

# **Developing an approach to the learning offer for Maternity Support Workers**

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## **Executive summary**

- This report sets out the current situation in relation to Maternity Support Workers (MSWs) in England with a specific focus on their learning and development needs and how these can be addressed.
- The Department of Health (DH) Widening Participation in Learning Strategy Unit originally commissioned the report. However the DH has now commissioned the Royal College of Midwives to undertake an update in order to reflect new service driven policy directives (Darzi's High Quality Review) as well as the recent admission of MSWs to membership of the RCM. Working collaboratively with the DH the RCM is well placed to contribute to and support the advancement of this agenda by offering leadership and direction.
- The King's College London research found that some MSWs are undertaking more complex tasks and roles, which they are often not trained for or are the sole remit of the midwife. Employers must ensure that MSWs are not used to substitute midwives. This report recognises that there are specific tasks currently undertaken by midwives that can and should be undertaken by MSWs when appropriately trained and supervised.
- After an analysis of current arrangements, this report makes recommendations to improve the learning offer for MSWs in order to deliver better outcomes for women, staff and healthcare organisations.
- The report triangulates existing evidence on the role, preparation and integration of MSWs in maternity services, with contextual analysis of the organisational, learning and maternity environment in which these roles are being developed, and the 'lived' learning experiences of MSWs.

- Research and analysis in the report starts from the premise that MSWs make a valuable contribution to maternity service delivery and that their learning and development deserves attention.

**Key findings are:**

- Current MSW training and learning varies widely and is often a response to short-term financial, staffing or service pressures rather than a component of strategic workforce development.
- Whilst MSWs are currently mainly taught, supervised and mentored by midwives, arrangements for MSW supervision, assessment and support are ad hoc and piecemeal.
- MSWs have been found to be a positive and highly motivated group, committed to providing high quality care to women. However they are seeking clarity about their roles, remit and boundaries with professional colleagues.
- There is some confusion amongst the wider maternity team about the purpose, role and remit of MSWs. This can lead to workplace tensions that undermine the provision of high-quality care and impact adversely on staff morale.
- Many MSWs are keen to continue learning and developing new skills but feel existing structures do not facilitate this. Not all MSWs wish to become midwives, but many are seeking some form of career progression within maternity services.

**The report concludes that:**

- The future of MSW training and education cannot be addressed without reference to a number of identified and as yet unresolved and interconnected issues relating to role, accountability, regulation, supervision and management.
- MSW training is currently highly variable in content, rigour and success in preparing confident and competent staff.
- There is a compelling case for a national framework for MSW learning, training and competence and mapping of existing training programmes.
- MSWs are increasingly working outside the traditional hospital ward environment, therefore their learning must prepare them for a role in community and social care settings.
- MSW learning must be consistent in order to facilitate career progression and transferability.
- NHS organisations are seeking guidance and direction on the development of MSWs.
- The unheard voice of MSWs in the report provides a powerful account of how this group of workers perceive their role, value and experience.

**Recommendations:**

- A national England wide approach to the education and learning of MSWs.
- A core educational programme and/or framework with additional optional modules nationally accredited and recognised.
- A strategic approach to maternity workforce development that considers staff numbers, skill mix and deployment.
- Further guidance for NHS organisations on the business case for maternity workforce development and skill mix review, including productivity metrics linked to education and learning.
- England wide agreement on typology and title for support workers in maternity services.
- Leadership from national, NHS and professional bodies to integrate the entire role, remit and preparation of MSWs into wider maternity strategies.

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## 1. Introduction

1.1 This report has been commissioned in order to examine the learning and development needs of Maternity Support Workers (MSWs) in England. MSWs are specifically identified as those members of the maternity team who undergo training to NVQ levels 2, 3, 4 or their equivalent and whose role therefore goes beyond undertaking general functions to support the environment of care such as housekeeping, catering and domestic duties.

1.2 Maternity services within the NHS in England are undergoing significant and ambitious changes. The principle driver for this change is the Government's policy commitment to a new approach to the delivery of maternity services, with a growing focus on key elements of system reform including choice and access. These are outlined in the National Service Framework for Children, Young People and Maternity Services (Department of Health 2004), and more recently in Maternity Matters Choice, Access and Continuity of Care in a Safe Service (Department of Health 2007a) and Our NHS Our Future: Next Stage Review conducted by Lord Darzi (Department of Health 2007b). The NHS Next Stage Review: A High Quality Workforce (Department of Health 2008) sets out a specific vision for the NHS workforce where all capacity and capability is realised and that all staff are enabled to contribute to service improvement.

1.3 Maternity Matters is explicit in its acknowledgement of the importance of skill mix (utilising and maximising the skills of staff at all levels) and identifies how skill mix, together with investment in training and development, has the *'potential to release clinical time and improve outcomes*. Support workers have existed in the maternity service for a long time, working under a range of different job titles, including Healthcare Assistants (HCAs), Midwifery Care Assistants (MCAs) and Maternity Support Workers (MSWs) with highly variable degrees of preparation for the role. More recently, the need and desire for a focused look at their learning and development needs has emerged in recognition of the growing evidence between learning and productivity, effectiveness and safety.

### Aims of the project

1.4 This project and the subsequent update has been commissioned to contribute to the improvement of learning and development offer for MSWs in England.

1.5 The brief for this project was twofold:

- To develop recommendations for future policy on the development and implementation of an agreed national learning framework for MSWs.
- To develop recommendations for guidance to maternity services on supporting the learning of MSWs.

This report begins by rehearsing and consolidating existing knowledge, experience and evidence about MSWs and their learning offer. This includes

analysis of the wider policy context and a review of existing literature and evaluations. From this a series of themes emerge which are then tested through original work with both leading policy and practitioner stakeholders and importantly with MSWs themselves. The analysis of this original research prefaces the report's recommendations and calls for action.

1.6 This report seeks to address gaps in existing research. This includes exploring questions such as what would a comprehensive approach to learning and development for MSWs look like? What kind of support do members of the maternity team need in order to effectively supervise support workers? How would such an approach shape up to current and future maternity and workforce policy plans? What is already in place or under development by other agencies? Can existing developments be brought together to contribute to the creation of an England wide framework for MSWs, and is this desirable?

## **2. Methodology and approach**

2.1 A high level multi-agency steering group was established in May 2007 at the inception of the project (see Appendix 1 for steering group membership). The group acted in an advisory capacity and was consulted on all aspects of the project. In order to support synergy and a whole systems' approach, DH members acted as conduits to link this project to other maternity work such as National Workforce Projects (NWP) on workforce planning.

2.2 Desk research and a literature review were carried out to ascertain what is currently known about MSWs and to identify and isolate what has been reported on the learning dimension of MSW development.

2.3 Original qualitative research was carried out with stakeholders using the following approaches:

a) A series of semi-structured interviews, face-to-face, telephone and electronically with policy and strategic leads responsible for workforce, maternity or learning and development. Interviewees included DH policy leads for learning and maternity, consultant midwives, Heads of Midwifery and professional body representatives. Meetings and conversations also took place, with individual members of the MSW Steering Group.

b) The importance of understanding the 'lived' experience of MSWs was a key element for the commissioners of this project. Five separate focus groups, ranging from five to eleven, using a semi-structured approach with MSWs, were undertaken across England during November and December 2007. The MSWs, who were all women, came from a range of different health settings including acute, community and social enterprise environments.

At the start of each session the facilitator introduced the project and outlined the rationale for undertaking the research. The discussions focused on the following:

- How are MSWs supported and developed once in post?
- What learning opportunities are provided in order that they make the maximum contribution to the maternity team?
- To what extent do MSWs feel they are supported and valued by the maternity team and their respective organisations?

c) An expert workshop took place in December 2007 (see Appendix 1). The purpose was to use a group of highly respected and experienced experts to test interim findings, conclusions and draft recommendations and identify any omissions in the evidence and analysis. This was a crucial element in shaping the final report.

2.4 All questionnaires for interviews and focus groups were developed in consultation with the steering group and the findings were anonymised for organisations and participants. The data was analysed using a thematic approach.

### **Royal College of Midwives (RCM) and MSWs**

The RCM is committed to promoting lifelong learning and this is outlined in its education strategy and the illustration of the professional escalator for midwives (RCM 2004).

