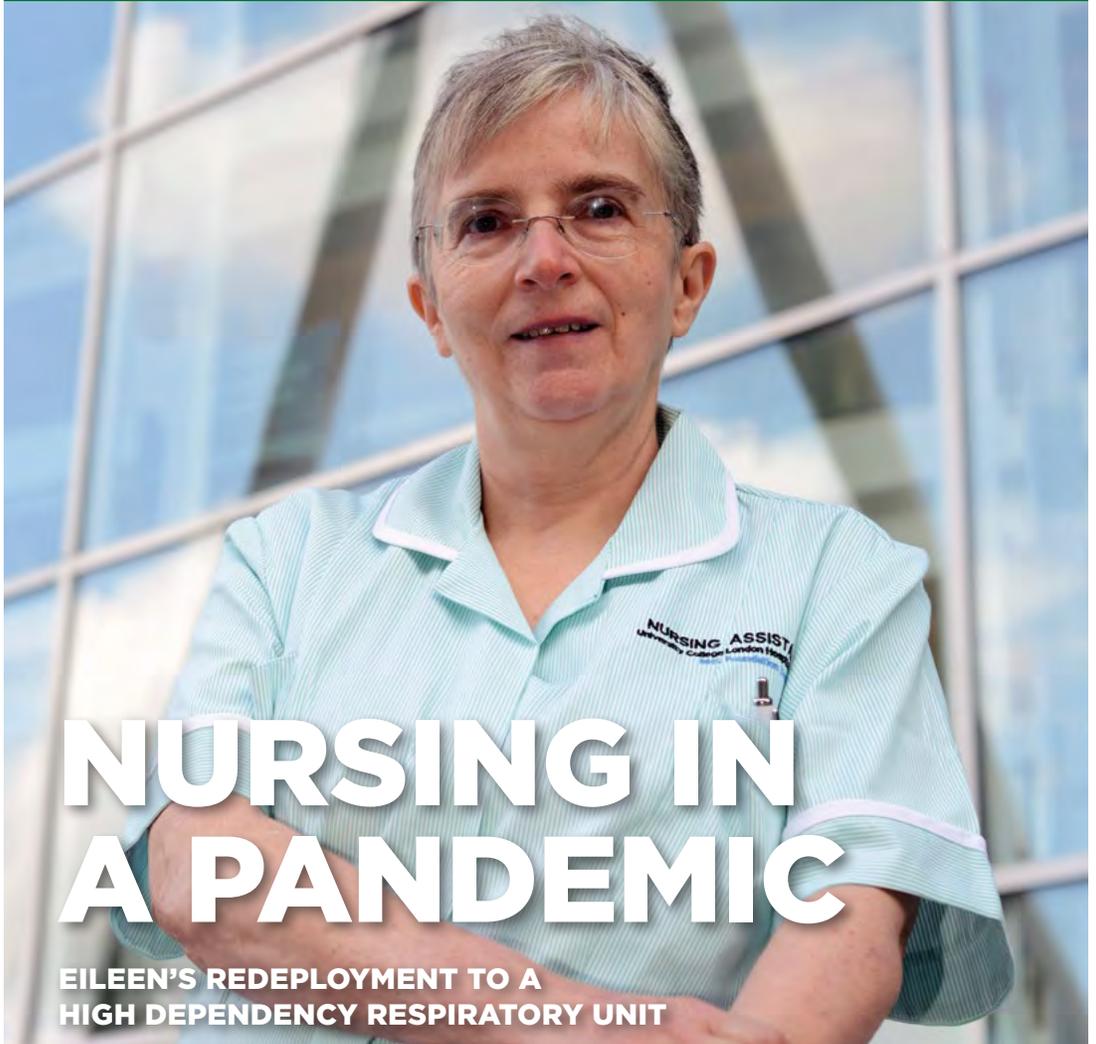




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FOR NURSING SUPPORT WORKERS ACROSS THE UK

AUTUMN 2020



NURSING IN A PANDEMIC

EILEEN'S REDEPLOYMENT TO A
HIGH DEPENDENCY RESPIRATORY UNIT

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The whole health team has been challenged by COVID-19 and reading about your experiences is truly humbling. When the world has needed care, nursing support workers have been there.

Eileen's redeployment to a high dependency respiratory unit (page 10) is an inspiring read. She was driven by concern for her patients and colleagues. Her reflections reveal her dedication and professionalism in the most challenging times.

