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FOR NURSING SUPPORT WORKERS ACROSS THE UK

SPRING 2020





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Welcome to this issue of *RCN Health+Care* magazine, created especially for nursing support workers. It's been a busy few months for me, not least when I was on the picket line alongside my nursing colleagues in Northern Ireland. The strike action was historic and none of us entered into it lightly, but developments since have shown the power of nursing unity. Read about why we had to go on strike on page 6.

Elsewhere in the magazine you'll find inspiring stories about nursing support workers. Nathan and Kevin's innovative approach to caring for people with serious mental health problems (see pages 8 and 9) is a wonderful example of how support workers are leading the way in finding new solutions to help turn lives around. Reading Jay's description of his workplace on pages 10 and 11 made me feel so positive about our profession. I hope you'll agree that an inclusive workplace where people's talents are recognised and perceptions are challenged is something all employers should aspire to.

There's lots of clinical advice in this issue too, including articles on menopause and dealing with the impact that diabetes has on people. Enjoy this issue of *RCN Health+Care*.

## Dennis Greer

Vice Chair,  
RCN Nursing Support Workers Committee

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## Story to tell?

If you've got a work story to share, or there's a topic you'd like to see covered in a future issue of this magazine, get in touch, just as Jay, whose story features on the cover, did after reading the last issue. Email [health.care@rcn.org.uk](mailto:health.care@rcn.org.uk) with "Health+Care" in the subject line. And if you see something that interests you in this issue, why not join the debate on the RCN Nursing Support Workers Facebook page?

## Need more *Health+Care*?

Don't forget *RCN Health+Care* magazine has a website with all the latest RCN advice and member stories. Take a look today: [rcn.org.uk/healthcaremag](http://rcn.org.uk/healthcaremag)

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# 4 UPDATE

## Your new role?

We're looking for members who want to strengthen the voice of nursing support workers in the RCN

There are several vacancies on the RCN Nursing Support Workers Committee, and with more places set to become available later this year, we're looking for enthusiastic members to represent other nursing support workers.

Annette Bailey joined the committee last year and she's keen to see others get involved too. "We're a team full of enthusiastic, like-minded individuals standing up for nursing support workers," she says. "It doesn't matter if you don't have experience in this kind of role – you will get lots of support from the rest of the committee and RCN staff. If you want to make a difference, this is a great opportunity."

Find out more about current vacancies at [tiny.cc/nswcommittee](http://tiny.cc/nswcommittee)



## Are you money-wise?

Busy lifestyles mean very few of us have the time to get our increasingly complex personal finances in tip-top shape. But it's important not to neglect this essential part of our lives.

The RCN's *Nursing Support Worker Money Guide* includes helpful tips and expert advice on everyday money matters, such as better budgeting, salary and benefits, affordable housing, childcare



costs, dealing with a change in income and much more. It's an interactive guide with exclusive content and advice for RCN members.

 **LIGHTHOUSE**  
FINANCIAL ADVICE

Login at [rcn.org.uk/nsw-money-guide](http://rcn.org.uk/nsw-money-guide) to find out more.

## Kevin takes safe staffing call to the heart of the government



RCN Nursing Support Workers Committee member Kevin Morley went to Downing Street with other RCN members to hand in petitions with more than 220,000 signatures calling for urgent action to fix the nursing workforce crisis in England.

He said: “Now is the time to bring all nursing staff together to hold the government to account. The number of petition signatures shows there is a need for change. We must have safe staffing in place to look after our patients in hospitals, the community and nursing homes.”

The petitions are part of the RCN’s campaign calling for safe staffing legislation in England.

## Get set for learning in Liverpool

**Book your free place at the UK’s largest nursing conference and exhibition**

Nursing support workers were among thousands of members who made their voices heard at RCN Congress last year. But we really want to see more of you at this year’s event.

You can decide how long you’d like to come for, but why not get Tuesday 9 June in your diary now? That’s Nursing Support Worker Day at this year’s event, and it’s your chance to attend free tailored workshops. If you can, stay for the social event arranged by the RCN Nursing Support Workers Committee that evening too.