The RCM also recognises that *'individual trusts are using skill mix strategies, and instituting new ways of working, through expanding [support and] assistant roles and by integrating them within community settings'* (RCM 2004). Given these developments, alongside the fact that Heads of Midwifery (HOMS see MSWs as an important part of the maternity team, there is clearly a strong impetus to ensure that a standardised national approach to MSW development is now realised. The RCM advocates that MSW contribution is *'maximised where they are appropriately trained, graded, managed by midwives and work as an integral part of the maternity care team'* (Royal College of Midwives 2006).

2.6 The RCM covers all four UK countries and it is worth noting that the commitment by RCM England to the development of MSWs is also reflected in the other countries. RCM Wales, Northern Ireland and Scotland have been actively working with their respective stakeholders and partners to develop coherent approaches on this agenda. The approaches and next steps for each country are briefly outlined below

### **Scotland**

A robust policy context (Scottish Executive Health Department (SEHD) 2001, SEHD 2002, SEHD 2005) coupled with the expansion of midwives' roles and demographic changes have driven Scotland's approach to MSW development,

though in Scotland they are called Maternity Care Assistants (MCAs). MCA role development has been underway since 2005, which saw the publication of a core competency and curricular framework. A higher education institute was identified to deliver this programme which is a Certificate in Higher Education and to date two cohorts have undertake the course. The final phase of this work will be an evaluation of the programme in 2010.

Currently there is no statutory provision for the regulation of Healthcare Support Workers (HCSWs) in Scotland or anywhere else in the UK Following submission of The Regulation of Non-medical Healthcare Professions: a Review (Department of Health 2006) it was agreed that the Scottish Government would pilot a employer-led model on behalf of the UK with strong support from the four countries. The pilot focused on currently unregulated staff employed in the name of NHS Scotland.

2. The model consisted of a set of national minimum standards with the addition of a list of HCSWs who met the standards, which was maintained as part of the pilot. The standards comprised three elements:

- \* A set of induction standards for healthcare support workers
- \* A Code of Conduct for healthcare support workers
- \* A Code of Practice for NHS Scotland Employers

3. This testing of the national standards represents a first step towards helping both employers and employees in NHS Scotland fulfil their obligations towards patient safety and public protection as part of a future regulatory framework for HCSWs.

### **Wales**

Service improvement and retention of midwives were the principle drivers in Wales where enriching skill mix through appropriate and effective deployment of MSWs could contribute to the improvement of midwifery morale and therefore retention. In 2007 National Leadership & Innovation Agency for Healthcare (NLIAH) and RCM Wales resourced a project to develop a robust all Wales process for the introduction of MSWs. A toolkit for best practice for all NHS organisations in Wales on how to introduce and manage MSWs has now been produced and a curriculum developed. An evaluation of the impact of this project on midwives, MSWs and service is currently being undertaken.

### **Northern Ireland (NI)**

The key drivers for action on MSWs was a critical shortage of midwives and MSWs were deployed as direct support to midwives to enhance the care provided to women and their families. A NI wide training programme was developed and offered to existing support workers and care assistants in maternity services. The process has been underpinned by policy in the form of the Review of Skill Mix in Maternity Services in Northern Ireland (Department of

Health, Social Services & Public Safety (DHSSP) 2008) Importantly and in, line with the plans in England there has been an explicit recognition that local variation will occur in order to meet local need and as such the MSW role will have to evolve and develop accordingly, albeit with a core set of skills and competences in place. There were less change management challenges, as there was a widespread acceptance of the need for skill mix at all levels of the service as well as reassurance that MSWs did not represent substitution of midwives. The first cohort of trainees are currently undergoing their training.

### **3. The context**

#### **Starting point**

3.1 The principal goal for this project is to ensure that the learning offer for Maternity Support Workers is fit for purpose.

3.2 In order to understand what constitutes a learning offer, we need to understand the broader context within which the development of MSWs is taking place. This section will take account of the work that has been carried out by partners and stakeholders examining the following areas:

- Maternity and system reform.
- Literature review of existing studies, research and evaluations on MSW development and stakeholders' positions on MSWs.
- Approaches to learning, learning and performance.

#### **Maternity and system reform**

##### **Impact of Maternity Matters and the NHS Next Stage Review**

3.3 The direction of travel for maternity services has been clearly articulated in the 2004 National Service Framework (NSF), more recently in Maternity Matters and currently in the Next Stage Review recently carried out by Lord Darzi. They all start from the premise that:

- Pregnancy and childbirth are important psycho-social as well as medical events, requiring a woman-focused approach that delivers quality as well as safety.
- For most women, childbirth is 'normal', requiring flexible local services that give women choices.
- Some groups, particularly the vulnerable and disadvantaged, experience worse outcomes requiring targeted support, improved access and a wide range of varied services.

3.4 The NSF (DH 2004) and Maternity Matters clearly identify midwives as central to the delivery of maternity care: *'All women need a midwife and some need a doctor too'* (DH 2007). This guiding principle should be used to reassure midwives that changes to the way they work and skill mix need not be viewed as threatening to their professional status.

3.5 Achieving high-quality maternity services require structural changes, not least to the maternity workforce. Maternity Matters is clear that the combined impact of reductions in doctors' working hours, demographic changes both in the childbearing population and in the future workforce, and the adoption of a clinical pathway approach emphasising multi-agency and multi-disciplinary work, means the contribution of the various professional groups will vary. The responsibility of commissioners and providers is to ensure we have "*staff at appropriate levels, with appropriate skill sets undertaking appropriate tasks*" (DH 2007).

3.6 This is the context in which Maternity Matters envisages and promotes the role of Maternity Support Workers undertaking appropriate clinical and non-clinical activities. The objective of reviewing and re-aligning skill mix must be to release clinical time to focus on the most vulnerable women and babies, and to give all staff a satisfying work environment by enabling and empowering them to use their experience and expertise to the full and most appropriately.

3.7 Maternity Matters is not prescriptive about the number of MSWs that may be employed in the future or about their roles, as these are seen as the subject of local determination. However, it points to the lessons from the Large Scale Workforce Change Programme (NHS Employers 2006) in freeing up midwifery time by the handing over of specific duties to appropriately trained and supervised support workers. The two factors that it highlights as crucial to the success of skill mix review are easy to pinpoint, but experience to date would suggest that for some employers they have been more difficult to achieve:

- Roles and responsibilities of midwives and support workers should be clearly defined and understood within the maternity team.
- Midwives should be trained to support and delegate to MSWs. However in this report we note that the wider maternity team can also contribute to supervision of MSWs.

### **Evaluating MSW development to date**

3.8 Over recent years a range of organisations and agencies have sought to provide guidance, support and direction to those developing MSW roles and to review the progress being made. Specifically, there have been three national studies that report and, to a limited extent, evaluate the development of MSW roles.

- In 2006 NHS Employers reported on their own ten-month Large Scale Workforce Change Programme (LSWCP) that commenced in 2005. This programme aimed to support 57 NHS trusts as they developed new roles and education programmes, and to measure the impact of these workforce interventions.
- Care Services Improvement Partnership (CSIP) commissioned a review of the first wave LSWCP sites to capture the experiences and views of some of those involved in the programme (CSIP 2006).

- The final report was commissioned by the Department of Health and published in 2007 by King's College London (King's College 2007). This study provides an overview of the range of practice examples, training and supervision arrangements for support workers in selected trusts.

3.9 Whilst all of this work acknowledges the importance of training, learning and development, any analysis or description of programme development remains patchy. Moreover, these studies confirm that the deployment of support workers has been based on locally identified needs with training confined to developing particular roles with the intention that they undertake simple clinical and non-clinical procedures within organisational and departmental protocols and priorities. However, what the King's College London research raises is that some MSWs are undertaking more complex tasks and roles, which they are often not trained for or are in fact the sole remit of the midwife.

This work seeks to readdress this balance by advocating a nationally agreed and accepted approach to the training and development of all MSWs in England.

### **Maternity Support Workers: A growing workforce?**

3.10 The NHS Workforce Census (2009) which reports on 2008 shows the following workforce numbers for support staff in maternity services in England and also illustrates how they have changed from the previous year, 2007.

