

# Maternity Support Worker Competency, Education and Career Development Framework

Realising potential to deliver confident,  
capable care for the future



## Table of Contents

Foreword .....	3
Part One: Background and Context.....	4
Engagement events .....	5
Support worker roles in maternity settings.....	7
Definition of a Maternity Housekeeper .....	7
Definition of a Maternity Support Worker .....	7
Domains of support worker practice in maternity settings.....	8
Part Two: Roles, education and career progression .....	9
Role titles and role descriptors.....	9
Role Descriptor: Level 2 Maternity Housekeeper .....	10
Role Descriptor: Level 3 Maternity Support Worker .....	11
Role Descriptor: Level 4 Maternity Support Worker .....	12
Maternity Support Worker Competency, Education and Career Development Framework .....	13
Part Three: Competencies and Indicators.....	20
Maternity Support Worker Competency Framework.....	20
Supervision and assessment of competence.....	20
Domain One: Supporting women and families .....	21
Domain Two: Public Health: prevention and health promotion .....	23
Domain Three: Personal and clinical skills.....	24
Domain Four: Creating safe environments .....	26
Glossary .....	27
References & Contributors .....	29

## Foreword by Professor Lisa Bayliss-Pratt



The vital contribution maternity support workers make to the delivery of safe and personalised care for women and their babies is widely recognised, however there is wide variation across the country in their education and training and how they are deployed. In order to make steps towards addressing this variation the Government announced in March 2017 a package of measures aimed at professionalising the maternity support worker role. This included the development of a national competency framework and defined roles.

Health Education England (HEE) has led this important piece of work as the lead organisation for workstream 5 (Transforming the Workforce) of the NHS England-led Maternity Transformation Programme. We have developed this Maternity Support Worker Competency, Education and Career Development Framework working closely with a wide range of partners and stakeholders. The framework draws from and builds upon excellent examples of good practice from across the system and we would like to thank all of the individuals and organisations who have supported and engaged with us throughout this process, including many maternity support workers. The levels of enthusiasm exhibited throughout really reinforced, not only the need to undertake this work but also how there is a real opportunity to make and embed meaningful change.

Better Births, the Five Year Forward View for Maternity Care sets out a vision for a modern maternity service that delivers safer, more personalised care for all women and every baby, improves outcomes, and reduces inequalities. Maternity support workers can and do play a key role in this, so HEE will continue to work with partners to ensure that they have the right knowledge, skills, education and training required to deliver this vision.



**Professor Lisa Bayliss-Pratt**

Chief Nurse and Interim Regional Director for London

### Introduction

We have seen the passion, commitment and potential that exists amongst our maternity support workforce. We hope this project enables others to realise the positive contribution that support worker roles, and investment in their education and development, can bring to our maternity services and to the experience of the women and their families, who remain at the centre of all we do.

This project report is offered in three parts:

- Part 1 provides a contextual introduction to the HEE Maternity Support Worker Project
- Part 2 details Maternity Support Worker roles and aligned educational levels (including role descriptors and the Career, Education and Development Framework)
- Part 3 details the Competency Framework (including supporting indicators)

We would like to acknowledge and thank everyone who contributed to the development of this framework through participation in engagement activities over the past 12 months and a special thank you to the University of the West of England and the project team including, Emily Beach, Jo Jones, Rona Lockyer-Sheppard, Gillian Ottley and Teresa Shalofsky for the production of this framework.

## Part One: Background and Context

On 27 March 2018, the Secretary of State for Health and Social Care announced an intention to develop and professionalise the Maternity Support Worker (MSW) role. Ahead of this, in 2017, Health Education England (HEE) commissioned the Royal College of Midwives (RCM) and Kings College London to undertake a scoping review of the deployment of maternity support roles in England, the education and training they receive and career development opportunities available to them (Griffin, 2017). Together, these drivers led to HEE establishing this project: creating opportunities to work with key partners and stakeholders across the system to develop a nationally defined and standardised maternity support worker role in England, including the development of a national competency, education and career framework.

This work aims to strengthen the role of the MSW as a key part of the maternity workforce and provide opportunities for aspiring and existing maternity support workers to develop their careers. The project, once complete, will enable employers to attract skilled new entrants to the role, invest in targeted development of current MSWs, and deliver the vision outlined in 'Better Births'.

This work will ensure that:

- mothers and their babies have access to well-trained MSWs who have a defined role within the maternity team
- current and prospective MSWs have access to refreshed role descriptions and a more standardised career/development structure that provides opportunities to follow a richer and more rewarding career pathway in the future.

(HEE, 2018)



The project commenced in 2018 with the development of a national expert stakeholder and implementation group, and a call for evidence to review the current landscape and allow a wider understanding of the existing national picture. In July 2018, The University of the West of England (UWE) Bristol was commissioned by HEE to develop the Maternity Support Worker Competency, Education and Career Development Framework. Recognising the centrality of stakeholder engagement to the successful implementation of this project, four regional events were held to inform this work.

The UWE Bristol team, utilising an agile project framework, undertook a series of activities which included: scoping; mapping job descriptions, competency frameworks and policy drivers; thematic analysis and synthesis and gap identification. It became apparent that, whilst Maternity Support Workers are cited as valued members of the multi-disciplinary teams who provide quality care, employers are not routinely realising their potential. Inconsistency in job descriptions and titles, skills required, education and training highlight the use of employer-specific models that lack coherency and transferability across the wider NHS. Existing frameworks that might provide standardisation either lack competence detail or do not focus on maternity specific competencies and skills. These themes supported earlier findings by Griffin (2017) in the MSW scoping study and we would encourage readers to access this work.

The development of Maternity Support Worker Competency, Education and Career Development Framework was iterative and non-linear to allow concepts to be revisited and tested with stakeholders from engagement events, stakeholder and implementation groups.

## Engagement Events

During stakeholder engagement events, inconsistencies in role expectations between MSWs, midwifery colleagues and employers emerged. Qualifications held by those in support worker roles frequently exceeded those required for the post recruited to and skills were not always being utilised or developed. Whilst some employers voiced concerns that implementing an educational framework aligned to academic qualifications might narrow access, MSW opinion did not consistently reflect this. Innovative practice was shared that illustrated how formalised education and supportive frameworks could enable capable MSWs to confidently make safe and effective decisions and take resultant actions for the benefit of women and their families. Discussion frequently centered on existing, rather than future or potential practice and, whilst the value of support workers within maternity care was evident, it was clear that, as a group, MSWs have not yet found their niche within emerging service configuration.

Stakeholders welcomed the consistency in quality that competency, education and career frameworks could achieve. There was agreement that the four overarching competency domains aligned to the current vision for service transformation and that, together with the supporting indicators, they encompassed the breadth of support worker responsibilities whilst detailing more specific activities. Nevertheless, there were repeated requests for a skills annexe to support competency assessment, and stakeholders were keen that the wording of competencies did not present a barrier to understanding requirements prior to sign off. A commitment from MSWs to maintain their competence and professional development after sign-off was also considered necessary.

The UWE project team considered the transferability of current formal and informal learning and qualifications within a new education and development framework. Stakeholders agreed that apprenticeships would support movement between increasingly complex MSW roles, but there was significant debate around entry requirements and exit opportunities. Values, attitudes and behaviours were regarded as important entry requirements for support workers and participants were keen to maintain access from a wide range of demographics, avoiding barriers to participation and future career progression caused by rigid entry qualifications. The ability to enter a pre-registration midwifery programme from level 3 was seen as desirable, and there was support for qualifications undertaken at level 3 to be recognised by HEIs, thus avoiding the current need to undertake Access to Higher Education programmes. Conversely, the potential for student midwives to step off midwifery programmes and use CertHE or DipHE exit awards to step into higher level support worker roles was identified as a means of retaining a workforce and safeguarding a valuable resource. There was agreement that this would require mapping of level 3 and 4 support worker competencies to the draft standards of proficiency for midwives, and we are grateful to our midwifery colleagues at the Nursing and Midwifery Council and the Lead Midwife for Education strategic group for undertaking this mapping exercise.

Stakeholders requested the inclusion of accredited bridging programmes to enable existing MSWs, who currently hold generic level 3, 4 and 5 qualifications, to move into new or higher level roles, as appropriate. The development of maternity care specific, transferable qualifications, where possible, was also seen as desirable. In addition, requests for the offer of training places to be based on workforce projections and vacancies were made. Many of these requests are outside the scope of this project however they have informed the final framework and recommendations within this document.