This year’s event is taking place in Liverpool from 7 to 11 June. To book your free place, and get the latest information on workshop topics, visit [rcn.org.uk/congress](https://rcn.org.uk/congress). Read about last year’s event at [rcn.org.uk/healthcaremag](https://rcn.org.uk/healthcaremag)



“I’ve been going to Congress for nearly 10 years and I have an amazing time with people from all kinds of nursing backgrounds. It’s a chance to find out more about their roles and why they do the jobs they do. I get so much from going along – for me it’s both rewarding and educational. And you meet with old friends and new. Even if you’ve never considered coming along, make this the year you do. Don’t worry about not knowing anyone there – come along to the support worker stand, we’d be thrilled to see you.”

*Lorraine McLauchlan, activities co-ordinator for people with learning disabilities*

# 6 HISTORIC STRIKE ACTION

## Fighting for patients

Nursing support workers joined nurses on picket lines in Northern Ireland to demand safe staffing and fair pay

“We had to take drastic measures to address unsafe staffing levels and deliver pay parity with colleagues elsewhere in the UK. Nursing staff here are the lowest paid in the UK. It was cold, wet and windy out there, but we were determined. I was proud to stand on those picket lines. It didn’t matter what role we held, we were all RCN members fighting for safe staffing and fair pay. The support we had from the public was both amazing and humbling. As a result of the pressure we put on politicians, the Northern Ireland Assembly has reconvened after a three-year absence.”

**Dennis Greer, senior nursing assistant and assistant practitioner**



“I stood on the picket line in Belfast for the three days that we took strike action. There was a big crowd of us there and a great atmosphere, with nothing but positive support from the public. We had to do this as it was the only way left to make people realise we’re only asking for what we’re entitled to. We had to show politicians how serious we were, but no patients were put in any danger. I personally won’t gain that much from a pay parity agreement as I’m at the top of my band, but I’d do it again if politicians don’t keep their promises this time.”

**June Crothers, health care worker**



“It was so important to me to add my voice and show my support. Most of us went into health care work to make a positive difference but the constant strain on staff is taking its toll. Working on the wards, I’ve seen and experienced first-hand the pressures everyone is under. It’s time to start looking after nurses and health care assistants, and to appreciate the sacrifices being made to care for others. Patients need, and deserve, the right amount of staff, valued and functioning well as a team to receive the best possible care. I hope the future brings a happier workplace for all.”

**Lynsey McLaughlin, health care assistant and student nurse**

As *RCN Health+Care* magazine went to press, members in Northern Ireland were considering an offer to restore pay parity and improve staffing levels. This was made in direct response to the RCN strike action. Get the latest updates at [rcn.org.uk/northernireland](http://rcn.org.uk/northernireland)



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**PAY PARITY**

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we may  
Northern Ireland  
needs.  
It's time to call time on the  
#staffings crisis

Royal College of Nursing Northern Ireland

Dennis Greer makes his voice heard on the picket line

## 8 MENTAL HEALTH

# Restoring self-esteem

People with serious mental illness are developing practical skills in a woodshed thanks to two support workers determined to transform lives



Photographs  
by Stuart Fisher

and rehabilitation, while challenging perceptions and empowering patients along the way.

“

We want to show them that they can still work

“We wanted to give people chances and get them involved in a meaningful activity, with a practical purpose that boosts self-esteem and helps people mix with others,” Nathan explains. “Many service users worked when they were younger before their mental health issues got in the way. We want to show them that they can still work.”

### Determination

The scale of the project was huge, and it took months to clear the space. But everything left behind in the storeroom was either recycled or sold, with the money going straight back into the project.

Health and safety was an issue and many risk assessments had to be completed. But Nathan and Kevin built

Walking around the grounds of St Cadoc’s hospital, in Caerleon, a few years ago, Kevin Bressington and Nathan Harris (pictured above) discussed how good it would be to get a workshop set up in one of the disused buildings for the men on the ward they worked on. They decided they needed to make it happen.

The resulting project, RESTORE@theWoodShed, was set up initially to support men on a rehabilitation ward with serious mental illness and offending histories. It was designed to help them gain

knowledge and experience of working in a workshop, while bringing in money for the ward’s charitable funds.

The woodshed itself was established in a former storeroom, which had been left untouched for years, full of long-forgotten things. There, with the help of a professional carpenter, service users can develop skills such as carpentry, bicycle repairs, refurbishing, tiling, plumbing and painting.

This work has been instrumental in helping people through recovery

a strong relationship with key personnel who worked in a really positive way with them.

