.  |  |  |  |
| **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. |  |  |  |
| 6.6 Profession specific research | Involvement in research activities e.g. as part of a team project.  |  |  |  |

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| **Domain 7: Leadership** *(understanding the importance of being a role model, time management, identifying areas for self-improvement, and supervising others)* |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **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 and positive representative of own service. Utilising strategies for emotional self-awareness and regulation. Sympathetically supporting colleagues (who have had a difficult morning). |  |  |  |
| 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 | As required can show leadership in an unexpected situation e.g., arrival of dissatisfied service user/carer or evacuation of building during fire alarm. |  |  |  |
| 7.5 Leadership in service | Contributing to leadership in service development e.g., improvements in how a clinic is organised.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. |  |  |  |
| **Development and supervision of colleagues** |  |
| 7.6 Developing others | Demonstrating/discussing role in service with visitors/inspectors. |  |  |  |
| 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. |  |  |  |
| 7.8 Trainer | Developing confidence, skills and style as a trainer e.g., sharing a care plan with carers. |  |  |  |
| 7.9 Managing / supervising others | Supporting new colleagues e.g., in preparing clinical environment. |  |  |  |
| 7.10 Coach/mentor | Providing support to less experienced colleagues and peer support with colleagues.  |  |  |  |
| 7.11 Clinical Supervision | Knowing the skillset for being a good supervisee. |  |  |  |

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| **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** | **Agreed level** | **Date achieved** | **Evidence** |
| **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. |  |  |  |
| **Self-development** |  |
| 8.3 Self Development | Awareness of skills in self-development e.g., time management, resilience, emotional regulation. |  |  |  |
| **Individual learning** |
| 8.4 Individual learning plan & personal development review | Actively tracks own learning and suggests objectives using Support Worker Framework and other frameworks as a guide in development.  |  |  |  |

**Clinical support competencies: Intermediate / senior stage**

“Professional practice is rich and complex in nature. In order to capture some of this complexity, the speech and language therapy competencies Frameworks need to be set within a concept of practice that goes beyond a functional analysis of job role”. (RCSLT, 2002)

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| **Domain 1: Formal training and experience** *(Being a reflective practitioner / Work based learning)* |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Formal training** |  |
| 1.1 Formal training | Level 3 apprenticeship, such as the Senior Healthcare Support Worker apprenticeship (or other level 3 qualification pathway. |  |  |  |
| **Work based learning (WBL)** |  |
| 1.2 Work based learning | Competently engaging in WBL.  Focusing on extending practical and theoretical knowledge in designated field of work. Aware of strengths & gaps in knowledge/practical skills. Identified set of objectives based on role and RCSLT Support Worker Framework. Logging learning & reflecting on own development in supportive role.  |  |  |  |
| **Reflective practitioner** |  |
| 1.3 Being a reflective practitioner | Values work based learning opportunities. Reflects on events in reflective learning conversations. Identifying priorities for development in role.  |  |  |  |

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| **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** | **Agreed level** | **Date achieved** | **Evidence** |
| **Service user support** |  |
| 2.1 Partnership with service users/carers. Developing & maintaining positive relationships  | Working alongside SLT in developing, managing & maintaining a positive collaborative relationship with identified service user/family.  |  |  |  |
| 2.2 Compassion | Demonstrating respect, kindness, compassion and empathy at all times. Being a role model in the service. |  |  |  |
| 2.3 Service user/carer involvement | Able to discuss person centred care with colleagues and feed suggestions from knowledge of service user/carers into planning. |  |  |  |
| 2.4 Communication from service users | Supporting service users in utilising individual communication methods. Enabling service users to make choices, share views with others. |  |  |  |
| 2.5 Supporting service users and families who are distressed | Is able to support service users/carers/families in situations 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 | Working with SLT to support carers/families in becoming confident in providing self-supported management. |  |  |  |
| **Health promotion** |  |
| 2.8 Health promotion - wider health needs. Including Making Every Contact Count | Supporting SLT in promoting wider health needs e.g., follow up conversation with a carer/family. |  |  |  |
| 2.9 Supporting change in skills / health behaviour   | Understands principles of behaviour change and interventions to prevent ill health and effectively applies these to practice. |  |  |  |
| 2.10 Privacy and dignity  | Able to identify ways to promote dignity in SLT care. |  |  |  |
| 2.11 Signposting in local health, education and social care system | Knowledge of local services relating to own service provision. Confidently signposting service users/carers to local resources.  |  |  |  |
| **Knowledge of role** |  |
| 2.12 Explaining about own role to colleagues/service users/carers | Confidently discussing own role and scope to MDT colleagues, students, service users/families. |  |  |  |
| 2.13 Explaining role of other practitioners in team | Explaining role and scope of other professionals closely linked to care pathway/service delivery. |  |  |  |