## Support worker roles in maternity settings

Since many titles exist to describe maternity support roles (Griffin, 2017), the following definitions aim to offer clarity and consistency around both scope of role and expectation. The definitions align to findings arising from the work undertaken by the UWE project team.

### Definition of a Maternity Housekeeper

**“Maternity housekeepers provide support to teams who provide direct care for women, babies and their families throughout their maternity journey, working specifically to support the creation of safe environments that enhance service delivery and promote the health and wellbeing of those within maternity services”**

### Definition of a Maternity Support Worker

**“Maternity support workers assist with caring for women, babies and their families throughout their maternity journey, working under supervision and within agreed guidelines and protocols when providing care to women and their families”**

Maternity support workers provide care to mothers, their families and their babies through pregnancy, labour and during the postnatal period. Their role is integral to the successful deployment of maternity transformation projects (Griffin, 2017) and their contribution maximised through appropriate training, role alignment and MDT participation (RCM, 2018). To confidently and capably deliver care, they must acquire a level of knowledge, competence and skills specific to the population they serve. Currently, most support workers do not have access to high-quality, transferable, focussed education (Griffin, 2017) which is key to achieving safe care. Following appropriate preparation, maternity support workers can deliver elements of health care and undertake clinical work under supervision or independently within agreed standard operating procedures, as identified within the Skills for Health Career Framework (2010). Traditionally, maternity support workers have assisted midwives. Within these new frameworks, they will work as members of the wider MDT, assisting and reporting to a range of other practitioners in accordance with the duties they are undertaking. The role of maternity support workers should therefore be recognised and valued in their own right.

All support worker roles should have role descriptors which reflect the scope and level of responsibility expected of the post holder. Similarly, job descriptions should be regularly reviewed to ensure that development and career progression is being supported. Dependent on role and level of preparation MSWs may:

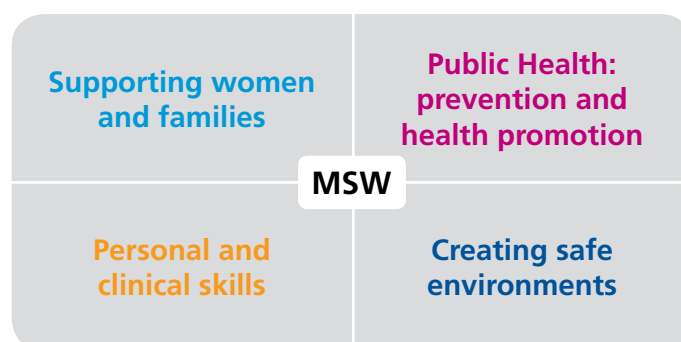
- support the work of registered and non-registered practitioners
- work under distant guidance and supervision and/or as lone workers, where appropriate
- work across service settings and professional boundaries, according to the needs of women and their families and local service provision (adapted from Skills for Health, 2018).

## Domains of support worker practice in maternity settings

Transformation of maternity services is underway. As progressive and innovative provision emerges so does the opportunity to position support workers as integral members of maternity teams that prioritise holistic, woman-centred care. Central to this is the need to define the scope and role of their future practice.

The four domains below represent broad areas of practice for support workers in maternity settings.

**Fig.1: The four domains of support worker practice**



The domains provide a framework for competencies, detailing the minimum standard of practice expected of post holders to safely perform their role. The competencies are expressed at levels 2, 3 and 4 to determine and describe the difference in knowledge, skills, values and behaviours according to the level of their role specification. The levels used mirror those detailed in the Skills for Health Career Framework (2010), as below.

Level 2	Level 3	Level 4
People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work.	People at level 3 require knowledge of facts, principles, processes, and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development and are responsible for self-development.	People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self-development. They may have responsibility for supervision of some staff.



## Part Two: Roles, education and career progression

### Role titles and role descriptors

Historically, support workers in maternity settings have had numerous titles associated with their roles. To enable consistency, the following titles are recommended and will be used in the remainder of this document and the associated competency and education framework.

- Level 2 Maternity Housekeeper
- Level 3 Maternity Support Worker
- Level 4 Maternity Support Worker

The role descriptors, presented using the Skills for Health (2018) role directory tool, highlight some of the typical roles and responsibilities that support workers at level 2, 3 and 4 of the Skills for Health (2010) Career Framework will hold. When used collectively, the role descriptors, competency framework and career, education and development framework will provide a structured pathway of development and progression for support workers who intend to advance their careers.

The descriptors aim to address existing inconsistencies in the role, responsibilities and levels of education. When used widely, they will ensure that roles of maternity housekeepers and maternity support workers are consistently applied in different practice settings, and that they are distinctly recognised within the MDT. The descriptors can be used by employers to shape a job description for a post they wish to fill, or to inform decisions regarding the deployment of maternity housekeepers and maternity support workers within current or emerging care structures. Whilst mapped to the Maternity Support Worker Competency, Education and Career Development Framework, the exemplar roles and accompanying responsibilities are not considered exhaustive and do not constitute a job description or person specification. Instead, employers should use the role descriptors to inform decisions about the level of responsibility a post holder could have, to reflect the set of circumstances in which a person could be working, and to reflect the level of competence at which, with appropriate education and training, the post holder could be expected to operate. For women and their families, the role descriptors provide clarity about the roles, responsibilities and education of maternity housekeepers and maternity support workers who may be supporting them during their maternity journey: they demonstrate what women can expect of these team members. For maternity housekeepers, maternity support workers, midwives and other health and care professionals, the descriptors identify the scope of role and activities aligned to each education level. They enable differentiation regarding the expectations of role and responsibilities of those working at different levels of the Skills for Health Career Framework (2010). For educators, the role descriptors inform the level of education and training required to enable maternity housekeepers and maternity support workers to acquire and develop essential knowledge, skills, values and behaviours to operate at different levels of the career framework.

The following section details role descriptors for those practising at each of the above levels within the Skills for Health Career Framework (2010). It is important to note that the career and educational levels and role descriptors detailed within this document do not directly correspond to Agenda for Change banding. This requires employer led job evaluation.

## Role Descriptor: Level 2 Maternity Housekeeper

### Level 2 Maternity Housekeeper

Uses general skills to enhance the service offered to women and their families across a range of aspects of maternity service delivery under the close supervision of a registrant, ordinarily a midwife, nurse or Level 4 practitioner.

### Scope of role

Level 2 maternity housekeepers work alongside registered practitioners and other members of the maternity care team who provide direct delivery of care to women and their families accessing hospital-based services. Level 2 maternity housekeepers may undertake basic care tasks, as part of routine care for women and their babies, and for which they have been appropriately trained. Where they do so, they will follow planned care programmes whilst being closely supervised by a registered or Level 4 practitioner.

**Leadership:** the role holder will take responsibility for improvements in own performance within familiar work contexts and will support changes and improvements within maternity services. They take responsibility for the completion of tasks that are delegated to them.

**Contextual knowledge:** the role holder is able to recall, comprehend and make use of basic facts, processes and core ideas. They have an underlying awareness of contemporary public health and health promotion initiatives, policy and legislation, and of ethical and legal issues relevant to their scope of role.

**Process knowledge:** the role holder can solve routine problems and make straightforward judgements within familiar areas of practice. They can solve limited problems using simple rules and tools, escalating concerns when necessary. They can perform basic care, technical, administrative or scientific tasks in a narrow and defined area. They will be required to record information in appropriate documentation, including where support has been sought from suitably qualified practitioners or where concerns have been escalated. They will hold responsibility for the care of equipment and resources used by the team in which they work. They are able to perform simple audits or surveys relevant to their work area.

**Personal and professional values and behaviours:** the role holder will demonstrate self-directed development to ensure they are able to practise in accordance with established protocols and standard operating procedures under close, but not continuous, supervision. They recognise the importance of positioning women and families at the centre of care. Within the scope of their role, they recognise their limitations and present themselves in a credible and competent manner.

**Activities may include:** supporting the smooth running of maternity services including clinics, day assessment and maternity triage by locating and filing notes, preparing documentation, general housekeeping, stock rotation and ordering; undertake basic care tasks including supporting hydration and dietary needs of women and their babies including documenting hydration and micturition on fluid balance charts, preparing women for clinical examination and tests including screening and immunisations and acting as chaperone, if required.