Their perseverance paid off and in July last year the woodshed officially opened, initially for one day a week. Now, with the support of a third-sector company called Growing Space, which funds a carpenter one day a week to help pass on skills to service users, they're open three days a week with participants coming along from inpatient and outpatient services.

"Instead of old furniture going to the tip, we bring it here and upcycle it. Shabby chic is all the rage so we work on a lot of those kinds of projects," says Kevin.

The project now runs as a social enterprise, with service users involved in almost every aspect of the day-to-day work, including the banking and marketing of what goes on. Profits are put straight back into the project, funding new tools and materials where needed.

However, the benefits of the work that goes on in the woodshed stretch way beyond its walls. Of course there are the many advantages that come from recycling, but there's a practical side to the work there too. Some service users make furniture specifically for them to take to their new homes when they're discharged from inpatient services.

Both Kevin and Nathan can see how the project participants have developed in confidence too. Jason (pictured right), now acts as an ambassador for the project and takes pride in showing visitors around the

shed, pointing out the workbenches in use, the tool storage area, the painting area and, of course, the place to make a cuppa. He's already committed to returning to the project as a volunteer after he's been discharged.

### Big ambitions

What started out as a ward project has evolved in to something much bigger. It is now accessible by anyone being treated by the trust's mental health services. This month, for the first time, RESTORE will offer sessions specifically for people who have had a stroke.

Going forward Kevin and Nathan will work even closer with Growing Space, opening the woodshed five days a week and extending to outdoor working too. They're now in the process of setting up a garden next to the woodshed – growing veg in poly tunnels and building decking for a smoking area.

**Kevin and Nathan won the support worker category of the RCN in Wales Nurse of the Year Awards: [rcn.org.uk/wales](http://rcn.org.uk/wales)**

**READ MORE ONLINE**

[rcn.org.uk/healthcare/mag](http://rcn.org.uk/healthcare/mag)

*RESTORE stands for Rehabilitation, Education, Skills, Training and Ongoing Recovery for Everyone.*



"I've worked on bird boxes, bird feeders and bug hotels. We also restore furniture.

"I'm now working on furniture for my flat which I will move into in the next few weeks. I've built a wardrobe which will come in useful."

**Jason,  
project participant**

# 10 EMBRACING DIFFERENCES

## Challenging perceptions

Jay has Asperger syndrome and has overcome huge obstacles to forge a fulfilling career as a radiology health care assistant



“I absolutely love my job,” says Jay. “I’m proud of what I do.”

It’s something we’d all like to be able to say but for Jay, there hasn’t been an easy route to his role as a radiology health care assistant at Walsall Healthcare NHS Trust.

He was just 13 when he was told he might struggle to hold down a job and that he would need support for the rest of his life because he was living with Asperger syndrome

and ADHD (attention deficit hyperactivity disorder).

“I was shocked when I read the diagnosis letter because I just wanted to know why I felt different to other people,” he says. “I’d seen the work that my mum did as a senior ward sister. I knew that nursing was something I wanted to do, but I was cautious. I feared I couldn’t do the job.”

With the support of a teacher who mentored him, Jay grew from an unconfident

adolescent to someone determined to get out there and find the right job for him.

“

**The best part of the job is being there for patients**

It took some time to find the right role and at first he flitted between jobs, feeling uncomfortable and unable to settle in a range of roles. He tried working as a bar tender a few times. He gave being a community carer a go, and applied many times to work for the NHS, but kept getting rejected.

### Supporting patients

Now in his role as a radiology health care assistant, Jay revels in the patient care that sits at the heart of his working life.

No two days are ever exactly the same; sometimes he works with radiographers and ultrasound sonographers. He often acts as a chaperone for ward patients or those in A&E, perhaps assisting clinicians in guided biopsies, taking responsibility for the

equipment they use. The best part of the job though, according to Jay, is being there for patients when they're scared.

"On my shift today, there was a woman who was distraught. She couldn't stop crying. She needed to hear how well she did, and how brave she was. I was delighted when I managed to get her smiling and laughing again," he says.

### Inclusive team

So what's made this job so different for Jay? He believes it's the attitude of others. He works in a large, inclusive team which he says brings out the best in everyone. "We're all different but we're all there for each other and that's what makes us so strong," he explains.