Nursing support workers in care homes make up the majority of the nursing team and the emotional and physical tasks they've undertaken in recent months can't be underestimated. Read about one carer's determination to bring some humour to residents on page 12.

Support workers have been on many COVID-19 frontlines in the last few months. On page 16 we take a look at the essential community mental health work that has continued throughout.

The pandemic is far from over so please, look after yourselves and know that the RCN is here to care for you, while you're caring for others. As Chair of the RCN Nursing Support Workers Committee, I have never been prouder to represent you.

Enjoy this issue of *RCN Health+Care*.

Lindsay Cardwell

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. Email 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

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4 UPDATE

Super support workers

The finalists for this year's RCNi Nursing Support Worker of the Year award, sponsored by the RCN, have been announced.

Those shortlisted are:

- An assistant practitioner on a general medical ward with many frail patients. **Rebecca Greenacre** devised a booklet, *Beat Bedbound Boredom*, to encourage fluid intake, exercise and mental stimulation for patients on the ward. It also contains hospital discharge information.
- A day centre support worker who delivers a programme of activities for adults with mental health challenges. **Robin Kelly** has developed relapse prevention, anxiety management, resilience building and assertiveness training groups that people don't want to leave, even when they have recovered.
- A senior support worker who initiated, developed and implemented group sessions to enable good staff morale and wellbeing while working in an emotionally and psychologically difficult environment. Now part of her organisation's mandatory

training, **Michelle Milne**'s sessions allow teams to do something together.

- A health care support worker in a learning disability team who attends best interest meetings to ensure she knows people's likes and dislikes before developing individualised care plans. **Rea Pugh-Davies** prints favourite posters to display in theatres and sources films or music to alleviate patients' anxiety.
- A health care support worker who became chair of the multidisciplinary dignity group at Velindre Cancer Centre. **Alex Worgan**'s commitment has reinvigorated the centre, guiding it to be an award-winning, proactive and productive champion of patient dignity.

Award winners will be announced this autumn. Read more about all the finalists at rcni.com/nurse-awards/finalists-category



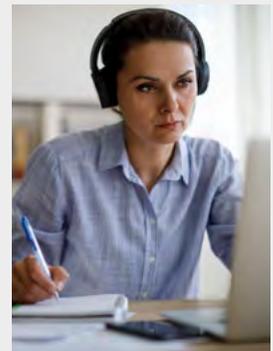
On behalf of the Royal College of Nursing

Apply for course funding now

Are you thinking of taking a course to help continue your career development?

Applications for RCN Foundation education grants of up to £5,000 are now open and could be just what you're looking for to financially support your educational and professional development.

Visit tiny.cc/edgrants for more information and apply by 16 October.



Celebrating Black History Month



For the RCN, Black History Month is an opportunity to celebrate and empower nursing staff from black, Asian and minority ethnic (BAME) communities and to recognise their contribution to health and social care across the UK.

This year, we're encouraging members to get involved in a range of national and regional

virtual RCN events throughout October exploring how members can use their power and voice to influence and drive change.

RCN London Region will also be announcing this year's Rising Star award winners at its event. The awards recognise BAME nursing staff who have gone over and above the call of duty and nursing support workers have been well-represented among the winners in past years.

RCN Diversity and Equalities Co-ordinator Wendy Irwin said: "I'm looking forward to seeing this year's nursing support worker winners. As an integral part of the nursing team, it's so important that your voices are heard. The RCN's Black History Month events are a fantastic opportunity to discuss issues important to you, and this year we'll be exploring how you can use your voice to bring about meaningful change."

Visit rcn.org.uk/events or follow [#RCNBHM2020](https://twitter.com/RCNBHM2020) on Twitter.

Spread the word

Did you know there are at least 500,000 HCAs in the UK who are not in a union?

You can help spread the word about what benefits union membership brings by talking to your colleagues about the RCN.

Irene Murray, from the RCN's employment relations team, says: "Hearing from people we trust is much more convincing than any professional sales patter because we expect them to tell us the unvarnished truth, based on their own experiences."

We've produced a new short film that will help you recruit your colleagues. Take a look at <https://youtu.be/X9272CjHCes>

#RCN2020

RCN Congress was due to take place in Liverpool in June, but a new agenda has been set for an interactive programme of online debates and events this autumn called #RCN2020.