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| **Domain 3: Clinical, technical, and scientific roles and responsibilities***(Knowledge and skills underpinning clinical practice. Providing interventions to service users/carers)* |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Organising workload** |  |
| 3.1 Managing time effectively | Competently organising workload. Applying time management strategies effectively.Organises own day to day tasks, alerting manager to issues of timetabling. |  |  |  |
| 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 on caseload/designated responsibilities in team & professional approach (e.g., supervision/team meetings/CPD). |  |  |  |
| **Autonomy** |
| 3.3 Autonomy & ladder of support / supervision (Support Worker Framework) | Utilises ladder of support/supervision (Support Worker Framework) in everyday practice.Competently working alone within scope of role. Supporting own caseload 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 | 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. |  |  |  |
| 3.6 Decision making within scope of practice | Makes decisions within identified scope of practice and confidence e.g., adjusting level of activity/materials. |  |  |  |
| 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 | Interested in developments in the areas relating to own casework in evidence for approaches to intervention & technology. |  |  |  |
| 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 that at individual team level, very specific clinical knowledge and skills are incorporated into the Clinical competencies. (3.9.1 to 3.9.3 are provided as examples but more can be added)  |  |  |  |
| **Accountability** |
| 3.10 Accountability for actions & identifying learning points. e.g. after incident/complaint | 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. |  |  |  |
| **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 ‘at risk’ factors in a given population. Assists 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 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. |  |  |  |
| **Intervention** |
| 3.14 Interventionin 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  | 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 coming to terms with difficulties where appropriate (e.g. in the context of a deteriorating condition).
 |  |  |  |
| 3.15 Health promotion - universal SLT approaches | Confidently delivering universal strategies for language & communication. |  |  |  |
| 3.16 Adaptations / 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. |  |  |  |
| 3.17 Reflective planning / joint working | Reflecting and discussing on own role in/impact on events. |  |  |  |
| 3.18 Communication needs in an individual context | Recognizing when a service user’s communication needs may be impacted by wider social and environmental context.   |  |  |  |
| **Outcomes** |
| 3.19 Knowing and utilising outcome measurement systems as appropriate | Knowledge of any locally implemented system of outcome measures. Presenting case & discussing outcome with SLT colleagues.  |  |  |  |
| 3.20 Discharge / completion of episode of care | 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. |  |  |  |

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| **Domain 4: Communication and information** |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Communication** |  |
| 4.1 Case sharing skills (communication with SLT colleagues) | Involved in discussions re: level of support/supervision for themselves.Listens and contributes to conversations about implementing care plan. |  |  |  |
| 4.2 Clinical communication with service users | Being able to adapt style/method of communication to different service users.Able to present to service users in meetings.  |  |  |  |
| 4.3 Communication with other professionals | 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.  |  |  |  |
| 4.4 In working with interpreters | Prepare resources necessary for such interactions - visual resources/written text. |  |  |  |
| 4.5 Communication in meetings | 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 | 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 provide written summary of involvement in Plan and describe service user’s responses. |  |  |  |
| **Feedback** |  |
| 4.8 Feedback | Confidently giving information about duties, progress, barriers to therapist. |  |  |  |
| **Conflict** |
| 4.9 Resolving dissatisfaction and conflict | Knows and follows service policies and procedures in de-escalation of dissatisfaction and resolving conflict. |  |  |  |
| **IT** |
| 4.10 Information Technology | Competent with IT in the service relating to specific role. Supporting team with spreadsheets/database plus more specific equipment e.g. AAC equipment/maintenance, programming.  |  |  |  |

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| **Domain 5: Safe and inclusive environments***(safety in service provision*) |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Formal training** |  |
| 5.1 Knowledge and skills in safeguarding vulnerable adults and children | Has knowledge and skills in safeguarding vulnerable adults and children in line with other practitioners in the service. |  |  |  |
| 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 positive approach in team is critically important in service delivery, very aware of need and route for raising concerns about breaches of compassionate care, dignity of colleagues (bullying), use of resources etc. |  |  |  |

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| **Domain 6 *Clinical, technical and scientific roles and responsibilities:* Quality and service improvement** |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **Service improvement** |  |
| 6.1 Contributing to service improvement | Contributing to service improvement projects with designated role. Increasing skillset around service improvement e.g. gathering data. Sharing feedback from service users. |  |  |  |
| 6.2 Service user/carer involvement | Designated role in service improvement projects e.g. designing surveys, questionnaires. |  |  |  |
| **Clinical audit** |  |
| 6.3 Clinical audit / audit of standards | Participates in and contributes to audits, service evaluation relevant to own work. |  |  |  |
| 6.4 Implementing audit results | Embedding clinical audit results into working practice.  |  |  |  |
| **Evidence base / research** |  |
| 6.5 Critical appraisal of evidence | Involvement in gathering evidence in service e.g. reading articles in professional magazines RCSLT, NAPLIC Bulletins. |  |  |  |
| 6.6 Profession specific research | Designated role in research activities in a service. |  |  |  |