“

**We're all different but we're all there for each other**

The support he's received from managers has made a huge difference too.

"If ever I have a problem, they're there and they're interested," he says. "My boss gives me the time if I need it."

But Jay knows from experience that this isn't the case everywhere and urges

managers to keep an open mind. "Don't judge a book by its cover. Don't assume that a person with Asperger syndrome can't do the job. We might need some support but we, like everyone else, can bring something to your team."

It's clear that the picture painted in the diagnosis letter doesn't reflect what Jay has achieved and because of this he says other people with Asperger syndrome shouldn't be put off looking for a job in health care.

"Don't let having a diagnosis of Asperger syndrome stop you," he says. "Whatever that letter said back then I now live independently with my fiancée and have a fulfilling, full-time job."

### Removing disabling barriers at work

"Reading about Jay's workplace is a breath of fresh air," says Holly Chadd, from the RCN's peer support team. "As Jay has noted, a diverse workforce full of lived experience is great for teams and for patients; which is why it's so important to challenge limiting perceptions about ability."

Read more about tools to create inclusive workplaces in the RCN guidance *Removing Disabling Barriers at Work* (publication code 007 788). Visit [rcn.org.uk/publications](https://rcn.org.uk/publications)



**READ MORE ONLINE**  
[rcn.org.uk/healthcare/mag](https://rcn.org.uk/healthcare/mag)

# Blood, sweat and tears

Nursing support workers are in a great position to help women talk about the symptoms of the menopause without embarrassment, says RCN women's health professional lead Carmel Bagness



Menopause. It's time the word became part of our everyday dialogue. As health care professionals, women know and trust you; they're likely to feel able to confide in you.

The impact of the menopause on some women can be life-changing, while others will barely notice it happening. Around eight in 10 women in the UK will experience some symptoms. Of these, 45% find their symptoms difficult to deal with, and some can have the symptoms for 20 or more years.

Getting the low-down on these symptoms and related issues will help you help others understand there's nothing to be embarrassed about. This is a natural event that the majority of women experience.

Being aware of what resources are available can help you support women, including your colleagues. You might even find the information useful yourself.

Lindsay Cardwell, Chair of the RCN Nursing Support Workers Committee agrees.

"The RCN is your professional body and union and, therefore, it's important that we don't shy away from this issue," she says.

"We have a number of resources on our website, and individual support is available through RCN Direct.

"Societies that value older women find that there is less negative stigma around menopause. So is it time for us to start shaping our own society to start thinking this way?"

## Challenge the myths

- **“Symptoms are just physical.”** There are many psychological symptoms such as low mood and energy, poor concentration and memory, irritability, anxiety and panic attacks.
- **“Contraception is not needed.”** Women should continue to use contraception for two years after their last period if under 50 and for one year after their last period if over the age of 50.
- **“Hormone replacement therapy (HRT) causes cancer.”** There’s a slight increased risk of breast cancer with some forms of HRT.
- **“HRT is a last resort.”** HRT is the most effective treatment to relieve symptoms.
- **“Weight gain is inevitable during the menopause.”** Metabolism and weight can be affected, however, there is no evidence to show menopause causes weight gain. Fat storage can shift from hips and thighs to the abdomen therefore changing a woman’s body shape.
- **“If you start your periods early you will have an early menopause.”** There is no evidence that this is the case.
- **“All women get terrible symptoms during the menopause.”** Most women have minor symptoms and some don’t have any symptoms apart from their periods stopping.
- **“It doesn’t take very long.”** Symptoms of the peri-menopause and menopause last on average for four years.
- **“Periods stop suddenly.”** It’s more likely that periods will become more irregular and space out before stopping all together.

## Find out more

Download publications on menopause, including *Menopause and Mental Health* pocket cards (publication code: 007 813), from [rcn.org.uk/publications](http://rcn.org.uk/publications)

The Cross Government Menopause Network has produced important guiding principles and a toolkit for women, line managers and colleagues to help bring the issue out into the open.

The RCN’s online clinical guide on menopause includes links to the Cross Government Menopause Network guiding principles.