	<b>Total employed in the NHS in England, as at 30<sup>th</sup> September 2008 (headcount)</b>	<b>Change, 2007-2008</b>	<b>Total employed in the NHS in England, as at 30<sup>th</sup> September 2008 (full time equivalent)</b>	<b>Change, 2007-2008</b>
<b>Nursery nurse</b>	498	+58	371	+48
<b>Nursing auxiliary/assistant</b>	3,370	-269	2,411	-151
<b>Nurse learner</b>	589	-23	581	-25
<b>Healthcare assistant</b>	3,006	+302	2,312	+250
<b>Support worker</b>	1,106	+165	779	+129
<b>All maternity services support staff</b>	8,569	+233	6,455	+252

Of particular note is the fact that whilst generic auxiliary and assistant roles have decreased from 2007 – 2008 the number of healthcare assistant and support workers has seen an increase. We might glean from this data that maternity units are utilising support workers in a more formal role, undertaking specific tasks rather than simply managing the environment of care. However, the scope and remit of these workers continues to vary widely, as does their development and progression opportunities once in post. Hence, the ability to truly assess the

impact that these staff have in terms of productivity, patient experience, improving quality and delivering effective interventions is by no means uniform or guaranteed. It might also be assumed that this level of variation contributes to the lack of a sustainable and committed approach to MSWs being more widely recognised as a significant member of the maternity team.

### **The MSW role: Variations?**

3.11 The RCM is currently in the process of updating its position paper on MSWs in the light of a range of developments including the recent admission and entitlement of MSWs to RCM membership and that MSWs are increasingly being factored into the staff complement of the maternity workforce. However the 2006 RCM position paper (RCM 2006) commenting on the range of support staff within maternity services noted that the work they do is mainly task-orientated and focused on the environment of care and domestic duties, servicing the ward rather than the women in it. This is a key point to note as the reality in service is that MSWs when trained appropriately are increasingly involved in the direct care of women under the direction of midwives. 3.12 In 2004 the RCM published Prepared to Care – Fit for Purpose Programme (RCM 2004). This was a comprehensive and useful document, which also provided an outline programme of a curriculum. The extent to which this guidance has been utilised and has had an impact is unclear, given the persistent and unresolved issues on role specification, remuneration, qualification and training. Nevertheless it provides a strong foundation and significant contribution to the development of a national framework and approach for the future. To complement Prepared to Care the RCM has commissioned London South Bank University to produce a publication, which would establish the standards, which the RCM could judge, and kite mark any educational programme for Maternity Support Workers.

3.13 The key messages from the King's College study were that there were isolated incidences where MSWs were being asked to undertake inappropriate clinical tasks and the study also found much variation in title, range of activity and task, entry levels, training and pay/banding, resulting in uncertainty about competency. However it also states support workers have the potential to make a substantive contribution to the delivery of maternity care with appropriate training in line with agreed protocols and that managers were generally enthusiastic about their deployment. It goes on to suggest that their contribution could be even more significant in-service settings where their presence is currently low, such as Sure Start, Children's Centres and community-based settings. We can conclude that this reinforces the need for a ratified nationally adhered to framework that is understood by all practitioners and midwives to ensure that they delegate safely and effectively.

3.14 Within the LSWCP, MSWs were used for a wide range of administrative and clinical support duties, including:

- Day-to-day administration, including data inputting.
- Routine postnatal visiting, including weighing babies.

- Minor clinical and non-clinical tasks in a range of settings: GP antenatal clinics and hospitals.
- Meeting and greeting parents on wards and at clinics.
- Parental support.
- Social support.
- Theatre support.

3.15 The CSIP review (2006) of the LSWCP first-wave sites concludes that not only is there a great deal of variation in what support workers are actually called, but that there is ambiguity between and within sites about the role of MSWs. The programme highlighted that in some cases this could lead to 'role drift', which in some instances was already starting to happen with MSWs taking on far more than had originally been anticipated. Worryingly, many MSWs report pressure to take on more work and, without anyone to advocate for them, there must be concern that they may find it hard to resist inappropriate expansion of their role. The CSIP study also reported that for some sites the RCM's written and verbal advice could be more helpful in contributing to clarification about the role of MSWs.

### **Evidence of impact**

3.16 The King's College study (2007) found little evidence of routinely collected data available from maternity units to robustly measure productivity gains or other effectiveness impact measures, but did report that managers were expressing a keen desire for a planning tool.

3.17 The NHS Employers evaluation of first-wave sites included some limited exploration of impact. Some units reported 64% of midwives' time released by the use of support workers, with women also reporting greater satisfaction with their care and midwives feeling better supported in their work. The programme demonstrated that with appropriate training, development and support, workers could assist and support midwives in specific tasks. For example, in some trusts use of MSWs had led to clear patient benefits, such as speedier discharges because the administration was undertaken by the MSW.

3.18 The later CSIP review also found midwives reporting that MSWs had saved them time, enabling them to spend more time with women, although they could not identify any new tasks or new areas of practice resulting from time saved. However, the methodology and approach taken to quantify and measure impact was by no means robust or comparable. For example, some sites quantified the impact in hours saved by midwives; whilst others calculated the impact as a percentage and for some there were no manifest gains. Such inconsistencies make it difficult to glean a clear overall picture or to develop robust impact measure tools from the data available.

3.19 While the LSWCP provided some indicators of evidence, in general there is an absence of appropriate tools and productivity measures, and as a result a

dearth of evidence of the impact of introducing MSWs on quality of care and cost effectiveness. However, this may have less to do with a lack of impact per se and more because it is currently not being captured or measured, with MSWs being regarded as an extra pair of hands rather than valued members of the whole maternity workforce team. So, whilst midwives do report that MSWs free up their time, it is still unclear exactly how maternity services are productively using this additional capacity.

### **Accountability: Who is responsible?**

3.20 According to the King's College study, support workers are on rare occasions undertaking clinical activities that are outside the scope of their role – for example, vaginal examination and fetal monitoring. This raises important questions about how they are being supervised and supported by midwives and the wider maternity team, and the extent to which professional staff understand the principles of delegation. Moreover, although support workers are increasingly being used to support clinical staff and enhance skill mix in the NHS, they are not (yet) regulated, but remain responsible to the regulated professional who in turn is accountable for care the support worker gives. An apparent lack of clarity, particularly amongst some midwives, about MSWs' accountability has also conversely resulted in some MSWs being prevented from undertaking tasks for which they may have received training and are therefore defined as competent to practice.

3.21 The Nursing and Midwifery Council (NMC) has articulated concerns expressed by midwives, nurses and the support workers themselves about the lack of education and training for tasks traditionally carried out by qualified healthcare professionals. They have also identified that the lack of a regulatory framework for all support workers presents a challenge to issues of responsibility and accountability in clinical settings. There is a desire to see greater clarity over the definition, role and functions of support workers so that women are safe and confident about the care they receive. As a result, the regulation of support workers was also the subject of a national summit in spring 2008 hosted by the NMC (2008). The summit focused on the DH commissioned pilot study that has taken place in Scotland into support worker role and regulation. The NMC position in terms of regulation reinforces the concerns of the studies outlined above and in this report. They have concerns regarding lack of boundaries, lack of a managed approach to development, no agreed definitions and terminology on maternity support workers and importantly lack of clarity about what they can and cannot do.

### **Where is the learning?**

3.22 The existing studies highlight systemic failings in the design and provision of MSW training, development and ongoing career progression. The King's College study found a lack of standardisation in training and role. It recommended a national framework for training and competences for support workers. This was

further confirmed in the CSIP review of the first LSWCP sites, which identified that there was great diversity in the previous experience, training and skills of those filling the MSW role: some were previously HCAs in maternity; some went through NVQ training; others found this difficult to access. Of note is the fact that training and development for MSWs is highly variable both in scope and quality, ranging from in-house generic training, a series of vocational courses at NVQ Levels 1, 2 and 3, through to foundation degrees.