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| **Domain 7 Understanding the importance of being a role model, time management, identifying areas for self-improvement, and supervising others (*Leadership and management)*** |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **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 | Self-awareness - monitoring own emotional responses and which strategies work for self-regulation.Contributes to maintaining compassionate culture.Supporting colleagues e.g., in de-briefing conversation after a difficult morning.  |  |  |  |
| 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 | Leading in day-to-day routine situations at work e.g., weekly clinic rota organisation.  |  |  |  |
| 7.5 Leadership in service | Leading in aspect of service development e.g., improving approach to collecting service user feedback.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. |  |  |  |
| **Development and supervision of colleagues** |  |
| 7.6 Developing others | Demonstrating own duties to other support staff and less experienced therapists. |  |  |  |
| 7.7 Students | 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). |  |  |  |
| 7.8 Trainer | Confident/skilful trainer. Informal training: e.g., sharing supportive strategies with carers, 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.  |  |  |  |
| 7.9 Managing / supervising others | 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. |  |  |  |
| 7.10 Coach/mentor | Participating in coaching and mentoring of less experienced support staff and students (including apprentices) in respect of tasks and responsibilities within scope of practice. |  |  |  |
| 7.11 Clinical supervision | Knowing the skillset for being a good supervisee. |  |  |  |

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| **Domain 8 The values required to work in health and social care, and personal learning and self development (*Personal and Professional values and behaviours)*** |
| **Competency** | **Agreed level** | **Date achieved** | **Evidence** |
| **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 | Actively supporting wellbeing initiatives at work. |  |  |  |
| **Self-development** |  |
| 8.3 Self development | Able to initiate and engage in conversations about own development and potential objectives in self development e.g., time management, stress, resilience.  |  |  |  |
| **Individual learning** |
| 8.4 Individual learning plan & personal development review | Strong reflective practitioner & learner. Utilising work-based learning with identified competencies coach (Support Worker Framework or alternative). |  |  |  |

**Clinical support competencies: Assistant Practitioner Stage**

“Professional practice is rich and complex in nature. In order to capture some of this complexity, the speech and language therapy competencies Frameworks need to be set within a concept of practice that goes beyond a functional analysis of job role”. (RCSLT, 2002)

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| **Domain 1: Formal training and experience** *(Being a reflective practitioner / Work based learning)* |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **Formal training** |  |
| 1.1 Formal training | Level 5 apprenticeship, such as the Assistant Practitioner apprenticeship. |  |  |  |
| **Work based learning (WBL)** |  |
| 1.2 Work based learning | 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.Maintaining learning plan with strengths/gaps and objectives to extend practice. |  |  |  |
| **Reflective practitioner** |  |
| 1.3 Being a reflective practitioner | 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. |  |  |  |

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| **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** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **Service user support** |  |
| 2.1 Partnership with service users/carers. Developing & maintaining positive relationships  | 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. Supporting new colleagues/students in developing a compassionate approach. |  |  |  |
| 2.3 Service user/carer involvement | Competent in knowledge of person/family centred approaches e.g., attended a course.Listening to service user/family about preferences in goal choice. |  |  |  |
| 2.4 Communication from service users | Strong advocate for supporting service users in utilising individual communication methods. |  |  |  |
| 2.5 Supporting service users and families who are distressed | Involved in conversations (alongside registered colleague/s) with service users/carers/families where difficult news is being shared. |  |  |  |
| 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 | 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 | Confident in initiating conversation around Making Every Contact Count. |  |  |  |
| 2.9 Supporting change in skills / health behaviour  | 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 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 | 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 | 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 | Explaining role and scope of other professionals closely linked to care pathway/service delivery. |  |  |  |

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| **Domain 3: Clinical, technical, and scientific roles and responsibilities***(Knowledge and skills underpinning clinical practice. Providing interventions to service users/carers)* |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **Organising workload** |  |
| 3.1 Managing time effectively | Managing workload and time. Confidently making decisions about priorities for designated area of work/caseload. |  |  |  |
| 3.2 The wider workload (balancing priorities) | 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 (Support Worker Framework) | Utilises ladder of support/supervision (Support Worker Framework) to confirm decision making.Working independently with service users within the scope of the role and care pathways/protocols. |  |  |  |
| **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 | 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 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. | 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 Year’s 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. (3.9.1 to 3.9.3 are provided as examples but more can be added) . |  |  |  |
| **Accountability** |
| 3.10 Accountability for actions & identifying learning points e.g. after incident/complaint | 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 | Contributes to the development of screenings for early identification of difficulties or ‘at risk’ factors in a given 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 assessment activities within agreed scope of practicee.g., observational schedule, informal activities, collecting information including discussion with service user/carer and colleagues. Administering/discussing specified (allowable) formal assessments.  |  |  |  |
| **Intervention** |
| 3.14 Interventionin 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  | 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).
 |  |  |  |
| 3.15 Health promotion - universal SLT approaches | Key role in delivering universal strategies for language & communication. |  |  |  |
| 3.16 Adaptations / context | 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 | Critically reflective - able to initiate and sustain a conversation about progression of care plan. |  |  |  |
| 3.18 Communication needs in an individual 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 | Confidently collaborating with SLTs in locally implemented system of outcome measures.  |  |  |  |
| 3.20 Discharge / completion of episode of care | 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. |  |  |  |