Visit [tiny.cc/rcnmenopause](http://tiny.cc/rcnmenopause)

Marina Bolton, from the network talks about her own experiences in an extended version of this article at [rcn.org.uk/healthcaremag](http://rcn.org.uk/healthcaremag)

## Menopause and Mental Health



### Menopause

RCN guidance for nurses, midwives and health visitors

CLINICAL PROFESSIONAL RESOURCE



## ‘We could deploy at the drop of a hat’

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[rcn.org.uk/  
healthcare  
mag](http://rcn.org.uk/healthcare_mag)

Two health care assistants serving in the Queen Alexandra’s Royal Army Nursing Corps reflect on their essential work



Photograph of Kirsty  
by Steve Baker

Kirsty Todd has perhaps seen more of the world than many health care assistants (HCAs). Afghanistan, Kenya, Oman, Sierra Leone – she’s been all over.

Sergeant Todd first joined the army in 1999, serving as a chef for five years. Then she left and retrained as a sports coach. But she missed the military and looked into ways of combining her interest in sport

and health with army life. In 2009, she signed up again this time as an HCA, and she now serves in 5 Armoured Medical Regiment, based at Catterick Garrison, North Yorkshire.

Regular HCAs often combine their military role with NHS duties, working alongside civilian colleagues for much of the week while also training with the army. “The only

difference is the uniform,” Kirsty says. “Ours has our rank on it when completing clinical duties with our NHS partners.”

But army HCAs also deploy to other countries. In Kirsty’s case, she has served twice in Afghanistan but has also helped manage the Ebola outbreak in Sierra Leone and been deployed to Kenya.

“

**The only difference is the uniform**

“That was an exercise where we delivered primary health care to the local civilians. Such ‘hearts and minds’ exercises and defence engagement tasks are a fantastic eye-opener,” she says.

“When you treat patients in Kenya, they’ll be walking for hours and hours to come and see us. An experience like that makes you appreciate what’s important.”

## Caring and camouflage

Private Daniel Freeth serves at Joint Hospital Group (South East) within Frimley Health NHS Foundation Trust

“It was only after speaking to someone who was in the medical services that I realised HCA was a job within the army.

“On a day-to-day basis when assigned to a clinical unit or completing clinical duties we don’t do anything different from what the NHS staff do.

“But on Fridays we have a military day. We dress as soldiers again and go through our military skills – army training, weapons systems and other skills we wouldn’t be able to practise in the NHS.

“There’s no other career like it. One day you could be working alongside NHS staff caring for an elderly patient and the very next day you’ll be out on exercise, running around with camouflage cream on.

“My unit is very good at giving us that sort of training. Although we don’t use it every day, we could deploy at the drop of a hat to provide a high standard of care.”

## RCN Defence Nursing Forum

**Nursing support workers are an integral part of the nursing team and very welcome in the Defence Nursing Forum, says RCN Professional Lead for Acute, Emergency and Critical Care Suman Shrestha**

“The forum helps ensure that the voice of defence nursing is heard at all levels. It also provides plenty of resources and study events to support the professional development of all nursing staff who work in the armed forces.

“Producing guidance for members, undertaking research, organising conferences and providing an opportunity to network with colleagues across the military – the forum offers so much. I would urge all HCAs serving in the forces to consider joining.”



The Defence Nursing Forum represents nurses and HCAs working in the armed forces and civil service, facilitating communication and networking with the RCN and providing professional resources, study days and support.

[tiny.cc/rcndefence-nursingforum](https://tiny.cc/rcndefence-nursingforum)

## RCN representation for military members

“RCN members who work in the “uniformed” part of the Ministry of Defence (not civilians) historically have not been able to have workplace representation from the RCN. But in the last two to three years there has been a change, where some bases have allowed RCN officers into the workplace to represent members.”

**Gary Kirwan, RCN National Officer**

# The demands of diabetes

Charlotte Gordon, from the RCN Diabetes Forum, explains why the way we talk to people with diabetes is so important



“If you managed your blood glucose properly you wouldn’t be having all these problems.”

Who would want to hear that? I definitely wouldn’t and it certainly wouldn’t make me feel motivated to change.

But it’s what people with diabetes hear all too often. Not only are they told they have lots of challenging issues to deal with, which they’re already perfectly aware of, but they’re made to feel it’s their fault. Of course it’s not the kind of thing most health care

professionals would say, but it’s a useful reminder of what some people hear regularly and the day-to-day guilt and worry many are living with. They may not be our words but we still need to be aware of their impact.