Join the first event online on 9 September and find out more at rcn.org.uk/rcn2020

STOP PRESS

The RCN is also planning celebratory online events to showcase the value and contribution of nursing support workers this autumn.

Keep an eye out at rcn.org.uk for more details to be announced soon.

6 NURSING IN A PANDEMIC

Caring through COVID

Nursing support workers share their stories and advice in the midst of a health care crisis

'The emotional impact of being isolated from those we love cannot be ignored'

As an associate practitioner in the community, my work changed very quickly. We attend only urgent calls and, while we've tried to maintain a degree of normality in our nursing home visits, we've reduced home appointments to only those that are absolutely necessary.

Part of my role involves taking nasal and back of the throat swabs to test for COVID-19. We generally get results within two to three days.

We are well supplied with PPE, but for some time our manager was extremely worried about whether we'd have enough. But we were clearly told, that if we didn't have the right protection, we were not to attend.

The pandemic has also had a big personal impact on me. My husband has been shielding because he has serious underlying health conditions, and this has made us both very anxious. He's had to live completely separately from me in our home, but this alone wasn't enough.

So when I get home from work, I immediately go to the downstairs cloakroom next to the front door, take off all my clothes and put them in a pillowcase to wash, before heading straight to the shower. The emotional impact of being isolated from those we love cannot be ignored.

Kevin Morley, associate practitioner



Turn to pages 10-13 and 16 for further reflections

'We're showing our flexibility and professionalism'

Trainee nursing associates (TNAs) are an important part of the staff make-up on COVID-19 wards, helping to substitute for redeployed staff, and working alongside registered nurses in the 21st century's first global pandemic.

We couldn't have predicted this, but we're showing our flexibility and professionalism when we're needed most. Our work and our leadership skills have become appreciated, especially as so many people have had to take sick leave or self-isolate. People can now see first-hand how useful, highly skilled and flexible we are.

By doing something different and unexpected we're showing how adaptable our role is. We might need to find different ways of working for some time so it's good to see TNAs adapting early and getting ahead of the game.

Monica Korpala, trainee nursing associate



'I didn't even have a moment to take off my mask'

On my intensive care shifts it was non-stop. I didn't even have a moment to take off my mask. If patients are ventilated, it can take 10 staff to move them. A&E was also busy – patients with symptoms were quickly transferred. It was hard to deal with the fact that patients couldn't see their relatives, especially in ITU where some patients will die. It was very difficult for staff to be their emotional support but we had to be all-rounders.

There have been positives though. My manager has been very supportive – with a strong emphasis on our wellbeing. Our team is so strong – we're more like a community now.

Lowri Williams, health care support worker



Ofrah Muflahi, RCN Professional Lead for Nursing Support Workers

The pressure of COVID-19 is immense, yet stories of nursing support workers (NSWs) demonstrating their personal and professional commitment can be seen across the health and social care system.

However we can't ignore the hard truth. Many NSWs in the care home sector have struggled to get appropriate PPE and adequate financial support to maintain a fair standard of living.

It also saddens me every time I hear of a life lost as a result of COVID-19. My heartfelt condolences go out to everyone who has lost a loved one or colleague.

Everybody will have a different experience of working through these last few months. In most cases, barriers that were there before are being broken down. It's more important than ever that we build on those lasting working relationships, respect each other's value and continue to work together.

8 FAIR PAY FOR NURSING

Valuing your work

We're launching a campaign this autumn to get fair pay for all nursing staff, wherever you work and whatever your role

Throughout the pandemic, the country has witnessed the most impressive demonstration of nursing, seeing it as a highly skilled profession deserving of fair pay. Without nursing and care staff, we would not be where we are today. But our campaign will be about more than the response to COVID-19.

- It's about recognising the complexity of skill, responsibility and experience demonstrated every day, by nursing support workers, nursing associates, registered nurses and all members of the profession.
- It's about making sure that a safety critical profession can reach safe staffing levels

and fill tens of thousands of unfilled nursing jobs.

- It's about recognising that the salaries of too many nursing and care staff have not kept pace with increases to their living costs over the past decade.
- It's about providing safe and effective care for all people of the UK.

Funding our health and care system is a political choice. After years of inadequate support for the largest health and care workforce in the UK, the government should make the right choice now. It is time to pay nursing and care staff fairly.