## Role Descriptor: Level 3 Maternity Support Worker

### Level 3 Maternity Support Worker

Uses additional skills within focused aspects of service delivery to enhance the service offered to women and their families; working alongside, but under the guidance of, practitioners at all levels from across the multidisciplinary team including, but not limited to: obstetricians; midwives; ultrasoundographers; physiotherapists and advanced nurse practitioners.

### Scope of role

Level 3 MSWs provide direct delivery of clinical care to all women and babies accessing maternity services and may be based within specialist and integrated teams such as in theatre, fetal medicine units and community hubs. Level 3 MSWs may serve as a point of contact/support for women and their families and provide clinical, physical, psychological and emotional care and support; they provide appropriate information and, where necessary, signpost to wider support organisations. They report to registered practitioners where planned delegated care has been provided.

**Leadership:** the role holder reflects on and actively seeks ways to improve their own performance. They demonstrate qualities of leadership, supporting change management, as well as offering comments and suggestions for improvements to procedures or service development. They prioritise own workload to ensure timely completion of tasks delegated to them, for reporting to registered practitioners and documenting outcomes of care offered and/or provided.

**Contextual knowledge:** the role holder possesses generalised knowledge to inform their understanding of the job role and specific knowledge related to tasks or activities within their scope of role. This may include cross professional knowledge. Through their practice, they must demonstrate an awareness of contemporary public health and health promotion initiatives, policy and legislation, including where legal and ethical issues are relevant to their scope of role.

**Process knowledge:** the role holder is able to make fact-based judgements requiring a comparison of options to effectively perform tasks and activities. The role holder will undertake well defined, familiar tasks. In some instances, workload is likely to include some complexity but supervision and guidance should be available to assure safety. The role holder will demonstrate effective application of problem solving and planning skills and a broad skill base related to their practice. They will be required to document care appropriately, detailing actions taken, where support has been sought from suitably qualified practitioners or where concerns have been escalated. They engage in, promote and support others to undertake routine audits or surveys relevant to their work.

**Personal and professional values and behaviours:** the role holder is able to independently plan tasks and workload activities whilst ensuring that their practice is guided by standard operating procedures and established protocols. Their practice will reflect the principles of woman and family centred care. They will demonstrate self-directed development, recognising own limitations, and work within the scope of their role at all times. They will prioritise own workload and may be responsible for planned care and tasks delegated from a registered or Level 4 practitioner. Depending upon the level of complexity and risk present, the role holder may exercise an appropriate degree of autonomy, ensuring they present themselves in a credible and competent manner at all times.

**Activities include:** (in addition to that of the Level 2 maternity housekeeper) routine maternal and neonatal observations including BP, temperature, respirations, urinalysis, weighing, maternal and neonatal phlebotomy, infant feeding support, leading and supporting routine clinics e.g. GTT, public health promotion and education either as a group or on a one to one basis, including antenatal classes.

## Role Descriptor: Level 4 Maternity Support Worker

### Level 4 Maternity Support Worker

Utilises enhanced skills across the range of maternity services to support specialist and multi-disciplinary teams including, but not limited to: midwives, health visitors, safeguarding lead nurses, mental health nurses, psychologists, psychiatrists, social workers, general practitioners, prison officers and other key and peer-support workers.

### Scope of role

Level 4 MSWs support the delivery of integrated maternity services to women and their families during pregnancy, labour and the postnatal period. This role is an extension of the Level 3 MSW. The role holder will liaise with a number of community and hospital-based services to enhance the service offered to women and their families through the direct delivery of care, and as a point of contact for support or signposting. Level 4 MSWs are key members of the maternity team, providing support to women and families who have complex care and support needs.

**Leadership:** the role holder is able to delegate tasks appropriately to others. They are able to evaluate their own and other's practice and suggest and implement changes to improve service delivery. Level 4 MSWs may have day to day supervisory responsibilities for other support workers working at levels 2 and 3 and they may also have line management responsibility, as determined by their employer.

**Contextual knowledge:** the role holder will have a detailed knowledge of the scope of their role and that of others within the multidisciplinary team. This will include cross professional knowledge which will enhance intra and interprofessional team working. Through their practice, they will apply a working knowledge of contemporary public health and health promotion initiatives, legal and ethical frameworks, and demonstrate understanding of wider health and social care issues and policy that impacts upon service delivery and provision.

**Process knowledge:** the role holder will have enhanced skills in their area of work, which may include specialist practice areas. They will demonstrate a high degree of technical proficiency and contextual knowledge whilst undertaking both routine and complex tasks and activities. They will make judgements requiring comparison and evaluation of options to inform decision making and effectively perform their role. They will be required to document appropriately, detailing actions taken, where support has been sought from suitably qualified practitioners, referrals have been made or where concerns have been escalated. They engage in, recommend, promote and lead audits or surveys to support service improvement.

**Personal and professional values and behaviours:** the role holder will be able to independently plan individual and team tasks or activities, prioritising own workload and ensuring effective and appropriate delegation and referral to others. They will apply and promote the principles of woman and family centred care in all aspects of their practice. They will demonstrate self-directed development, working within standard operating procedures, protocols and their scope of role at all times. They will assume the role of mentor or teacher within their area of practice and in relation to the scope of the other's role. Recognising limitations within own role and practice, the Level 4 MSW will exercise appropriate autonomy and present themselves in a credible and competent manner at all times.

**Activities include:** (in addition to that of a Level 3 MSW) planning care in partnership with women and registered practitioners, training and teaching, appraisals, providing advice to support discharge of women and babies from maternity care settings, providing specialist support to women and families with complex needs, leading and coordinating support worker teams and service improvement initiatives.

## Maternity Support Worker Competency, Education and Career Development Framework

The Competency, Education and Career Development Framework takes account of the particular characteristics of the existing workforce to which it applies, as well as the future workforce. Currently, most MSWs work part-time, are female with caring responsibilities, and aged forty and over (Griffin, 2017). This profile aligns to the wider health care support workforce, the majority of whom lack both formal qualifications and recent academic experience (Lewis and Kelly, 2015). These workers require flexible entry criteria and routes of study as well as support to achieve academically (HEE, 2014). The scoping report carried out by the RCM and Kings College London, on behalf of HEE, found a largely stable workforce who valued career progression and role development, but who mostly did not aspire to become midwives (Griffin, 2017). This highlights the importance of a discrete development framework for support workers in maternity settings. Nevertheless, the NHS seeks to diversify its workforce and to attract younger, career-ready employees, some of whom will wish to progress beyond support worker roles (HEE, 2014). These workers want a dynamic workplace with opportunities for career progression and, consequently, development programmes with access to further training and qualifications that are universally accepted by health and education organisations (HEE, 2014).

Establishing the support worker role as a career in its own right and creating an aspirational structure that allows the role holder to develop professionally, adopt increasing responsibility and gain transferable qualifications is a central tenet of the model. It is important that the framework is inclusive and supports organisations to accept a wide diversity of entry qualifications and/or equivalent experience to ensure access and the identification of potential talent and capability. The model below suggests a framework for entry to each level based on academic qualifications, clinical experience and capability in relation to values. To illustrate and support the framework, entry routes, progression and academic achievement are detailed in three figures below the model.

Fig.2, details the pathway for entrants who have not met RQF requirements for the role.

Fig.3, outlines entry and maternity setting specific development for those who already meet the RQF requirement for the role and

Fig.4 identifies how student midwives, who successfully complete part of their study, would step into this framework.

These options allow those already employed in support worker roles within maternity settings to transfer across to the new framework, in addition to opening access to those outside the NHS.



Engagement event feedback highlighted a perception that many current MSWs would not have the academic capability to achieve qualifications required at levels 3 and 4 or that their personal circumstances would provide a barrier to participation. Rather than lack of capability, it is low confidence levels and a lack of resilience which provide barriers to participation (Campbell and McKendrick, 2017). Women, particularly those who are the first in their family to study at a higher level, do experience unique education issues. In addition to self-doubt and anxiety, they face risks to financial stability and disruption to caring responsibilities (O’Shea, 2015). For this reason, it is important that routes offer sufficient flexibility, including options for part-time study, and that preparation for study is offered. The framework supports additional education and training for existing MSWs to enable them to demonstrate occupational competence. Bridging programmes, which may be in-house, are recommended to support transition requirements. These programmes should include:

- Developing specific knowledge and skills related to maternity care and roles at different levels of the framework
- Study skills to allow support workers to progress through the academic framework and, in particular, to step into higher education programmes (DipHE, FD and BSc)
- Preparation for success in higher education environments (resilience, confidence and self-efficacy, financial planning and the impact on family life).