### **A trusting relationship**

People living with diabetes are often extremely knowledgeable about their condition – after all, they might only spend three hours a year with a specialist health professional. The rest of the

time, they’re dealing with their condition themselves. And as individuals who know what works for them, a hospital stay can be extremely disconcerting, disempowering, and that too can lead to problems with blood glucose management.

But they trust us. If we’re careful with the language we use we can help people with diabetes feel less anxious and more confident in the way they look after themselves, not just when they’re in our care, but throughout their lives.

Many negative stereotypes surrounding diabetes can be reinforced with a poor choice of words so let's do all we can to avoid people feeling shame or guilt. If someone feels ashamed of having diabetes, it's likely they'll find it much harder to manage their condition proactively.

### Diabetes and emotional health

It's particularly important that we consider our language when working with people with diabetes as they are twice as likely to suffer from depression compared to others. It's the most common mental health diagnosis in the diabetes community and people with diabetes are more likely to be depressed for longer and more frequently.

In some ways, it's hardly surprising. The demands of the condition are huge and this can have an impact on an individual's sense of wellbeing. Day after day of worry; week after week of physical concerns; month after month of guilt. The question might be, who wouldn't be affected?



### Be mindful of what people in your care are dealing with

Depression can have a serious impact on a person's motivation to self-manage their condition so another way we can help is to make sure we listen to how patients are communicating with us too. If someone says they "can't be bothered" with their

care, it's time for us to consider an onward referral to their GP or specialist nurse for further support and to find out what lies behind these feelings.

We're not mental health experts, but knowing what to look out for and when to refer can make all the difference. Find out where to seek guidance in your area for additional support for people who may have, or be at risk of depression.

More than anything, be mindful of what people in your care are dealing with on a day-to-day basis and remember you're the only one who might notice they're struggling.

Charlotte Gordon is a senior lecturer in adult nursing at Northumbria University. She gave a presentation about diabetes as part of the nursing support worker programme at RCN Congress last year.

### What is diabetes distress?

It's emotional distress resulting from living with diabetes and the burden of relentless daily self-management. There are many issues to consider, including the diagnosis itself. Feeling different to everyone else and having the responsibility of self-managing a long-term condition can have an impact.

Some patients feel guilty, anxious or afraid. There's a lot to take in – worry about hypos, serious complications, injections and a reduced life expectancy. The lifestyle changes that may have to be made might lead to a poorer quality of life and many people worry about maintaining the treatment and managing the condition themselves too.

Others feel they're doing everything they're being asked to but their blood glucose control still isn't where they'd want it to be. That might lead them to question why they're bothering to try to control things.

- Read *Language Matters* at [tiny.cc/languagematters](http://tiny.cc/languagematters)
- Join 6,700 other members in the RCN Diabetes Forum: [tiny.cc/diabetesforum](http://tiny.cc/diabetesforum)
- Read about pre-diabetes at [ren.org.uk/healthcaremag](http://ren.org.uk/healthcaremag)

## Time for a change?

The RCN has developed career resources specifically for nursing support workers

### Get started

Take a look at our information on career paths which compares the nursing associate, nursing apprentice and assistant practitioner roles, with key facts and advice for each. Visit [tiny.cc/hcacareerpaths](http://tiny.cc/hcacareerpaths)

### Perfect your prose

To take the stress out of writing a personal statement, download a sample one which shows an example of a health care assistant applying for an assistant practitioner role. Visit [tiny.cc/nswsupportingstatement](http://tiny.cc/nswsupportingstatement). Get more advice on writing applications at [tiny.cc/nswjobapps](http://tiny.cc/nswjobapps)

### Give your CV a makeover

Download a sample CV for nursing support workers, or blank template CVs with step-by-step instructions. You can also get personalised feedback on CVs, by email or on the telephone, to help make sure you really sell yourself. Find out more and get tips on content, structure, layout and more at [tiny.cc/nswcv](http://tiny.cc/nswcv)



### Use a careers coach

If you feel stuck in a career rut, consider talking to an RCN careers coach. They won't tell you what to do, but can help you reflect upon your current situation, where you would like to be, and how you could get there. They can also work through coaching exercises to help you pin down what makes you tick or identify your strengths and skills. They can help with interview technique and can even give you constructive feedback on your application before you submit it. Find out more at [tiny.cc/hcacoaching](http://tiny.cc/hcacoaching)