No matter where you work you deserve a pay rise

What have members said?

Earlier in the summer, members responded in their thousands to our survey on how to build a better future for nursing.

Three quarters of respondents said an increase in pay would make them feel more valued.

Are nursing support workers a priority for the RCN?

Absolutely, yes. The last few months have shone a light on the essential contribution of all health and care workers.

As I work in the independent sector, does this apply to me?

We're adopting a new strategy for the independent and social care sectors.

No matter where you work you deserve a pay rise and many of the longstanding problems you're facing have been thrown into sharp focus by the pandemic.

We've already worked with the sector in meaningful ways, such as successfully lobbying for full pay for COVID-19

related absence in the care home sector.

As the voice of nursing we will advocate for you at the highest levels.

Will the RCN consult members on any decision on pay?

Yes. Any final pay offer or award will be taken back to members and fully consulted on.

Where can I find out what's been discussed with members so far?

Watch our online Q&A sessions with Dame Donna Kinnair, elected members and RCN staff at tiny.cc/rcnpaywebinar

What's next?

We need you and every single member to get involved and take action through our campaign.

Keep an eye out for our email, social media and website updates and be ready to have your say.

Check your contact preferences at rcn.org.uk/myrcn to make sure we can reach you.

For the latest information visit
rcn.org.uk/fairpay



Karen Pike, RCN Trade Union Committee member, says:

I represent nursing support workers on the RCN Trade Union Committee and we, along with RCN Council, have already started fighting hard for a meaningful pay rise for nursing staff in the NHS.

Members' salaries must reflect the level of skill and responsibility in their jobs – we need to be shown more respect by governments.

However, the RCN is its members – the more of us who speak up together and show governments how we feel, the more pressure they will be under.

Nursing staff have support from the public. Politicians must now show us the same – in actions not just in words.

10 REDEPLOYMENT

Extraordinary work in extraordinary times

Eileen Quinn, a senior health care assistant in an outpatients department, was redeployed for nine weeks to a high dependency respiratory unit at the height of the pandemic. She tells her story



It was clear that big changes were coming in the weeks running up to the peak of the pandemic. Appointments started taking place on the phone. Some stopped altogether. There were continuous updates on our intranet.

It was left to us to decide if we wanted to be redeployed and where we wanted to work. It felt very serious. I had to volunteer to do something and work where I was needed most. I know others felt the same.

So, with three others from my department, I moved to the high dependency respiratory unit in my workplace, University College London Hospitals NHS Foundation Trust.

The changes got me thinking and I made a will. I wasn't frightened though. The training was thorough, managers were supportive and the matron was reassuring.

Many of us had our own rituals going in that first

Monday. I said a prayer. We all wished each other luck and we followed the policies to the letter.

Donning and doffing

My work involved helping other staff with donning and doffing personal protective equipment (PPE).

Relevant policies were clearly displayed on the walls, but I was there for safety and reassurance. I had a checklist to work

through and I ensured everyone followed the right order.

Doffing was just as important – it was essential to take the mask off and wash hands correctly afterwards.



The changes got me thinking and I made a will

I met a lot of people in all kinds of roles and personalised things as much as I could. As time went on staff became more used to the procedures, got more confident and checked themselves in the mirror that was set up.

Bedside nursing

I was also involved in direct patient care at the bedside where I assisted registered nurses in their work.

On the ward everything was planned and thought out, with a one-way system set up too. Despite everything we were living and working through, I'd never been happier than when I was working with colleagues here – I learnt so much from them and we built a strong bond.

The ward managers were terrific. Many seemed young to me, but they were doing their management roles, being hands-on with patients while

continuing to support us and keep up morale.

The future of nursing is safe in the hands of these amazing leaders. They have shown how they react in a crisis and it was truly impressive.

Challenges and positives

It was hard working with patients who couldn't do the basics. Some would beg to go on the commode but often couldn't manage it. Masks made communication difficult too, and that's so important in my role.

Mouth care had to be incorporated when it could happen. If a patient's oxygen mask was being removed, we worked quickly. Skin care was important too – we still did two-hourly turns to help prevent pressure ulcers.

Sometimes all we could do was make patients comfortable. That was hard.

I was offered counselling and although I didn't use it, I felt supported. I'm older so have lost family members and have experience of life. Not everyone was in that situation.