Consideration should be given to offering existing staff, who do not hold formal and widely recognised qualifications, the opportunity to engage in further study. This would allow this group of MSWs to operate on a par with new entrants, to progress through the framework and to step into Higher Education programmes. Participants at engagement events voiced frustration at needing to undertake an Access to Higher Education programme prior to moving into pre-registration midwifery. To fully open up career progression opportunities to MSWs, collaborative work with HEIs is required to ensure that vocational qualifications and previous experience of maternity care are recognised within entry criteria, and that support workers progressing to Higher Education are adequately prepared (HEE 2014).

The framework provides consistency and quality assurance across the maternity support workforce. The Cavendish Review (2013) identified that healthcare assistants and support workers were, at times, providing direct clinical care without supervision, and without the necessary education and training to allow them to understand the care they were giving or the clinical picture they were observing. The RCM scoping report also highlighted inconsistencies in education and training and deployment (Griffin, 2017). This has important implications for patient safety. Feedback from engagement events highlighted the need for consistency in education and training pathways for MSWs but also a need for maternity specific education programmes for MSWs to ensure that knowledge and skills relate to the populations served.

Participants at engagement events were keen that T-Levels are recognised within the framework. These qualifications offer equivalence to three A Levels and furnish students with technical knowledge and practical skills specific to their chosen industry or occupation (DfE 2018). Whilst not available until after 2020, the T-Level in Health and Science has been mapped to support worker roles (Institute of Apprenticeships, 2018). Enthusiasm was also high for a maternity care specific level 5 qualification (FDSc) that could be accessed via a higher-level apprenticeship or financed via a student loan. However, these students must be made aware of the impact this may have on future student loan availability, should they wish to undertake further degree level study. Including these qualifications within the framework was felt to promote two outcomes:

- ensuring that maternity care is supported by a robust, focussed education framework at all levels
- allowing individuals the opportunity to choose to stay in formal education and prepare to step into this career, rather than have to undertake an apprenticeship.

All support workers in maternity should undertake the care certificate as a further means of assuring a quality patient and service user experience, across the NHS.

The framework recognises that there is currently no seamless route into pre-registration midwifery education for MSWs. Nevertheless, the framework recommends that maternity support workers at level 3 are offered the opportunity to work towards transferable academic qualifications, recognised by HEIs, so that they can avoid the need to undertake an Access to Higher Education programme, which was seen as a barrier to participation by a number of MSWs attending engagement events. As identified above, work is required to recognise vocational qualifications and relevant work-based experience in maternity settings.



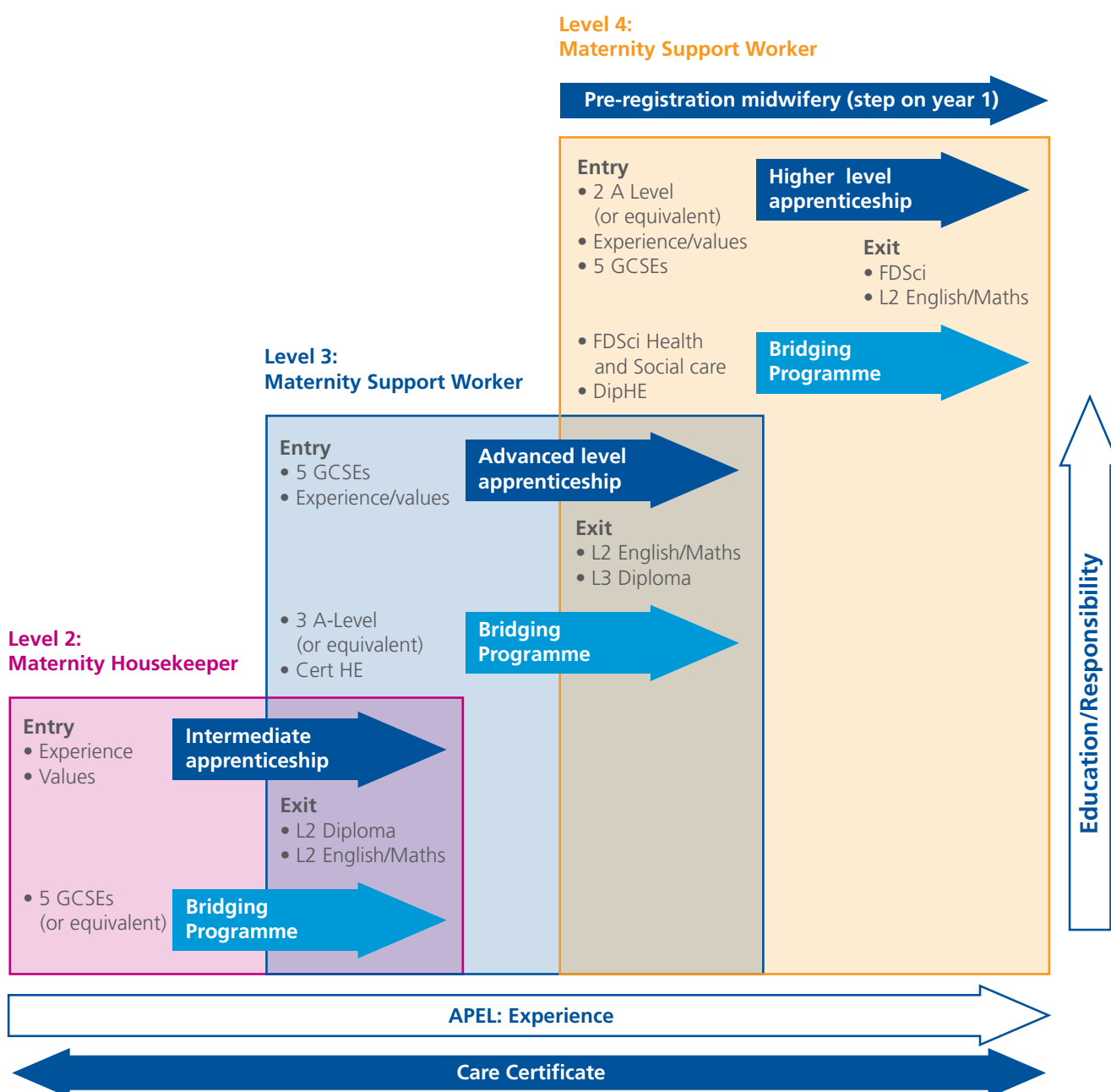
The model adheres to the following set of principles:

- Employers should recognise transferable skills and competencies
- Education should be work based and employer led
- Education entry and exit points should be recognised for their merit to support progression
- Support workers should be enabled to participate in CPD to develop within their role, and progression routes should be available
- When in training, support workers should be recognised as learners and supported to develop their confidence and newly acquired skills.

(Skills for Health 2018)