3.23 Skills for Health is the sector skills council for health and covers the NHS, independent and voluntary sectors. It is responsible for the development and management of National Occupational Standards (NOS) as well as influencing and developing aspects of education and training supply. This latter point has much relevance for the development of MSWs, as Skills for Health develop employer-led partnership approaches and have responsibility for developing vocationally based education. The Health NVQ Pathway covers some elements of MSW work as does the Health, Maternity and Paediatric Support Pathway at Level 3. Skills for Health has recently completed and produced 25 competences for this. A suite of NOS (specific to the MSW role) has also been developed which was 'tested' with the second wave of trusts participating in the NHS Employers LSWC Programme. This suite of competences does, however, need to be evaluated in terms of its usefulness, acceptance, appropriateness and compliance with midwifery statutory standards. A pathway also exists within the Level 3 NVQ in Health for Maternity/Paediatric Support.

- 3.24 The RCM is currently working in partnership with NHS London (NHSL) and London South Bank University (LSBU) in the establishment of a new Foundation Degree for Maternity Support Workers. This has been developed in response to an evaluation study commissioned by NHSL and undertaken by LSBU in 2008 (Griffin and Malhotra 2008) on the types of learning programmes and education available for MSWs in London. The results of the study showed that MSWs in London worked in antenatal, intrapartum and postnatal areas and undertook similar duties and responsibilities in support of midwives. The findings showed that learning and training provision across the capital varied widely from formal programmes to 'learning on the job'. The levels of inconsistency do not support transferability for MSWs between employers. More importantly for the RCM they do not support public protection, competency development and standardisation and may put women at risk. The RCM has worked closely with the programme design team to formally validate this programme.

3.25 The complexities and examples of variation outlined above demonstrate one issue in particular: that there is currently no common core framework that all organisations can adhere to. Each trust is devising its own education programme or plan that does not always guarantee consistency with national regulations nor provide portability for the learner. In addition, whilst productivity is clearly high on

the policy agenda, there is currently no accepted way of measuring MSWs' impact, with trusts wanting tools that will help them to quantify the impact of a changed skill mix.

### **Learning and organisational performance**

3.26 The aim and focus of this report has been to explore the learning and development needs of Maternity Support Workers in England. But why is this important? Why bother with learning for support workers? Since the inception of the NHS Plan (Department of Health 2002) and the implementation of the policy for learning, Working Together Learning Together (Department of Health 2002), there has been a marked and significant shift in policy direction on learning and development for healthcare staff. Up until then, policy indicated that support staff would be developed in the context of service redesign and considered in the context of the whole workforce. In practice, financial allocations for training and development of the 'non registered workforce' tended to focus first on delivery of targets relating to National Vocational Qualifications and Learning Accounts. The reality was that support staff development stood in isolation from wider service and workforce redesign.

3.27 This shift in direction is reflected in a move from a commitment to lifelong learning to one that now focuses on and firmly places the development of the workforce in the context of capability linked to productivity gains. This latter point is at the heart of why this report suggests that a managed and strategic approach to the development of MSWs is crucial to the successful delivery of Maternity Matters. Whilst some good practice sites are identified, the three studies summarised in Section 3.8 all describe the current situation as one where many support workers in maternity services receive little or no systematic and evidence-based training, apart from those sites that participated in the NHS Employer-driven LSWCP. The lack of appropriate training also has a detrimental effect on opportunities for career development and effective delivery of appraisals for MSWs. Ultimately, this is a problematic and unsustainable situation for maternity service delivery since the role of MSWs will only become more critical in the implementation of Maternity Matters when an appropriately skilled workforce will mean more than just professionally trained staff, as well as in the current context of service reform relating to efficiency gains. As such, current inequities between professionally trained staff and support workers in terms of access to learning opportunities will need to be addressed.

3.28 Concepts and words such as 'learning' and 'training' and 'skills development' are often used interchangeably. However, the deployment of the term 'learning' in the context of MSW development denotes the breadth and the range of opportunities and environments in which a person is able to acquire knowledge and skills. Its application goes beyond formal classroom teaching and training, which according to the National NHS Staff Survey (2007) remains the prevalent approach to learning in NHS organisations. This approach obviously

has its limitations, as it does not embrace other forms of learning such as those which take place through observation, induction, supervision and experience, all in the working environment. Given that most of the training undertaken by MSWs is vocational in nature, we can see that if MSWs are to be safe in their work, appropriate developmental support in the workplace is crucial to their effective development, safe and confident practice.

### **Learning and business performance**

3.29 There is a growing body of work that is seeking to illustrate the link between strategic approaches to effective learning and development, and organisational performance. In the current climate of imperatives for organisations to demonstrate tighter financial management and higher levels of client satisfaction alongside improved productivity measures, the development of MSWs to deliver the maternity benchmarks as outlined in Maternity Matters becomes an important element of maternity system reform.

3.30 Griffin (2006) has noted that whilst 'one size does not fit all' in terms of the learning and its relationship to high performance in organisations, the following characteristics tend to be common in such organisations:

- There is a supportive workplace climate for learning. Managers in particular support the development of their staff.
- There are high levels of employee involvement and participation.
- Learning is regularly reviewed, assessed and reported to ensure there is a return on investment.
- Links are made between learning and work organisation, for example job design.
- A broad definition of learning is adopted,
- Learning is aligned with overall organisational strategy.
- Learning is integrated with other Human Resource (HR) interventions (particularly team working and appraisal).

3.31 Several of these characteristics also reinforce our assertion that maternity workforce planning and learning including MSWs cannot sit in isolation from wider workforce and organisational strategies. The Chartered Institute of Personnel and Development (CIPD) briefing paper Productivity and People Management (2002) notes that *'inequalities in training provision can also reinforce low productivity'*.

3.32 Given what we know about the policy context, MSW development to date and the relationship between learning and organisational performance, one question still persists. What is inhibiting a sustained approach to the development of Maternity Support Workers in England?

#### **4. Emerging themes: what are the issues that need to be addressed?**

4.1 Analyses of the evidence presented so far reveal a number of common issues that require further exploration and highlight a series of gaps in the current research. These are now examined.

4.2 Whilst the focus of this study is solely the learning and training dimension of MSW development, it is now obvious that any proposed learning framework will have to give due consideration to a set of persistent issues that have also been causes of concern for midwives and policy leads and that have been identified in almost every study on MSWs. These are as follows:

- Professionalism – concerns expressed by midwives about erosion of role.
- Delegation and role specification
- Accountability/responsibility – is this the sole remit of midwives?
- Public protection and safety – the role of learning.
- Regulation of MSWs – and how might this be achieved?
- Governance – who is responsible?
- Policy alignment – maternity, workforce and learning policies.
- Quantifying impact – currently a lack of effective tools and measures.

4.3 Highly profiled elements of the King's College report included potential risks to women as a result of inappropriate use of Maternity Support Workers. However, further examination of that evaluation shows that some of the risks identified had less to do with the training and presence of the MSW and more to do with organisational issues, such as how they were recruited and expectations of what an MSW would do and midwives' concerns about erosion of their role as well as a lack of clarity about role boundaries. No data was collected from direct observation or via clients. This would suggest that the lack of a whole-system approach to MSW development may risk reinforcing inaccurate perceptions of MSWs such that interventions only concentrate on singular issues, such as regulation, without giving due attention to issues of learning integrated with HR interventions.

#### **Towards a national standard for MSWs**

4.4 One consistent message has been the need for some standardisation and a framework for learning, training and competences. It is worth noting that there is currently no statutory duty or requirement for MSW training. To date, local factors are frequently instrumental in determining MSW training and development; HERC Associates for CSIP (2006) also note that the training of MSWs in the structured large scale workforce project was delegated to individual participating trusts. This inevitably resulted in high levels of variation in course content, standards, entry requirements and competence, and staff satisfaction in the subsequent impact on remuneration and pay banding. A major finding from this and other studies was that there is a desire for and belief that some form of a national framework for learning, coupled with some form of regulation, would address issues of public protection and accountability as well as being crucial to

the sustainability of MSWs as a recognised part of the maternity workforce and to ensure improved quality of care (DH 2006).

### **Health and social care settings**

4.5 Maternity Support Workers are increasingly working in a range of health and social care environments and settings, although many of the referenced studies focused on MSWs in hospitals. Given that more of these roles can be found in the community and primary care as well as in organisations adopting social rather than medical models, the question is what this means for the development of a core learning programme.