There were positives though. I learnt new ways to clean mouths using a special gel and, for the first time, I checked bowel movements for patients with naso gastric tubes, by watching for distention in their tummies.

I also learnt new tracheostomy skills and was involved with IV and needle site checks.

The technology I saw and used was outstanding. The use of iPads for patients to communicate with their families is well-documented but I also saw doctors doing ward rounds alone using 3D headsets to talk directly with colleagues elsewhere.

A new normal

I'm now back in outpatients and we're working in a different way now here too. There are fewer patients in the department, as there are more phone clinics, and we still have a reduced number of staff.



The staff I worked with were amazing at every level

However, I knew I would want to reflect on my redeployment so I kept a journal and some other keepsakes like the card that came with a lovely cake that was delivered to us as a gesture of support.

The staff I worked with were amazing at every level. We did what we had to do. Everyone worked together in an exchange of knowledge and I know patients got the highest level of care.

12 RETURN TO CARE

Life and laughter in care homes

Stand-up comedian Pope Lonergan reflects on his return to a caring role during the COVID-19 pandemic



Even before my gigs were cancelled I'd already combined my experience of care work with my career as a comedian by relaying anecdotes from my time as a

care assistant on stage. In my stand-up routines I never use real names or any identifying features – a lot of the older people who appear in my anecdotes on stage are an

amalgam of different people rather than an individual. I go out of my way to ensure the humour derives from my response to an absurd situation or that the older

people in my anecdotes are vibrant human beings.

My two careers are inextricably bound. A comedian's main skill is effectively communicating. And when you're speaking to people who have neurodegenerative diseases, the ability to use communication to help mitigate fear or anxiety is vital.

But going back to care work this time around felt different. In my eight and a half years as a carer before, I was in the same care home. The people I cared for there were like an extension of my family.

I was so embedded in their lives, and considered such a permanence, that when they called out for me when I wasn't on shift and were told I wasn't working, they'd reply: "Don't be silly, Pope's always here." I always felt a big part of the job was the effort to understand – and to feel – the experiences of those who are older and vulnerable.

But it's been good to develop new relationships with new people this time around. There's a guy my age who's very independent in a lot of ways and only requires one-to-one care in the evening. Because he's 30 years old, and full of aggressive energy, he wants to be a bit boisterous.

I want the people I care for to have the freedom to experience the full spectrum

of human emotion, so I indulge this, and we go on a "controlled rampage" together. I'm laughing thinking about this, but I promise you, we're not endangering anyone. We're just throwing around foam balls or foam noodles, so he expends a lot of energy before bed. He cries with laughter. How can you deprive someone of that?

Using humour

I'd never do my stand-up act while caring. But I use humour, and create minor spectacles perhaps, like a (purposely) rubbish karate demonstration, a ballet recital or holding a glass really low down and trying to catch the milk I was pouring from up high. This always got laughter.



The humour derives from my response to an absurd situation

Way before the pandemic dominated all our lives, I created The Care Home Tour



I want the people I care for to have the freedom to experience the full spectrum of human emotion

to provide physical comedy for those living with dementia. I'm a straightforward storytelling stand-up so I teamed up with others who had a lot of physicality, interactivity or music within their set.

The clients who want to actively participate make themselves known. Others are happy to sit quietly and observe. And we respect these boundaries. The residents guide us and lead us into interesting places. It can be both funny and poignant and creates such a sense of occasion.

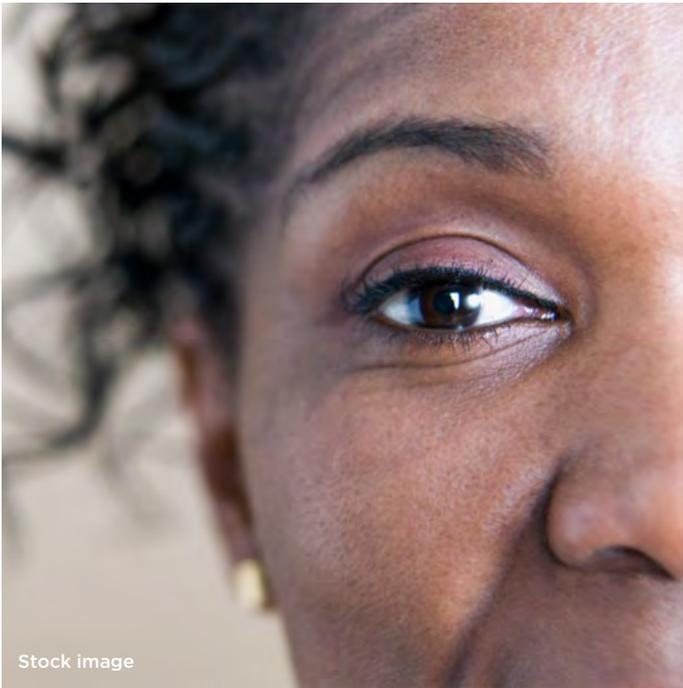
Before becoming a full-time comedian Pope worked in older persons' care. During the COVID-19 pandemic he joined an agency and became a care assistant working with people with physical disabilities or learning difficulties.