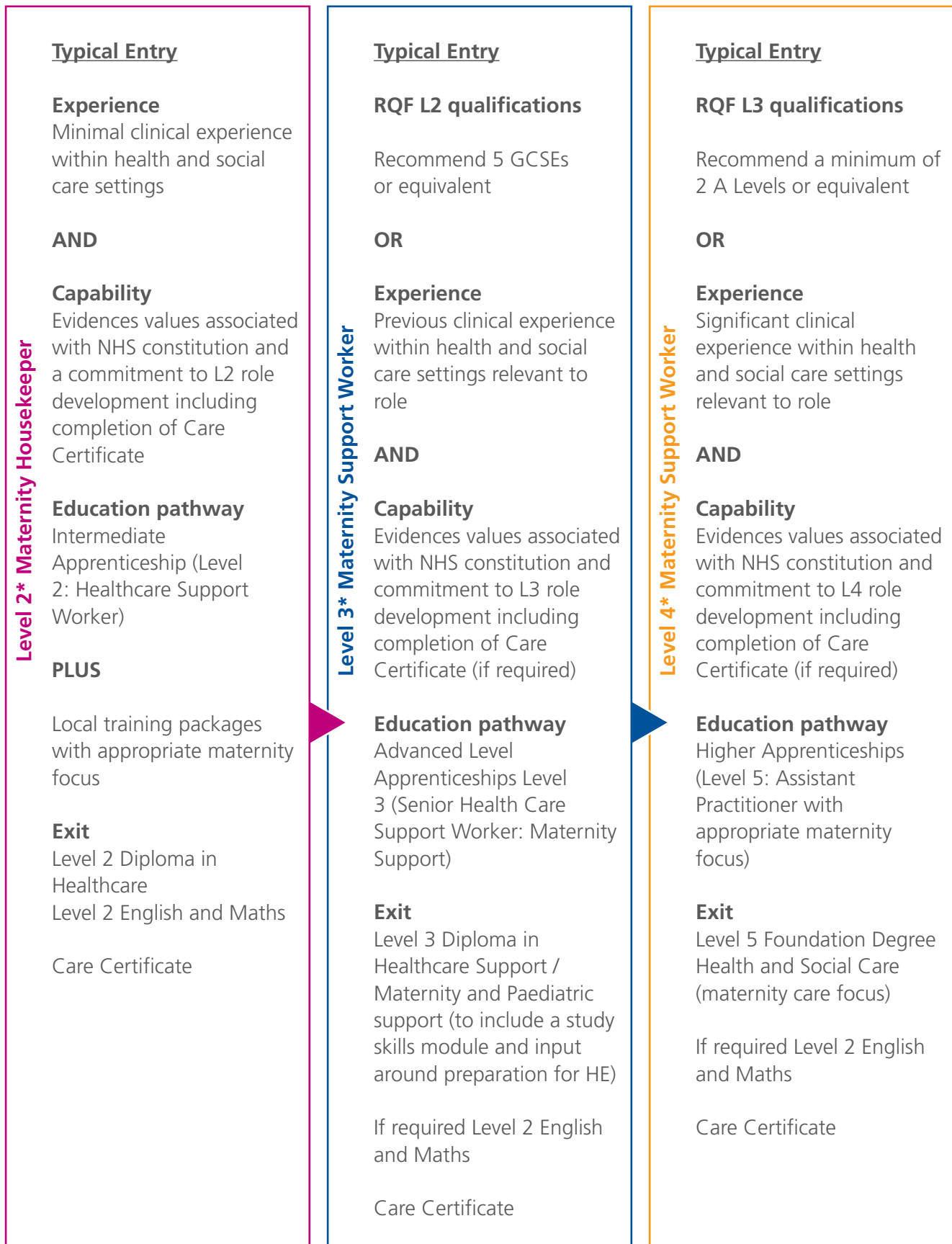
The framework illustrates entry to and progression through levels 2, 3 and 4 of the Skills for Health Career framework.