4.6 Some have argued that a high quality programme would encapsulate and follow a 'woman's journey' through antenatal, intrapartum and postnatal care, suggesting that any core education and training programme would need to reflect this. However, there remains less clarity about the minimum level of training required in any environment and how this might be assessed. This is directly linked to haziness about whether what is being described is an MSW or auxiliary/assistant role with no specific training. This lack of clarity further challenges the development of an agreed and sustainable approach for support workers in maternity services.

### **Meeting the learning needs of the Maternity Support Worker**

4.7 There is very little data or information documented about the needs and experiences of MSWs themselves and, importantly, how they are supported effectively. This involves areas for further exploration and development.

### **Learning**

4.8 One of the key gaps in the studies to date has been an understanding of the barriers to learning for MSWs. Key areas that need further exploration include:

- Analysis of ways of learning.
- Is the approach to delivering training learner-centred?
- Motivations of MSWs – what would make them stay?
- Are MSWs interested in further career development?
- Are there models of innovation in learning that are suitable for spread?

### **Assessment and supervision**

4.9 A persistent issue that has been at the heart of vocational training for many years is the lack of assessors in the workplace. This has been particularly true for healthcare and an issue identified in the research. For further consideration is whether there is a capability and capacity issue surrounding assessors in maternity services. This raises further questions as to whether assessment is best undertaken only by midwives or also by other members of the maternity team.

### **Advice and guidance for organisations, for the MSW, for the Maternity Team**

4.10 In developing the learning offer for MSWs, organisations are also indicating a need for high-quality guidance on all aspects of MSW development in the context of maternity service development. This would also support organisations in developing the business case for MSWs. Other findings show that there is currently very little centralised core information about progression and career development for MSWs, which may be partly due to prevailing concerns that have yet to be resolved about role boundaries that may be acting as a constraint on development of MSWs. Evaluations of the LSWCP showed that while training and education packages were developed and delivered locally at each trust, less consideration was given to ongoing workforce development and supporting MSWs on the skills escalator (DOH 2002). However, it is worth noting that the LSWCP was both time-limited (ten months) and its remit was focused on implementation. In addition, the NMC note that, *'midwives need more clarity about who is responsible and accountable for the practice and conduct of Healthcare Support Workers (MSWs) in the workplace and women need more certainty about what to expect.'* (NMC 2007)

### **Influencing strategies, leadership and advocacy**

4.11 It seems that an underlying challenge to moving this agenda forward has been the lack of a simultaneous sustained 'influencing' strategy. Any kind of redesign in service or workforce requires ongoing communication about progress at a number of levels and not just with professionals. Ongoing engagement is therefore required outside of the maternity community to ensure that resources and expertise are in place to support training and development needs, as well as acknowledging they are here to stay.

### **Summary**

4.12 The prevailing themes and issues that have been described above start to provide a rationale for why MSW development has to date been ad hoc in approach and inconsistent in implementation. They also set out the gaps in existing policy analysis and service guidance. These issues have been tested through original research in order to begin to shape and formulate some answers and to identify how they might be addressed and taken forward.

The next section highlights the previously unheard voice of Maternity Support Workers themselves and how they evaluate their learning experience.

## **5. Findings**

5.1 In examining the learning offer for Maternity Support Workers, the articulation of MSWs' own lived experience, as well as their own perceptions of their role and development, is crucial to a holistic understanding of the challenges and opportunities facing policy makers and service providers. The findings of the five focus groups undertaken for this study are here distilled into a set of themes. The next section analyses these themes in the context of their potential impact and effect on future developments and the findings that emerged in the literature review.

### **Theme 1: Education, training and the learning experience**

#### **Education and training**

5.2 The focus groups took place in a range of healthcare settings and uncovered significant variation in the type of education and training on offer to support workers, its fitness for practice, its ability to offer transferability to the worker, and the level and support on offer.

5.3 Training ranged from in-house programmes developed to support local requirements and need through to formally structured programmes for managed cohorts of MSWs. The purpose of most of the programmes was to prepare workers in response to the demography of the local population or the capacity of the local workforce to meet service need. Hence, the introduction and learning offer for MSWs was invariably seen as filling an existing local gap, rather than being 'a good thing' in its own right.

5.4 Across community and acute settings there was little consistency or pattern in the training and education programmes on offer. The range included:

- In-house training programmes that were a blend of classroom, study time to carry out assessments and practical community-based placements.
- Competences: The training programmes for MSWs had used and adapted the competences produced by Skills for Health, sometimes combined with additional in-house modules. None of the training programmes undertaken had taken advantage of the RCM guidance.
- NVQs: Not all organisations offered NVQs to support workers, but the opportunity to follow these pathways was available in some cases if the MSW was capable and competent to undertake the NVQ. This approach seems to reflect the overall way forward for several organisations. Some organisations offered NVQ Level 2 for all MSWs but no option of Level 3. In one case the NVQ Level 2 maternity pathway was on offer, but for some MSWs there was definitely a reluctance to undertake them. The reasons for this are explored further in Themes 3 and 5.

5.5 In addition to 'structured' training programmes, all support workers described participation in mandatory trust-wide training as well as full trust inductions. In a

small number of cases this was supplemented by a local maternity service-based induction. In some cases this included sessions on protocols and governance structures.

5.6 Finally, many participants in all of the focus groups said that they were being 'encouraged' to take other courses such as venepuncture to deliver phlebotomy services, smoking cessation training, public health related courses on health promotion, healthy lifestyle and eating. In these cases, MSWs viewed this as further evidence that their role was being developed in preparation for working in the community. This in itself was not the problem, indeed several of the evaluations have already identified that support workers are in fact most effectively deployed in community settings. The problem lay in poor communication with MSWs about such changes.

5.7 All MSWs reported that they had found the training challenging or onerous in terms of the volume of work expected of them, particularly the number of assignments to be completed each week, although they had not found the content of learning unduly problematic. The core and generic elements of programmes that focused on areas such as communications, boundaries and confidentiality were considered very useful. However, there was a feeling that, in some cases, there was a lack of detail about the specific context in which support workers might find themselves working, particularly in community development environments where issues such as domestic abuse, teenage pregnancy, child protection or asylum seekers might arise. In these contexts the extent to which support workers were prepared in advance for what they might face was clearly an issue.

5.8 Protected study time was also an issue from the point of view of the MSWs. The expectation that they would have to further study, research and complete assignments in their own time had not always been clearly explained, and this did on occasion create problems for individuals as well as being linked in some cases to the lack of well-honed study skills. For those MSWs following formally structured training programmes, 'protected' study time had been an attractive feature of why they had chosen to embark on training. However, in reality, protected study time (commonly 3 hours per month) was often not realised.

5.9 The MSWs themselves were confident, and recognised the value and the role of training. The MSWs in the focus groups of this study were explicit about their understanding of boundaries, expressing a clear desire to be safe in their own work. In addition, opinions were also shared about issues of accountability, many feeling this was a combination of using common sense whilst supported by adherence to trust protocols and guidelines

## **Theme 2: Arrangements for supervision, assessment and support**

5.10 This theme raised several issues of concern in the effective development of MSWs and their practice. In studying for vocational programmes, observation and assessment of practice is a crucial element in order to ensure that the trainee is fit and safe to carry out specific tasks and enabled to successfully pass competences for set modules. In some cases, participants felt that whilst managers might be personally supportive, they were often too busy to provide adequate practical supervision.

5.11 There was a prevailing issue that midwives did not always fully understand the true role of a support worker in maternity. This manifested itself in several ways, including the conflation of MSWs' role with more general HCA and auxiliary functions. This seemed to indicate that communication about the role and remit from a departmental position was a problem. Indeed, several of the participants described this explicitly, stating that communication about what they did and what they were there for was poor. As a result, midwives' desire and ability to assess MSWs on competence fitness was at times patchy, resistant and limited. For example, questions like *'can you do this or that (task?)'* were often asked of support workers. When midwives realised the support workers might need to be signed off that they had been observed doing a particular task, participants stated that the attitude of the midwife changed to *'well I may as well do it myself, it'll be quicker'*

5.12 In one sobering example, a relatively new support worker had been instructed by a midwifery educationalist to categorically not undertake any task independently until a midwife had appropriately observed her. In practice when she said this to the midwife she was asked, *'what's the point of you being here then?'* Another experience was described when a doctor asked a nursery nurse (a role increasingly being used in postnatal settings) to carry out a heel prick; when she said she had not been observed the doctor said, *'well you shouldn't be here then'*.