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| **Domain 4: Communication and information** |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **Communication** |  |
| 4.1 Case sharing skills (communication with SLT colleagues) | Negotiates and agrees level of support/supervision for themselves.Leads conversations about implementing care plans.Works collaboratively with other SW’s and SLTs. |  |  |  |
| 4.2 Clinical communication with service users | 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 | Negotiates and agrees level of support and how SLT input could assist them in their support. |  |  |  |
| 4.4 In working with interpreters | Prepare resources necessary for such interactions - visual resources/written text. |  |  |  |
| 4.5 Communication in meetings | 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 | 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 provide written summaries of impressions/evaluation of progress/difficulties. |  |  |  |
| **Feedback** |  |
| 4.8 Feedback | Routinely providing information about progress/barriers in delivering care plans or clinical scenarios in daily work. |  |  |  |
| **Conflict** |
| 4.9 Resolving dissatisfaction and conflict | Conflict resolution is appropriate and ensures 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 | 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. |  |  |  |

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| **Domain 5: Safe and inclusive environments***(safety in service provision*) |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **Formal training** |  |
| 5.1 Knowledge and skills in safeguarding vulnerable adults and children | 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 positive approach in a team is critically important in service delivery, very aware of need and route for raising concerns about breaches of compassionate care, dignity of colleagues (bullying), use of resources etc. |  |  |  |

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| **Domain 6 *Clinical, Technical and Scientific Roles and responsibilities:* Quality and service improvement** |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **Service improvement** |  |
| 6.1 Contributing to service improvement | Applying service improvement skills.Taking leadership in designated projects connected to own area of skills/expertise. |  |  |  |
| 6.2 Service user/carer involvement | Lead role in service improvement projects. |  |  |  |
| **Clinical Audit** |  |
| 6.3 Clinical audit / audit of standards | Participates in, contributes to, and may lead, audits, service evaluation relevant to own work. |  |  |  |
| 6.4 Implementing audit results | Contributing to discussion/agreement about these quality improvements within a team. |  |  |  |
| **Evidence base / research** |  |
| 6.5 Critical appraisal of evidence | 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 | 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 RCSLT Assistants Hub.* |  |  |  |

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| **Domain 7 Understanding the importance of being a role model, time management, identifying areas for self-improvement, and supervising others (*Leadership and Management)*** |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **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 | 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 | Confidently leading in routine and unexpected situations at work. Identified lead roles in aspects of service provision. |  |  |  |
| 7.5 Leadership in service | Leading identified projects in service development e.g., improvement in ways of collecting service user feedback or improving induction approach for new colleagues in team. Motivating colleagues in identified duties/projects. |  |  |  |
| **Development and supervision of colleagues** |  |
| 7.6 Developing others | Providing training to others in designated area of expertise.  |  |  |  |
| 7.7 Students | Sharing skills with SLT students on placements.Supporting identified students on placement. e.g., sharing casework.Providing practical training to students. |  |  |  |
| 7.8 Trainer | Experienced/confident trainer. Informal training: e.g., sharing supportive strategies with carers, 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 an advanced level this could be leading a training event. |  |  |  |
| 7.9 Managing / supervising others | Managing others as identified in job role. Mentoring less experienced staff and students, including apprentices. |  |  |  |
| 7.10 Coach/mentor | Coaches and mentors less experienced support staff and students. |  |  |  |
| 7.11 Clinical supervision | Takes role of clinical supervisor for identified colleagues who have less experience or in a peer supervision arrangement. |  |  |  |

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| **Domain 8 The values required to work in health and social care, and personal learning and self development (*Personal and Professional values and behaviours)*** |
| **Competency** | **Agreed Level** | **Date Achieved** | **Evidence** |
| **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 | Actively supporting wellbeing initiatives at work. Can have lead role e.g., as Wellbeing Champion for service. |  |  |  |
| **Self-development** |  |
| 8.3 Self development | 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 | Continuously reflecting on own development and updating objectives regularly. Actively suggesting objectives for development as a practitioner in role (Support Worker Framework or alternative). |  |  |  |