### Career, Education and Development Framework

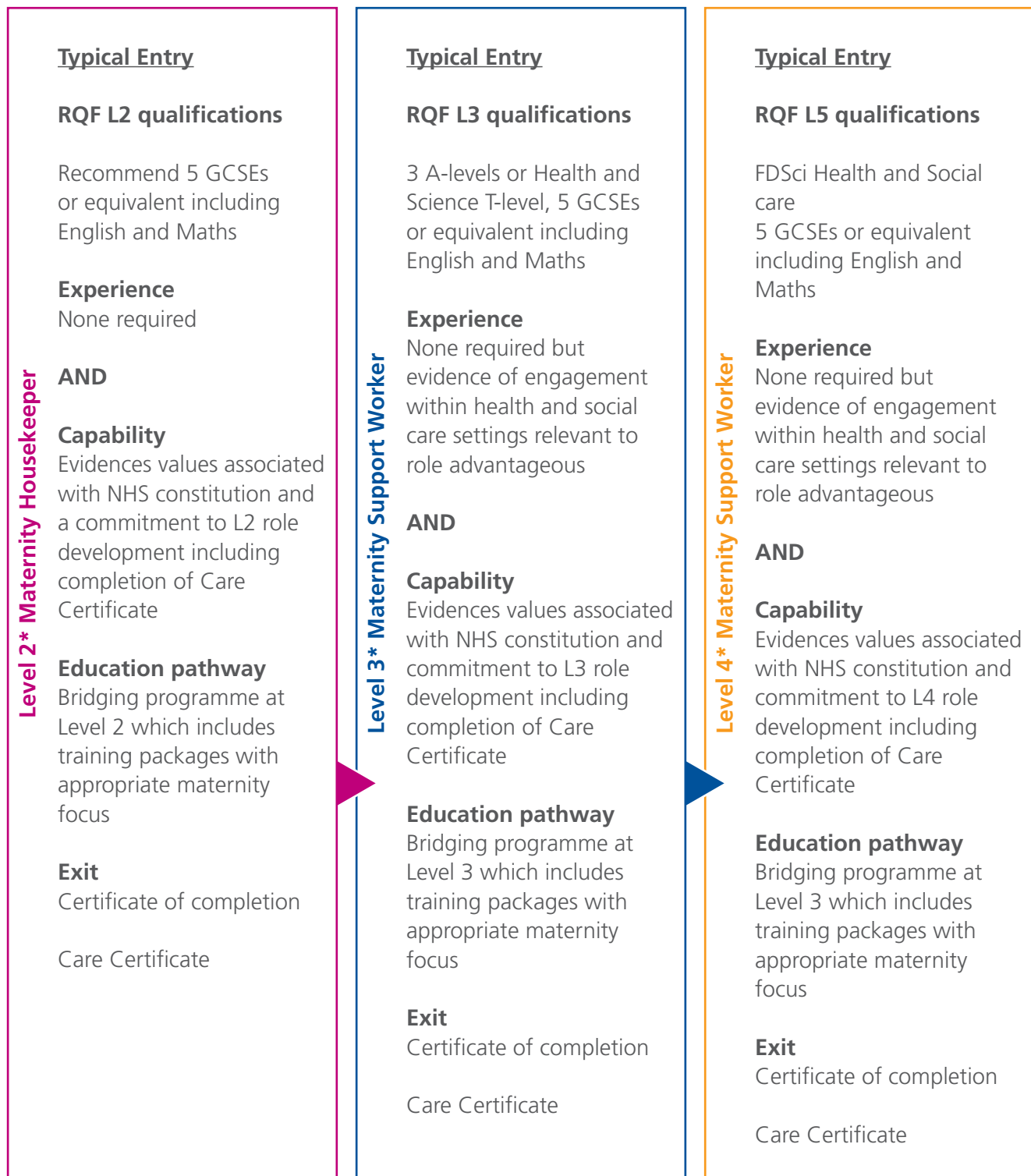




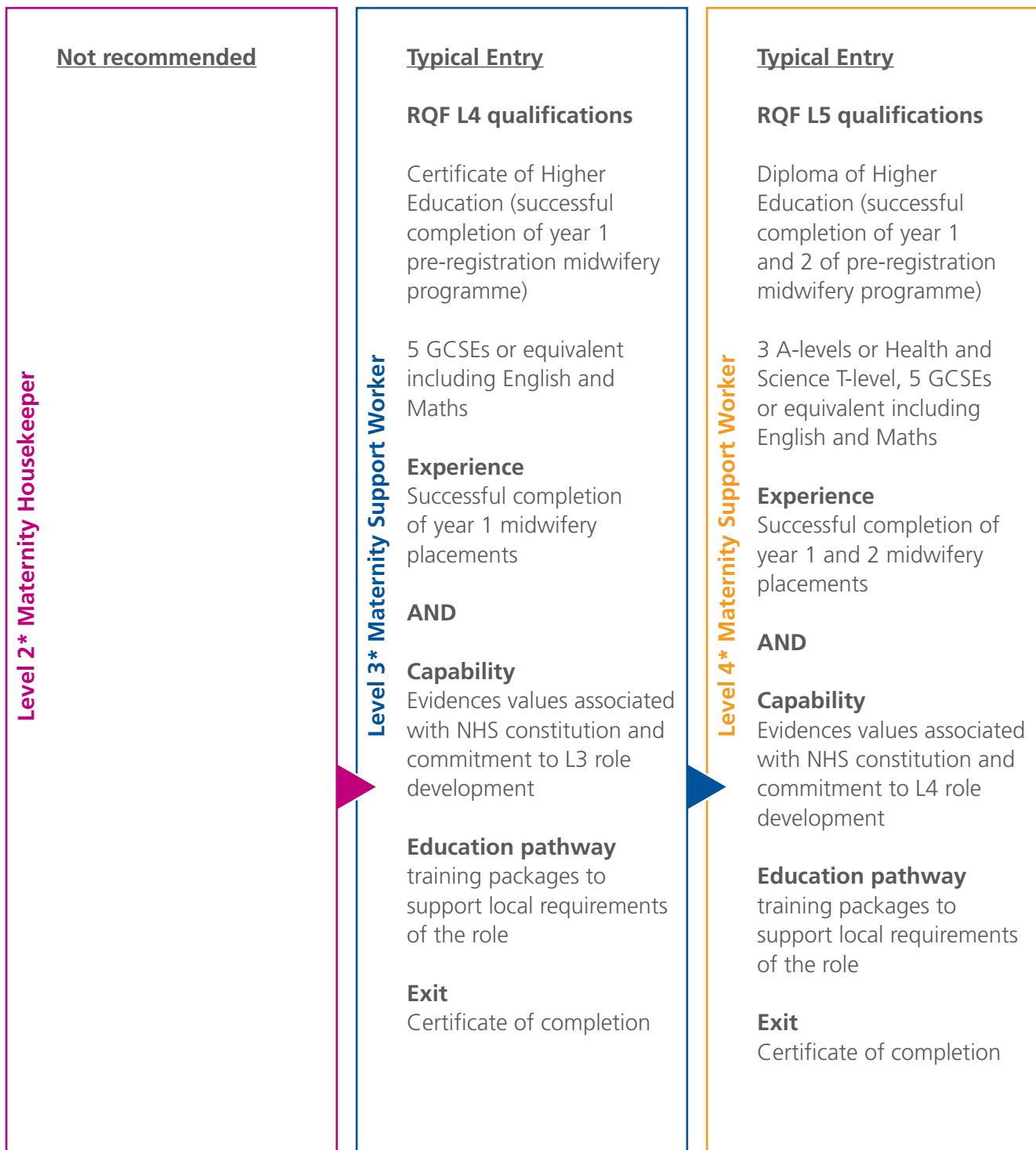
**Fig.2: Recruitment to MSW competence levels 2,3,4 following an apprenticeship pathway**



**Fig.3: Recruitment to MSW competence levels 2,3,4 for those entering having already achieved the required academic qualification**



**Fig.4: Recruitment to MSW competence levels 3 and 4 for students stepping off pre-registration midwifery programmes after successfully completing a period of study**



## Part Three: Competencies and Indicators

### The Maternity Support Worker Competency Framework

This framework provides maternity housekeepers, maternity support workers and their employers with an understanding of the expected minimum level of knowledge, skills, values and behaviours of those practising within each level of the framework. Grouped under the four domains of practice, competencies are expressed at levels 2, 3 and 4, mirroring role descriptor levels as mapped to the Skills for Health Career Framework (2010). The framework allows the developmental and experiential journey of support workers in maternity settings to be recognised. Those entering at level 3 of the framework would be expected to demonstrate, through their practice, competence at level 2 and, similarly, those entering at level 4 would be expected to demonstrate that they hold competence at levels 2 and 3.

Each competency within the framework is underpinned by a number and range of indicators. These serve to guide support workers and those undertaking assessments of their competence.

### Supervision and assessment of competence

Until competence is achieved and signed off, the trainee support worker should be directly or indirectly supervised by an appropriately qualified practitioner, as determined by the employer. Direct supervision involves close proximity to the trainee to enable direct working or direct monitoring of their activities. Indirect supervision is appropriate at the point at which the trainee requires consolidation of skills and confidence building to enable independent working. The principles of delegation should be considered to ensure the safety and wellbeing of women, their families and other staff, as well as the trainee and applied in line with professional body requirements. Competency can be assessed by an appropriately qualified practitioner, as determined by the employer. Multiple forms of evidence can be considered and used to demonstrate competence but this must be subject to quality assurance processes. When assessing competence, consideration should be given to how the support worker might:

- Know it:** Demonstrate their knowledge
- Show it:** Demonstrate their skills
- Live it:** Demonstrate appropriate attitudes and behaviours
- Reflect:** Demonstrate their ability to reflect on their own practice and on feedback given.

(Adapted from Institute of Apprenticeships 2018)

## Maternity Support Worker Competency Framework

SfH Career Framework Level	LEVEL 2 (In addition to Care Certificate)	LEVEL 3 (In addition to achieving full competence at Level 2)	LEVEL 4 (In addition to achieving full competence at Levels 2 and 3)
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### Domain One: Supporting women and families

How you support women and their families, providing care throughout their maternity journey

Competency 1	Create effective and supportive relationships with women and their families to enhance the provision of personalised and safe woman centred care		
<b>Indicator 1</b> Positive relationships	Develops, manages and maintains positive, appropriate relationships with women, their partners, families and carers, demonstrating respect, kindness, compassion and empathy at all times.		
<b>Indicator 2</b> Woman-centred care	Provides woman-centred care and support.	Demonstrates understanding of the importance of working in partnership with women and their families, of providing education and resources to support informed decision making, and of respecting women's decisions.	Consistently employs strategies to promote personalised, informed decision-making when planning, implementing and evaluating care activities. Tailors information to meet women's needs, including where complex care and support needs exist.
<b>Indicator 3</b> Empowering others	Shares knowledge and teaches skills that empower women and their families to safely and effectively care for themselves.		
<b>Indicator 4</b> Consent	Understands and gains valid consent prior to action or providing care.		
Competency 2	Understands the MSW's scope-of-practice and works within limits of own competence and authority		
<b>Indicator 1</b> Acts with integrity	Is trustworthy, focusses on the needs of women and their families, takes ownership of mistakes and reports errors to a registered practitioner in a timely manner.	Understands the principles of duty of care and human rights and applies these to ensure individuals do not come to harm. Represents known preferences of women to the MDT to inform care planning, within scope of role.	Demonstrates leadership by advocating with or on behalf of women, their families and/or colleagues, within scope of role.
<b>Indicator 2</b> Professionalism	Recognises the importance of care assistant /support worker roles within national frameworks for health and care and acts in a professional manner, demonstrating NHS Constitution values.	Recognises the importance of the role of the MSW within national frameworks for maternity care. Understands the additional responsibilities associated with being self-directed when carrying out tasks, giving advice and in updating the MDT.	Understands own responsibility and accountability when forming a judgement of an individual's health or social condition, uses factual and theoretical knowledge as a basis for decision making, and escalates concerns appropriately to the MDT.
<b>Indicator 3</b> Implementing care	Understands the importance of following standard operating procedures, protocols, policies and guidelines to promote safety.	Implements agreed care plans in line with guidance, standard operating procedures, policy and protocols, as directed by the MDT, with agreement from the woman and, where appropriate, her family.	Within scope of role, discusses care plans with women prior to implementation, offering an informed perspective and an evidence-base to optimise a personalised experience.
<b>Indicator 4</b> Reporting, referring and escalating concerns	Recognises and responds to signs of discomfort and anxiety, or concerns raised by women and their families, by promptly reporting them to an appropriate practitioner.	Uses knowledge and understanding of common physical, mental and behavioural health conditions within maternity care to recognise signs of deterioration in women and babies. Responds by promptly escalating concerns to an appropriately registered practitioner.	Gathers and interprets relevant information and forms a judgement on the improvement or deterioration in the physical, mental or behavioural condition of women/babies. Responds by referring or escalating concerns to an appropriately registered practitioner.