5.13 Many of the participants in the focus groups felt that the opportunity to meet fellow support workers in their organisations as a support network would really help them in their role. The chance to discuss work issues in a learning environment, share with others experiences and challenges as Maternity Support Workers, and contribute ideas for how they could be better supported, as well as suggestions for improving services, would be a real bonus.

5.14 In addition, many felt that a mentor who was not a supervisor or assessor or their day-to-day line manager would prove a real help in terms of someone to go to for support outside of formal assessment and supervision.

### **Theme 3: On-going development and career progression**

5.15 It is important to state from the outset that almost universally, though not wholly, participants in the focus groups stated categorically that they had no desire to progress into midwifery training. This view mostly related to their own observations of what they saw in practice. One participant said that she had tentatively been thinking about a career in midwifery but within six weeks of being in a support worker role she was absolutely clear she would not be pursuing this as a career option. When prompted to explain her reasons, she pointed to the stress and staff shortages affecting midwives and risk of burnout:

5.16 But MSWs also indicated that there were other reasons for not pursuing a career in midwifery. The first of these was that they were very clear that their role was completely different to midwives. This kind of clarity should, in theory, help alleviate anxiety between groups of workers; however, it is clear that many midwives do not share the same certainty about the difference in role. Interestingly, several MSWs said that they felt that their role was in some ways separate from the role of the midwife and did add value to the experience of mothers, babies and their families.

5.18 The majority of MSWs were keen to stay in maternity and wanted to see role development and opportunities for career progression. They were not entirely clear what this might look like as there had to date been very little scope to explore this with their managers and the wider training departments in their respective organisations. This would suggest a group of workers who have ambition but require some support in channelling this.

5.19 Most of the MSWs were interested in further education and training opportunities, if these were funded and time-released. Organisations were not supporting requests for further training opportunities because of a perceived reluctance to allow people to reduce their hours. Undertaking additional training for these workers would have to be funded by their employers and accompanied with time release. Some of the group thought that more flexibility with working hours might help.

5.20 Some MSWs did articulate an interest in the role of Assistant Practitioner however it is questionable whether the role of Assistant Practitioner is appropriate for maternity services and there is no evidence base for the admission of this role into the maternity workforce and skill mix. Neither the RCM nor the NMC currently support the development of this role in maternity services

### **Theme 4: Role, position and perceptions within the maternity team**

5.21 This report has consistently acknowledged that the maternity team comprises more than midwives. However, the MSWs involved in this study

described their role and position in the team only in relation to midwives, presumably because they are the staff to which MSWs primarily relate.

5.22 In a small number of cases, support workers reported excellent working relations with midwives who respected and acknowledged their contribution. However, a recurring theme throughout was the desire and need for acknowledgement and respect – from midwives, from their employing organisation, from the NHS, from external partners to the NHS such as Children’s Centres, and from other professionals. This was evident both in situations where the MSW role was new to the organisation and where it had existed for some time. There was an underpinning story throughout the time spent with the support workers, which they articulated very eloquently and powerfully on the extent to which they felt valued and regarded.

5.23 Some MSWs had experienced real problems with midwives, who were perceived as being threatened by the support workers’ role in the community and their rapport and relationship with women. Interestingly, the MSWs themselves seemed to understand the basis for this and had sympathy for midwives. All agreed that most midwives remained unclear about the MSW role and that it needed continual reinforcement. There was also frustration that some midwives refused to delegate tasks that could easily be undertaken, such as following up on women who do not attend appointments, but conversely it seemed that on some occasions midwives were content to pass over unpopular tasks. Many also commented that once individual midwives were convinced that an individual MSW was trained and capable, their attitude changed.

5.24 A more disconcerting element of the failure to understand the role was expressed by MSWs having to almost ‘justify’ their existence. In one example, it was not until an intake of MSWs had fully completed their competences and were accredited that the attitude of midwives changed and seemed to become more accepting. However, the next intake had exactly the same experience, so it seemed that MSWs constantly had to ‘prove’ themselves. Rather worryingly, another group of MSWs were warned not to give midwives ‘any excuses’ to challenge their presence or existence, and were also told at induction that they might need to develop ‘broad shoulders’ as there may be resistance or hostility to them. It could be argued that it is a responsibility to put on to these workers to forge a role, professional identity and credibility for themselves.

5.25 What most disgruntled the MSWs in this study was the lack of any sense of real team working: Some participants had come to maternity from nursing and one in particular was considering returning, mainly because she was enabled to do much more in nursing environments, was treated differently and also felt like she was a valued member of a team. Linked to this is the opinion that those midwives who had been nurses first had a very different approach – they understood teamwork, valued the support workers, and ‘mucked in’ when it was not busy. One staff group in particular were a cause for concern for the support

workers. Several MSWs astutely observed that student midwives seemed to be threatened by them, perhaps fearing they were taking their jobs away from them.

### **Theme 5: What's in it for me?**

5.26 This theme focuses on a persistent issue of MSWs' motivation to progress and develop, and their morale. High levels of stress and poor morale on the wards for all staff meant many of the MSWs felt that they were often 'dumped on'. There was a consensus that this pressure resulted in concerns about quality of care and they felt they barely had enough time in the day to spend with mothers and their babies. When pushed on what they were then doing instead, they often ended up doing everything from cleaning to distributing menus and bed washing. In this context, questions were raised about whether these tasks were the focus of a trained MSW or more appropriate to a housekeeper or domestic. Importantly, in several cases job descriptions were not being adhered to and there was a sense that MSWs were expected to do everything bar giving out medication and handling documentation: descriptions such as '*dogsodies*', '*are we cheap labour no matter how we do?*' and being made to feel like the '*lowest of the low*' were often used.

5.27 There were mixed responses about taking up further training. In principle, there was no real objection to this and many acknowledged that if it improved the experience of women then, in theory, more knowledge and opportunities to develop skills was a good thing. Whilst a number believed managers in particular were keen for them to develop additional skills, some questioned the motivation of this encouragement. Conversely, some participants said that when it came to the reality of them going on training courses, their needs were not prioritised. For example, on a recent study day several staff were stopped from attending training on the day of a course, as they could not be spared. This was confusing for the MSWs – were they indispensable in spite of feeling little regard or value from midwives?

5.28 An earlier theme described how many participants had indicated that they did not wish to extend their role, often because they were never rewarded or acknowledged for doing so. One described working in maternity as being '*like a conveyor belt where things are added at one end but nothing is ever removed or taken away at the other*', so the experience is one of being constantly overloaded and the role being stretched and extended all the time. As a result, many questioned the point of doing more training and more courses if it only meant doing more on top of the main job, with no improvements in pay and conditions.

### **Theme 6: Commitment to maternity and commitment to the needs of women**

5.29 All of the participants were enthusiastic about their work. In some settings they described their satisfaction in working with vulnerable people who '*have a*

*bad background'* and making a difference to their lives. Some also spoke in terms of their ability to empower women to take more control of their lives, especially where women are unaware of services available to support them or how to access them.

5.30 There was a sophisticated understanding in the MSWs' description of how they were meeting the needs of women, balanced with the professional job that they do as part of the wider team. Notwithstanding the issues and challenges described in other themes, the majority of MSWs in these focus groups felt that the nature of working with women, their families and the newborn brought its own rewards.

## **6. Discussion and analysis**

6.1 The research findings presented in the previous sections identifies several areas for further development and issues that warrant some analysis in terms of their inherent impact on how policy, particularly Maternity Matters, is turned into practice and implemented. In addition, the evidence provides a basis upon which to address and consider some of the challenges described at the outset in terms of improving the learning offer for MSWs. This section combines analysis of the focus groups with the findings that emerged from interviews with strategists and senior organisational leads, towards an overall assessment of the challenges on developing an appropriate learning offer and how these may begin to be addressed.

6.2 While the areas identified for analysis are grouped they are inevitably inextricably linked to each other; for example, issues concerned with a poor understanding of the role of support workers by midwives will have a direct impact on confidence and morale.