### Get ready for interview

Take a look at sample questions especially for nursing support workers at [tiny.cc/sampleinterviewquestions](http://tiny.cc/sampleinterviewquestions)

### Take a look at what others have done

Dave has been a health care assistant working on various wards in a mental health NHS trust for six years. He's been keen to develop his knowledge and skills and has spoken to the ward manager and the practice development team about this. He's attended in-house study days but hasn't had the opportunity to develop his skills more formally. Sound familiar? If so, find out how Dave can develop his skills to become a nursing associate at [tiny.cc/nswcareers](http://tiny.cc/nswcareers). Dave's story is part of the RCN's new nursing careers resource for nursing support workers.

Find out more at [rcn.org.uk/careers](http://rcn.org.uk/careers)

*RCN Bulletin* is running a series of articles on boosting your career: [rcn.org.uk/bulletin](http://rcn.org.uk/bulletin)

## Language matters

When Alex shared her concerns on Facebook that people don't recognise her qualifications, it became clear she wasn't alone

With a two-year university course behind her, Alex Entwisle thought her days of being referred to as unqualified were behind her. Unfortunately that wasn't the case.

"We need to move away from referring to people as qualified or unqualified, or trained or untrained, because in the case of nursing support workers, it's simply not correct and it's time for people to recognise that everyone is qualified in different ways," she says.

"I worked really hard to complete my assistant practitioner course and I have great problems with people not recognising that."

Alex's social media post struck a nerve. The responses made it clear that this is a challenge faced by support workers all too often.

### Mutual respect

Lindsay Cardwell, Chair of the RCN Nursing Support Workers Committee, says this

way of speaking and referring to support workers must stop.

"It's time to start correcting these comments in the nicest way possible," she says.



"We are pivotal to the delivery of face-to-face safe patient care, so we need to give a polite but consistent message explaining we're

qualified – many of us have diplomas and degrees. Assistant practitioners and nursing associates have foundation degrees."

Lindsay adds: "While our training and qualifications are different to our registered colleagues, we're also trained to carry out our duties and we're accountable, even if we're not registered practitioners. If we're not qualified to do the job, we shouldn't be doing it.

"Your committee is pushing for registration for nursing support workers too."

### Viewpoints

"Most people who refer to support workers as 'untrained' or 'unqualified' have just made an unintended mistake with their language. They'll often be the first to apologise when they realise the impact this language may have. Having a respectful conversation in these circumstances can really help. But in a minority of cases, the deliberate use of undermining language can be bullying behaviour, especially if repeated. If you think this is the case, get in touch with your local RCN rep because this must be challenged and stopped." **Kim Sunley, RCN National Officer**

"Support workers are central to the work a department does and the language we use is so important in recognising their worth. They are central in the delivery of health and social care and we couldn't function without them, but I fear this is sometimes forgotten." **Hilary Nelson, registered nurse**

Read Hilary's reflections on the impact one support worker had on her career in *Be somebody's Beryl* at [rcn.org.uk/healthcaremag](http://rcn.org.uk/healthcaremag)

If undelivered please return to: RCN Direct, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8XG

# Your RCN UK Nursing Support Workers Committee

The committee reports directly to RCN Council through its dedicated Nursing Support Worker Council member and provides a platform for HCAs, HCSWs, TNAs, NAs and APs to influence RCN policy at a UK and local level.

## Nursing Support Worker member of Council



**Evan Keir**



To contact your rep, email  
[governance.support@rcn.org.uk](mailto:governance.support@rcn.org.uk)

## Country and regional representatives



**Maive Coley**  
East Midlands



**Sagila Thiruthanikasalan**  
London



**Tracie Culpitt**  
Professional Nursing  
Committee member



**Dennis Greer  
(Vice Chair)**  
Northern Ireland



**Lorraine McLaughlan**  
Scotland



**Karen Pike**  
Trade Union  
Committee member



**Annette Bailey**  
South East



**Kevin Morley**  
Northern



**Lindsay Cardwell  
(Chair)**  
South West



**Katherine Davis**  
Yorkshire &  
the Humber

## Vacancies

Arrangements are being made to fill the vacant committee seats for the Eastern, North West, Wales and West Midlands regions.  
Find out the latest news at [rcn.org.uk/elections](http://rcn.org.uk/elections)