Competency 3			
<b>Contribute positively to a culture of team working, maintaining effective working relationships to maximise quality of care</b>			
<b>Indicator 1</b> Planning and evaluating care	Assists in effective care planning and evaluation by sharing relevant information in a timely manner with members of the MDT.	Offers comments or suggestions to the MDT when developing, reviewing and evaluating care plans based on objective evidence and experience.	As a member of the MDT, actively participates in the planning, development and evaluation of personalised care plans by offering objective clinical or evidence-based information to inform planned activities.
<b>Indicator 2</b> Team working	Understands the principles of team working and can define own role and the roles of others. Asks for guidance and help when unsure.	Understands the principles of human and environmental factors when working in teams and applies these to contribute to safe team working.	Understands the challenges of providing integrated care for women and their families. As a key member of the team demonstrates initiative and leadership where required.
<b>Indicator 3</b> Continuity of carer	Understands the benefits of continuity of carer for women and their families and how this applies within own role.	Ensures that the principles of continuity of carer are employed when supporting women and their families and when escalating or sharing clinically relevant information.	Consistently applies the principles of continuity of carer when making judgements related to supporting women with complex needs and when referring or transferring care back or on to registered practitioners or specialist teams.
Competency 4			
<b>Notice and respond appropriately to the changing needs of the woman and her family</b>			
<b>Indicator 1</b> Safeguarding	Understands and follows the principles of safeguarding and protection, to include adhering to local security procedures.	Is vigilant for cues indicating safeguarding issues related to women and families. Escalates safeguarding concerns and reports to the MDT in a robust, timely manner; complying with legal requirements.	Independently undertakes agreed risk identification and assessment activity, within scope of role, in accordance with local and national safeguarding pathways.
<b>Indicator 2</b> Signposting	Directs queries regarding local and national services to support women and families to a suitably qualified colleague to take forward.	Maintains a working knowledge of local and national support systems available to women and families. Uses this knowledge to signpost women and families effectively.	As a key member of the MDT, arranges access to services to support personalised care plans, referring women and their families to agencies and services appropriately.
<b>Indicator 3</b> Supporting vulnerable women, families and those with additional needs	Notices vulnerability, changing or additional needs and reports these to a suitably qualified colleague to take forward.	Understands and is vigilant against factors that indicate vulnerability, changing or additional needs. Directs women to appropriate practitioners within the MDT for support, whilst escalating concerns.	As a member of the MDT, within scope of role, undertakes assessments, manages and supports the implementation and evaluation of care plans for vulnerable women and their families and those with additional needs.
<b>Indicator 4</b> Caring for the family unit	Acts sensitively, compassionately and respectfully in situations where the family unit is separated and/or where mothers and/or babies are critically ill, making sure updates and information sharing with affected family members is accurate and relayed by the appropriate team member. Ensures tasks which separate families are kept to a minimum and are carried out with kindness and empathy.		
<b>Indicator 5</b> Bereavement and loss	Acts sensitively, compassionately and respectfully during times of bereavement or loss. Seeks out preferences of bereaved women, partners and families before providing care and follows bereavement care plans/ pathways, within scope of role.		

## Domain Two: Public Health: prevention and health promotion

### How you support women and families to make healthy choices

<b>Competency 5</b>	<b>Promote a culture of health and well-being through providing information, advice and support to enable healthy lifestyle choices for all, whilst understanding the causes of ill-health related to women of childbearing age and their families</b>		
<b>Indicator 1</b> Influences on public health	Understands that social and cultural influences, individual circumstances, capabilities, behaviours and lifestyle choices impact on health outcomes.		
<b>Indicator 2</b> Public health promotion	Understands the aims and principles of health promotion, protection and improvement and the importance of related strategies.		
<b>Indicator 3</b> Makes every contact count	Appreciates the importance of recognising and supporting physical and emotional health and wellbeing and makes every contact count through actively encouraging women and their families to talk about their health and wellbeing.		
<b>Indicator 4</b> Supporting behaviour change	Seeks support from a suitably qualified practitioner when women or members of her family signal a desire to make changes to health behaviours.	Understands the principles of behaviour change and interventions to prevent ill-health and effectively applies these to practice, recognising the individual's right to privacy and choice.	Applies principles of behaviour change within individualised contexts to enable personalised discussion, sensitively communicating complex, and/or potentially challenging information to women, if appropriate, to facilitate change.
<b>Indicator 5</b> Personal health and wellbeing	Recognises the importance of maintaining own health, wellbeing and resilience to ensure that personal performance and judgement is not affected by ill-health.		
<b>Competency 6</b>	<b>Actively engage with public health initiatives</b>		
<b>Indicator 1</b> Screening	Assists in preparing the environment, women and their families for screening activities.	Maintains a contemporary knowledge base about local and national antenatal and newborn screening services and directs women and their families to appropriately qualified practitioners if they are undecided or have concerns.	Understands the importance of health screening, and, within scope of role, can assist in the provision of evidence-based information, advice and guidance to enhance choice and consent for participation in national antenatal and newborn screening programmes.
<b>Indicator 2</b> Immunisation	Assists in preparing the environment, women and their families for immunisations.	Maintains a contemporary knowledge base about immunisations offered during pregnancy and to the newborn and directs women and their families to appropriately qualified practitioners if they are undecided or have concerns.	Understands why individual, herd, passive and active immunity acquisition are important and, within scope of role, can assist in providing evidence-based information, advice and guidance to enhance choice and consent for participation in common immunisation programmes.
<b>Indicator 3</b> Infant feeding	In line with baby friendly principles, supports women's choices for infant feeding as part of the MDT.	Assists women and their families with responsive infant feeding, helping women to gain skills and confidence with positioning and attachment. Maintains comprehensive and contemporary knowledge about infant feeding, to include understanding safety and risk issues and appropriate referral.	Independently provides evidence-based information, advice and guidance to optimise infant feeding and the health and wellbeing of the mother and her family. Evaluates the progress of women and babies on identified infant feeding pathways and enacts adjustments using own judgement, updating the MDT of changes agreed.

## Domain Three: Personal and clinical skills

### How you develop and use your skills to care for women and their families

<b>Competency 7</b>	<b>Provide and monitor care safely and effectively</b>		
<b>Indicator 1</b> Safe practice	Demonstrates safe, evidence-based practice in all skills and procedures stated within job description.		
<b>Indicator 2</b> Time management	Manages tasks effectively to ensure timely completion.	Demonstrates ability to manage own time and workload effectively.	Recognises where elements of care can be appropriately delegated to other colleagues, or entrusted to women or family members to support effective time management and safe care.
<b>Indicator 3</b> Providing care	Accurately undertakes delegated tasks, for which they have received training, ensuring basic care needs for women and babies are met. Reports completion of the task and any findings to an appropriately qualified practitioner.	Utilises a range of clinical information and associated knowledge of normal baseline observations in women and babies to confirm wellbeing, reporting findings to a registered practitioner and escalating where wellbeing is not confirmed.	Working as a member of the MDT, uses a range of clinical information to inform a judgment on the effectiveness of an existing care plan and the requirement to immediately escalate concerns to a registered practitioner or to make a referral back to the MDT for review.
<b>Indicator 4</b> Prioritising care	Demonstrates the ability to respond flexibly to the needs of the working environment.	Can prioritise care activities to meet the holistic needs of individual women and their families, including adjusting normal routines where levels of complexity exist.	Understands the impact of complex care needs and other factors when prioritising care activities across a group of woman or babies within their own or the team's defined workload.
<b>Indicator 5</b> Emergency care	Recognises an obstetric or neonatal emergency, summons assistance and acts as a member of the MDT within parameters of own competence and defined role. In settings where a registered practitioner is not present, initiates immediate first aid whilst awaiting the arrival of appropriately qualified practitioners.		
<b>Competency 8</b>	<b>Communicate clearly and accurately using a range of written, verbal and non-verbal methods, maintaining confidentiality and upholding the principles of data protection at all times</b>		
<b>Indicator 1</b> Confidentiality and data protection	Understands the importance of accessing, maintaining and storing documentation relating to care, in accordance with local guidance and in accordance with legal requirements for maintaining confidentiality and data protection.		
<b>Indicator 2</b> Record keeping	Keeps complete, clear, accurate and timely records, utilising digital platforms as required.		
<b>Indicator 3</b> Methods of communication	Communicates respectfully with women, their families and colleagues at all times, using verbal and non-verbal communication skills.	Selects appropriate methods of communication, taking account of the circumstances and needs of women and their families; including where disability or complexity may exist.	Uses judgement to select and utilise appropriate technology and other communication aids to support women to be active participants in their care experience.
<b>Indicator 4</b> Effective communication	Communicates information clearly, effectively and in a timely way to women, their families and the wider MDT.	Checks understanding by using mechanisms such as clarifying and reflecting back meaning and instruction prior to carrying out tasks and when reporting back to colleagues.	Communicates complex information in a clear, accurate, unambiguous and timely manner to women and their families and across the MDT, checking understanding by using mechanisms such as clarifying and reflecting back.