### **Education and progression**

6.3 It is apparent from the focus group findings that the introduction of support workers as part of a wider skill mix agenda has not been accompanied by sufficient consideration of the implications for their training and education, nor the need for an effective career ladder or professional development in role. Possibly more pressing is the level of variation in training programmes. In terms of good practice there are no guarantees that the programmes lend themselves to transferability – that is, enabling a support worker to move easily around health organisations with a recognised and accredited qualification, beyond the recognition of their issuing organisations.

6.4 Local design of education and training programmes would be appropriate if there was some consistency and if expectations of purpose, content and delivery could be effectively managed. This reinforces the need for some national steer, such that it would enable the maternity team and MSWs themselves, as well as organisational and performance leads, to understand what was expected.

Increasing client contact has made it imperative that support workers particularly in maternity are not simply seen as a stopgap.

6.5 Whilst many MSWs indicated that they were not seeking to pursue a career in midwifery, it is still the case that one of the problems yet to be addressed is that vocational professional competences are articulated differently to those of higher education based diplomas and degrees in healthcare. This means that there are few possibilities for a smooth transition into higher education should an experienced and qualified support worker choose to pursue this route in the future. Preparation for embarking on any training or education programme is crucial, including ensuring that the appropriate support networks and measures are in place to ensure successful outcomes and competent staff. The fact that there is little scope for protected study time combined with often reluctant support from midwives in terms of assessment and supervision does reinforce the claim made that professional staff in the maternity team still have little understanding of the nature of the training currently being undertaken by MSWs. This is somewhat surprising since several of the earlier studies raised concerns about whether MSWs are appropriately trained and fit to practice. The lack of a team-based approach was presented as a key issue for MSWs in terms of their development as well as feeling like a valued member of the workplace.

### **Leadership**

6.6 The desire for withdrawal from central direction by the Department of Health towards local solutions and local initiatives is in line with wider Whitehall approaches. However, a lack of a clear and coherent policy direction on the development of MSWs has led to the huge variability in level, robustness and appropriateness of the learning offer. The clear message coming from local NHS organisations is that they need and desire some guidance and a framework around workforce development and deployment.

6.7 Heads of Midwifery (HOMs) have described very positively their experience of MSWs, and there is increasingly evidence that the 'good news' about MSWs – for women, for organisations and for all members of the maternity team – is being more widely embraced by other stakeholders and professional partners.

## **7. Conclusions and recommendations**

7.1 The aim of these recommendations is to create a cohesive vision and sustainable approach to the development of Maternity Support Workers (MSW) in England.

### **Recommendation 1: A national approach**

7.2 The conclusion of this study is that a national strategy and steer for Maternity Support Workers is required that is linked to the service developments and the timelines set out in Maternity Matters.

7.3 A national approach will not stifle local innovation but will ensure that local planning and delivery of maternity services gives due consideration to the role of MSWs in all workforce planning and is implemented within an agreed framework and timescale. A framework will support patient safety and public protection, continued service development and redesign, and crucially will respond to the feedback from service users who have endorsed and valued the MSW role and function. It will provide some consistency, portability and parity for all MSWs, fully integrating them as part of the maternity team, securing their appropriate recognition and career development.

7.4 A national strategy for learning should be accompanied by a nationally recognised career structure for the maternity workforce that starts at Level 2 and offers both career progression and development opportunities 'in role' for Maternity Support Workers. This will allow for the differentiation in preparation, role and deployment of generic support staff (predominantly at Level 2) and those with specific maternity competences (predominantly at Level 3 & 4).

### **Recommendation 2: Improving the education and training offer for MSWs**

7.5 Within this national approach there are a number of specific actions that should be taken to improve the learning offer for MSWs:

- A core educational programme should be developed for MSWs that is adopted by all health and social care organisations and that has applicability regardless of which healthcare setting is being considered, thus enabling cross-boundary working.
- The core programme must comprise optional additional modules that are responsive to local or service need. Any potential programme will have to give due consideration to existing clinical programmes.
- Responsibility for programme development will need to lie with one body endorsed by the DH. Whilst an awarding body would work in conjunction with a lead organisation, Skills for Health could offer support and guidance on the process that may need to be followed. Skills for Health are best

- placed to develop this programme linked to their existing work on competences.
- The core training programme must be nationally recognised and be fully accredited in line with the new Qualification and Credit Framework (QCDA).
  - The DH must give a clear steer to SHAs emphasising the importance of adequate funding for the development of programmes to grow the capacity and capability of MSWs.
  - Delivery of this programme will necessitate investment in the capacity and capability of suitable assessors, mentors and supervisors from within the maternity team. Aligning some of the assessor and mentoring functions for both MSWs and student midwives could mitigate concerns about capacity and further promote cohesiveness in the multi-disciplinary team. Further consideration needs to be given to the scope for aligning generalist induction, ongoing daily support within teams.
  - The core programme should support the continuing development of both those MSWs who choose to remain in support roles and those with a view to further career progression into professional training.
  - All higher education institutions should accept the core programme as a potential entry qualification into further academic or vocational education, including midwifery training. Its development must be reflected within the existing UK programme to, Midwifery 2020 and the Nursing and Midwifery Commission ( ).

### **Recommendation 3: Planning for MSW education**

7.6 Throughout this study, we have concluded that the learning offer for MSWs cannot be divorced from wider questions about their numbers, role and deployment within the maternity workforce. Successful adoption of the national programme recommended above is therefore contingent on action in other areas:

#### 7.7 Planning the workforce

- NHS organisations need to gather accurate workforce data on the numbers, role and deployment of Maternity Support Workers distinct from aggregate data on all support posts. This could be conducted by Child and Maternal Health Intelligence Unit (CHIMAT). ([www.chimat.org.uk](http://www.chimat.org.uk)).
- Robust workforce planning programmes at regional level that include Maternity Support Workers as part of the team or workforce commissioned should be developed to reflect current and future service development. Commissioner and trust-based workforce planners need to work with HR and Heads of Midwifery to ensure that all parties are clear about the role of MSWs in skill mix and delivering maternity care. This could be based on advice and guidance from National Workforce Projects (NWP), Birthrate Plus and Towards Safer Childbirth.

## 7.8 Organisation and people development

- In order to ensure a sustainable approach to the development of MSWs at an organisational level, they need to be recognised as a formal part of the wider maternity workforce which in turn needs to be considered in the wider context of organisational workforce strategies and business planning.
- NHS Employers together with partner organisations should develop a set of resources that might include specimen job descriptions at Agenda for Change Bands 2, 3 and 4 linked to service requirements and costings to guide future innovation. This guidance could support the development of strategic business cases for workforce change and development.
- NHS organisations should plan for workforce and service development in maternity in a strategic and robust manner. Moving from the current ad hoc opportunistic approach will require space and time for internal discussions. This will include discussion of staff numbers, skill mix, and deployment and, crucially, governance arrangements such as accountability and delegation when professionally regulated and unregulated staff work together.

## 7.9 Impact measures

Further work needs to be undertaken at a national level to develop a formal process of productivity metrics to test and evaluate the impact of MSWs. These success criteria should be linked to efficiency inputs such as funded establishment and improved outputs such as episodes of care and better outcomes for women.

PCTs and trusts should be including as part of the commissioning process, formal assessment and impact measures for the introduction of MSWs. This should include an assessment of productivity gains and outcome improvements for maternity services.

## Recommendation 4: Responsibility for taking things forward

7.10 This study concludes that sustained action to improve the learning offer for MSWs should be a collaborative effort with no one organisation having agency over all the action required.

### 7.11 *Leadership and influencers*

Establish high-level working party, possibly as a sub group of both Maternity Matters and the Midwifery Careers Programme, with representatives from Department of Health, Skills for Health, NHS Employers, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Nursing and Midwifery Council, Local Supervising Authority (LSA) representation, education providers and service representatives including Heads of Midwifery. The purpose of this group (using the expertise of its members and available information and data) will be to:

- Establish definitive picture of current numbers, role and deployment of MSWs across England.