Join our care home network

The RCN Care Home Network provides members with a supportive environment to share best practice, offer solutions and help improve care in nursing homes during the COVID-19 crisis. It's open to RCN members who provide nursing care in homes for the entire age range, across all clinical needs. Visit tiny.cc/rnncarehomenetwork

Think eyes

Nursing support workers play a pivotal role in identifying and caring for people who are visually impaired



There are around two million people in the UK living with sight loss. And while it may be understandable that eyes aren't top of the government's priorities right now, eye health is integral to a person's physical and mental wellbeing.

RCN Ophthalmic Forum Chair Dr Penelope Stanford, and RCN Ophthalmic Forum Committee member Dr Roxanne Crosby-

Nwaobi, are both passionate about eye health and eager to get the message out that whatever your role in health care, you should always "think eyes".

With COVID-19 having caused a lot of ophthalmic care to be put on hold, and opportunity for issues to go under the radar, they're concerned about the long-term consequences.

"People were already on long waiting lists for cataract extractions and other types of ophthalmic surgery and the pandemic has exacerbated the situation," says Penelope.

“

It can be particularly challenging for someone with a visual impairment to socially distance

"It's turned people's lives upside down."

She adds: "It can be particularly challenging for someone with a visual impairment to socially distance. Now more than ever we need to ensure we're doing all we can to provide the best care possible in this area."

Roxanne agrees. "Everyone needs to keep eyes in mind," she says. "Remember to look, listen, feel. We can learn so much from a basic conversation.

"Being aware and looking at a person holistically could prove key to helping a person get the care, treatment or referral they need."

Five key principles

Look after your own eyes

We all have a responsibility towards eye health – our patients' and our own. Make sure you get your own eyes tested regularly. Working in health care the onus is on you to look after your eyes so you can do your job properly to safeguard your future.

Look, listen, feel

How is the patient? Are they bumping into things? Do they have a history of falls? If you pick up on any signals that there may be an issue related to a person's vision, alert your manager. The earlier patients are assessed, the better chances of keeping more vision. When we're busy working, sometimes we can forget the basics like chatting with somebody, seeing how they move. A patient not eating could well be linked to their eyes because they might not be able to see the colours of food on the plate.

Be mindful of the challenges

Discover the Royal National Institute of Blind People's World Upside Down campaign (rnib.org.uk) highlighting some of the challenges posed by social distancing. Some people with sight loss have been verbally abused for accidentally bumping into someone while shopping as they can't judge the social distance. It's not always obvious if a person is visually impaired and there's no label to say they can't see.

Don't make assumptions

It's not just older people who might have a visual impairment or eye condition. Remember younger people can also be affected. Every person with a visual impairment is different. Don't assume they need your help – ask them.

Learn more

Read the RCN pocket publication, *Eyes Right!* (publication number 006509 rcn.org.uk/publications). Aimed at non-ophthalmic health care professionals, it includes important information on eye drops, eye tests, and accessing services.

WHAT I'M THINKING



Dennis Greer, Vice Chair of the RCN Nursing Support Workers Committee, says:

The importance of good eye care is paramount and I personally feel all support workers should have some knowledge in this field.

As someone with glaucoma – a degenerative eye condition – I have a twice daily regime of two different eye drops. They are unpleasant to use, but a necessity.

Neglecting your eyes can have a knock-on effect and even jeopardise your job so I always attend regular check-ups.

Having glaucoma myself does help me to connect with patients with eye conditions as I can relate to them and help with advice.