<b>Competency 9</b>	<b>Maintain and develop knowledge, skills and behaviours through training and education to include local mandatory training</b>		
<b>Indicator 1</b> Undertakes training	Identifies training requirements relevant to role, including identifying and undertaking mandatory training when required.		
<b>Indicator 2</b> Maintains knowledge	Maintains and develops own skills and knowledge. Keeps evidence of personal development, prepares for and participates in appraisal.	Explains the importance of maintaining a contemporaneous knowledge base and skill set to inform own practice, including demonstrating knowledge and understanding of how to achieve this.	Explains the importance of using good-quality research to inform evidence-based practice and of lifelong-learning in maintaining a contemporary awareness of best-practice.
<b>Indicator 3</b> Seeking feedback and reflection	Takes responsibility for and reflects on own actions whilst working within the context of the team providing safe and effective care.	Responds appropriately to constructive feedback, reflects and evaluates own performance as means of enhancing and improving own practice.	Actively seeks feedback related to personal performance to enhance own practice. Provides constructive feedback to others to enhance team performance.
<b>Competency 10</b>	<b>Participate in the teaching, training and mentoring of staff within the scope of the MSW role and responsibilities and in collaboration with the multi-disciplinary team</b>		
<b>Indicator 1</b> Role modelling	Is always welcoming and takes an interest in the education and development of others.	Understands the importance of role modelling to uphold the reputation of fellow MSWs and in supporting the development of others.	Advocates for MSWs and their development needs in order to fulfil their role and optimize their contribution to maternity services.
<b>Indicator 2</b> Mentorship	Assists trainee maternity housekeepers and trainee maternity support workers to acquire skills and knowledge.	Participates in the teaching and mentoring of trainee maternity housekeepers, trainee maternity support workers and other health care professionals, as required.	Is active in teaching and mentoring trainee maternity housekeepers, trainee maternity support workers and other health care professionals, developing resources and activities to support learning.



## Domain Four: Creating safe environments

How you create safe environments for yourself, your colleagues, women and their families

<b>Competency 11</b>	<b>Work within organisational policies and procedures to ensure maintenance of safe working practices for women, their families and colleagues</b>		
<b>Indicator 1</b> Organisational values	Is aware of organisational aims, objectives, policies and values that relate to the housekeeper and maternity support worker role.	Can explain how organisational aims, objectives, policies, guidelines and values can affect the provision of health and care for individuals and communities.	Actively contributes to the development, application and evaluation of organisational aims, objectives, policies, guidelines and values in practice.
<b>Indicator 2</b> Legal and ethical responsibilities	Is aware of legal and ethical responsibilities in relation to own role including the need to work in ways agreed by the employer.	Explains the importance of adhering to legislation, standards, policies, protocols and values that underpin national and local provision of health and care.	Contributes to the development of systems to promote knowledge, understanding and adherence to legislation, standards, policies, protocols and values that underpin national and local provision of health and care.
<b>Indicator 3</b> Health and safety	Takes appropriate action in response to local incidents or emergencies, following local health and safety guidance and protocol.	Demonstrates awareness of health and safety initiatives and applies appropriate precautions to minimise risk and escalate concerns, including adhering to Lone Worker Policies.	Ensures the health and safety of other team members by assuming collective responsibility for team risk assessment, precautions and escalation of concerns.
<b>Indicator 4</b> Courage and candour	Understands the importance of courage and candour, recognising and reporting situations, behaviours or errors that could result in poor outcomes for women and their families.		
<b>Competency 12</b>	<b>Assist in the maintenance of a safe working environment through the efficient use of resources to support the smooth running of the area, having due regard for the health, safety and welfare of self and others</b>		
<b>Indicator 1</b> Safe environment	Ensures own actions promote a positive and safe working environment and culture. Including checking the clinical area for hazards and equipment for safety and ensuring that each woman feels safe and knows how to access support if required.		
<b>Indicator 2</b> Infection control	Uses a range of techniques for infection prevention and control.	Understands the principles and practices of infection control, adhering to these consistently within own sphere of practice.	Supports others to understand the principles and practices that underpin infection control principles.
<b>Competency 13</b>	<b>Participate in initiatives to enhance service provision</b>		
<b>Indicator 1</b> Service improvement	Supports audit and service improvement initiatives as directed and keeps abreast of changes in policy and practice.	Demonstrates knowledge of, contributes to and promotes service improvement activities such as service user feedback, audit, research, team meetings and benchmarking activities.	Leads service improvement activities such as collecting, collating and evaluating service user feedback, audit, research and benchmarking activities, within the MDT.
<b>Competency 14</b>	<b>Recognise and respect equality and diversity, demonstrating an inclusive approach in all environments</b>		
<b>Indicator 1</b> Recognises and reacts to discrimination	Promotes equality and challenges discriminatory behaviour with particular reference to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.		
<b>Indicator 2</b> Awareness of implicit bias	Does not project own experiences and values onto others and demonstrates understanding of own role and contribution in creating inclusive, equitable care.		
<b>Indicator 3</b> Respects diversity	Takes account of cultural, religious, social, disability and other factors when undertaking care.	Shows an awareness of how women's personal values, assumptions and vulnerability will impact upon their expectations of care and the choices they make for themselves and their babies.	Recognises when a woman's capacity and/or vulnerability will affect her ability to make decisions about her own or her baby's care, or to give consent. Understands need to escalate to an appropriately qualified practitioner.
<b>Indicator 4</b> Widens access to care	Can apply the principles and processes for making reasonable adjustments and supporting equality of access to care services.		

## Glossary

**Accountable:** to be responsible and answerable to your employer and yourself for the decisions you make and for your actions or omissions.

**Advocacy:** doing your best for individuals by speaking on behalf of another.

**Care:** providing what is needed for health and wellbeing through physical, social and emotional support. Taking time and patience to listen, explain and communicate; demonstrating empathy, kindness and warmth.

**Competence:** the knowledge, skills, attitudes and ability to practise safely and effectively.

**Competent:** having the necessary knowledge, skill, attitude and ability to practise safely and effectively.

**Complexity in maternity care:** The presence of one or more clinical, psychological, social, or medical complications or further needs that require input and collaborative care by the multidisciplinary and multi-agency team.

**Consent:** explaining what you intend to do with/ to someone and listening carefully to what they say about it. For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. Agreement where the person does not know what the intervention entails is not 'consent'.

**Continuity of carer:** a continuous relationship with a care provider or small group of care providers. Specifically in maternity: care provided by a practitioners for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.

**Delegation:** the act of giving responsibility to another person.

**Family:** the people identified by individuals who are significant and important to them.

**Holistic:** treating individuals as a whole; in health care addressing the physical, emotional, psychological, social and spiritual needs as interdependent.

**Maternity journey:** the individual's experience of care and support pertaining to childbearing over time. May be current or historical relating to aspects of the childbearing process from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.

**Mentoring:** is a work-based method of training using existing experienced staff to transfer their skills informally or semi-formally to learners.

**Multi-disciplinary team (MDT):** practitioners providing care and support to individuals at all levels.

**Partner:** the person considered by an individual to be their life partner. In maternity this may include the biological father and other- or same-sex partners.

**Practitioner:** an appropriately qualified person in the practice of an occupation, for example a maternity support worker or a midwife. They may be registered or unregistered.

**Registrant:** an appropriately qualified person who complies with and maintains their mandatory requirements and as such is eligible to be recorded as 'registered' on the official register.

**Safeguarding:** measures to protect the health, wellbeing and rights of individuals. Safeguarding vulnerable childbearing women, newborn infants, partners and families who are at increased risk of harm. Vulnerability may be due to a range of clinical and psycho-social factors. Examples include disability, age, previous mental or physical illness or bereavement, poverty, legal status, ethnicity, not speaking the indigenous language, or being in a situation of intimate partner violence. Potential harm may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

**Scope of role:** the extent and limits of the care that a practitioner may perform.

**Supervision:** the act of overseeing something or someone. Through supervision in health care the supervisor makes certain of safe and effective care.

**Wellbeing:** a person's wellbeing may include their sense of hope, confidence, self-esteem, ability to communicate their wants and needs, ability to make contact with other people, ability to show warmth and affection, experience and showing of pleasure or enjoyment.

**Woman:** the person who is undergoing the childbearing process in relation to conceiving, being pregnant and giving birth. This may include a person whose sense of personal identify and gender does not correspond with their birth sex.

**Woman-centred care:** care centred around an individual's needs, involving them in the decisions about their healthcare, care and support. Co-ordinating care as a collaborative process between the woman and those caring for her.



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