- Dovetail MSW agenda within existing strategic initiatives.
- Develop MSW strategy that engages all stakeholder involvement.
- Uses available data collected to develop a resource plan for training and development of MSWs as appropriate.
- Advance the debate about regulation and accountability of MSWs and agree final position on this in line with NMC guidance, and look to other examples such as NHS Scotland for good practice. The goal is to ensure clarity on liability, delegation and accountability.

### **7.12 Communication**

- All stakeholders should give a commitment to promote accurate and positive messages about the development of MSWs and challenge misconceptions and misinformation.
- Professional organisations in particular should acknowledge their crucial role in influencing and shaping cultural and behavioural change.

## References

Ball, Jean A. and Washbrook, Marie (1996), Birthrate Plus: A Framework for Workforce Planning and Decision Making, Cheshire: Elsevier Health Sciences.

CIPD (2002), Productivity and People Management Briefing Paper, available at [http://www.cipd.co.uk/NR/rdonlyres/8CE5C81C-7762-471A-816F-8A8151B4454A/0/product\\_people\\_manag.pdf](http://www.cipd.co.uk/NR/rdonlyres/8CE5C81C-7762-471A-816F-8A8151B4454A/0/product_people_manag.pdf) (Accessed in November 2007).

CSIP (2006), Introducing Maternity Support Workers: how are they enhancing maternity services? HERC associates.

Department of Health (2007a), Maternity Matters: Choice, access and continuity, London.

Department of Health (2007b), Our NHS our future: NHS next stage review – interim report, London.

Department of Health (2006), The Regulation of Non Medical Professions: a review, London.

Department of Health (2005), Health Reform in England: Update and next steps, London.

Department of Health (2004), National Services Framework for Children, Young People and Maternity Services, London.

Department of Health (2002), Working Together Learning Together. London

Department of Health (2002), NHS Plan: a plan for investment, a plan for reform, HMSO, Norwich.

Department of Health (2002) HR in the NHS Plan: More staff working differently. London: The Stationary Office.

Department of Health (2008) A high quality workforce: NHS Next Stage Review, London

Department of Health, Social Services & Public Safety

Fryer, Professor RH, (December 2006), Learning for a Change in Healthcare, Department of Health: London.

Griffin, Richard (2006), A note on NHS productivity measures and widening participation in learning, DH Widening Participation in Learning Strategy Unit, available at <http://www.wideningparticipation.nhs.uk/pages/knowledgebase.html> (accessed on 8 January 2008).

King's College Florence Nightingale School of Nursing and Midwifery (2007), Support Workers in Maternity Services: a national scoping study of NHS Trusts providing maternity care in England 2006, London.

National NHS Staff Survey (2007)

NHS Workforce Census (2009)

NHS Employers (2006), Large Scale Workforce Change Programme, Maternity support workers Enhancing the work of the maternity team, London.

NMC (2007), Health summit on regulation of healthcare support workers, <http://www.nmc.org/aArticle.aspx?ArticleID=2675&Keyword=support%20and%20workers%20and%20summit> (accessed in December 2007).

National Workforce Projects (2007), Maternity Services Workforce Development Resource Pack, [http://www.healthcareworkforce.nhs.uk/projects/general/maternity\\_services\\_workforce\\_development\\_resource\\_pack.html](http://www.healthcareworkforce.nhs.uk/projects/general/maternity_services_workforce_development_resource_pack.html) (accessed in December 2007).

RCM (2006). Position Paper 12 on Maternity Care Assistants, available at <http://www.rcm.org.uk/info/docs/HCAFinal%20ppc%20approved%20-%20revised.doc> (accessed July 2007).

RCM (2004), Preparation of Maternity Care Assistants, Prepare to Care: Fit for Purpose Programme, Royal College of Midwives Trust.

RCM/RCOG (1999), Towards Safer Childbirth, London.

Scottish Executive Health Department (SEHD 2001) A Framework for the Maternity Services in Scotland.

Scottish Executive Health Department (SEHD 2002) Expert Group on the Acute Maternity Services.

Scottish Executive Health Department (SEHD 2005) Delivering for Health.

Thomas, A. (May 2007), 'Is problem-based learning an effective vocational tool?', British Journal of Healthcare Assistants, 01, 002, MA Healthcare.

Qualification and Credit Development Agency (QCDA) <http://www.qcda.gov.uk/>

## **Appendix 1 – Steering Group and workshop members**

### Steering Group Membership – Developing the learning offer for Maternity Support Workers

Chair: Jon Skewes	Royal College of Midwives
Claire Corneille	Department of Health
Cathy Davenport	NHS Employers
Sue Jacob	Royal College of Midwives
Marc Lyall	Skills for Health
Gita Malhotra	Project Consultant
Amanda Mansfield	Royal Free NHS Hospital Trust
Jan McFall	Widening Participation in Learning Strategy Unit
Donna Ockenden	Portsmouth NHS Trust
Kate Sallah	Department of Health
Suzanne Tyler	Project Consultant

### **Expert workshop attendees 11 December 2007**

Abine Brown	East Kent Hospital Trust
Belinda Ackerman	Guy's and St Thomas' NHS Trust
Caroline Wakefield	NHS Employers
Claire Corneille	Department of Health
Catherine Davenport	NHS Employers
Denise Henry	Queen Charlotte and Chelsea Hospital
Donna Ockenden	Portsmouth NHS Trust
Heather Wilkins	Sheffield Hallam University
Helen Ross McGill	Royal Cornwall NHS Trust
Irene Gregory	University College London Hospital Trust
Jane Piggott-Smith	Gateways Family Service
Jill Fardell	Skills for Health
Jon Skewes	Royal College of Midwives
Kate Sallah	Department of Health
Melanie Every	Royal College of Midwives
Shirley Kinsey	Salisbury District Hospital
Sue Macdonald	Royal College of Midwives
Toni Martin	Heart of Birmingham PCT
Lynn Maycroft	Guy's and St Thomas' NHS Trust
Susan Way	Nursing and Midwifery Council
Suzanne Truttero	Royal College of Midwives Council Member
Thelma Harvey	KSF Consultant
Valerie Harris	Southend NHS Foundation Trust
Vicki Fitzgerald	Family Gateway Services
Wendy Deakin	Royal College of Midwives Steward

## **Glossary**

CAF	Common Assessment Framework	
CIPD	Chartered Institute of Personnel and	Development
CSIP	Care Services Improvement Partnership	
DH	Department of Health	
HCA	Healthcare Assistant	
HERC	Health Economics Research Centre	
HOM	Head of Midwifery	
LSA	Local Supervising Authority	
LSWCP	Large Scale Workforce Change	Programme
MSW	Maternity Support Worker	
NLIAH	National Leadership and Innovation Agency for Healthcare	
NMC	Nursing and Midwifery Council	
NOS	National Occupational Standards	
NSF	National Service Framework	
NWP	National Workforce Projects	
PBL	Problem-based learning	
PbR	Payment by Results	
PCT	Primary Care Trust	
RCM	Royal College of Midwives	
SEHD	Scottish Executive Health Department	
SHA	Strategic Health Authority	

## About the authors

**Gita Malhotra** has 19 years' experience of working in a range of public sector environments, including Associate Director at the Widening Participation Unit in the Department of Health, lecturer in Social Anthropology and the Sociology of Health, as well as working in community regeneration. As Visiting Fellow at the King's Fund, Gita explored the issues and challenges in the development of a sustainable healthcare workforce in London. Prior to this, she led the implementation of education, workforce and partnership strategies for widening participation at North East London Strategic Health Authority. Gita has been an independent consultant since 2007 and her current health portfolio focuses on workforce development, change management, and policy analysis. She has a clinical background in nursing.

**Dr Suzanne Tyler** had 13 years' experience of working in health policy analysis and service development in national NHS organisations (Deputy Chief Executive at Institute of Health Services Management, Head of Policy at Royal College of Midwives), before becoming an independent consultant in 2000. She is now senior associate at the Health Services Management Centre, University of Birmingham, and holds a mixed portfolio of research, teaching and consultancy. Her PhD was an exploration of the influence that service users have on maternity policy and service development in Europe. She has been an advisor to a number of Government initiatives including the Maternity National Service Framework (NSF). In recent years, Suzanne has worked with a range of national and local health organisations to conduct strategic reviews and facilitate organisational development.