Crisis support

Recovery support worker Jasmine Cottle reflects on her essential community work over the last few months



“Many people thought mental health services paused during the height of the pandemic. In fact, we’ve been busier than ever,” Jasmine says.

While she and some of her colleagues continued face-to-face appointments throughout the lockdown period, others in the team worked from home, taking responsibility for the duty phone and carrying out telephone appointments.

The onset of the pandemic saw many people having a first mental health episode.

Jasmine, who was regularly working long days, visited the homes of patients in crisis – those who have been recently discharged or those who were close to admission.

Her appointments generally take place over a period of between two and six weeks, although she might refer some of these patients to longer term support or therapy if necessary.

“Some have suicidal thoughts or intentions, so we monitor their mental health daily

– sometimes more than once a day – looking at care and safety planning while providing practical help and support,” she explains. “This might mean managing their medication, getting them to talk to us and open up more – or just finding out what works best for them.”

The availability of personal protective equipment (PPE) was not an issue for Jasmine, but for some patients, the additional equipment was concerning.

“

Some clients found the mask intimidating

“Neighbours could see us on their doorsteps putting on PPE to go in and that made some people feel uncomfortable. Some clients found the mask intimidating and asked me to take it off, which of course I had to refuse to do to protect us all.

“But communication is so important in my role, so it was much more difficult for some people who were unable to see

my facial expressions, especially as masks can distort your speech.”

Avoiding admission

Many mental health services are already moving towards keeping people out of hospitals and supporting them in the community instead. Jasmine says the pandemic accelerated this as it's so much better for people to avoid the restrictions that come with hospital admission.

“We had to be especially careful if people had a pre-existing condition. We want to avoid the need for them to go into hospital, and we worked to treat people at home wherever possible. Where admission was unavoidable, I'd carry out a COVID-19 swab test first, so that if it was negative, they could be admitted to a green (COVID-free) ward.”

The multidisciplinary team of 17 she works in used their daily morning meetings to discuss and address the potential challenges they'd face. This was especially important in helping people meet their goals. Contact, talking and socialising is important for the team's clients.

Caseloads and staffing levels were hard to predict but Jasmine stresses that far from minimising mental health support, her workplace, South West London and St George's Mental Health NHS Trust, opened a separate A&E for mental health, where she worked additional shifts, supporting triaging new admissions. The trust also increased the hours of its mental health crisis line to 24/7, and set up another ward, which could accept physically unwell patients from acute hospitals.

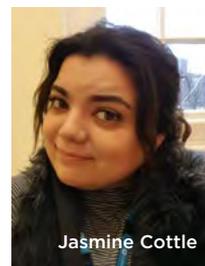
Family support

Jasmine's role isn't limited to helping individual patients. She offers education and intensive support to families as well.

“In one case a patient was struggling to manage their medications. A family member was driving a significant distance to give them their medicine, but they didn't really understand the diagnosis. They just knew they were paranoid and unwell. It was so worrying for them. I gave them reassurance alongside practical support, such as introducing blister packs, getting the GP involved and explaining how the trust works.

“We can help families understand the stigma and for some, who initially don't believe it's a real thing, encourage them to open up and educate them too. This has been more important than ever in the last few months.”

Join the RCN Mental Health Forum: [rcn.org.uk/forums](https://www.rcn.org.uk/forums)



Jasmine Cottle

A chance to promote understanding

Catherine Gamble, RCN Professional Lead for Mental Health

World Mental Health Day takes place on 10 October and provides a chance for us all to highlight what RCN members can do to promote understanding, increase capability and foster closer working relationships between physical and mental health care.

Our parity of esteem campaign looks at the need to value mental health equally to physical health. We believe people with complex mental health needs should have the same access to health care services and support as people with physical health needs. We must continue to champion mental health equality.

[rcn.org.uk/parityofesteem](https://www.rcn.org.uk/parityofesteem)

Tackling the budget blues

Measures put in place by the lending industry for the COVID-19 pandemic will be ending soon. What might this mean for you?

COVID-19 has not only had an impact on the professional lives of nursing staff, but also on their personal and financial ones too, in some cases.

A new RCN webinar, coming this autumn, has been designed to support those who may be dealing with debt as a result of the pandemic. It will assist those with existing debt as well as those who may have accrued debt over the past few months.

It will clearly explain:

- what to do if you're still struggling and your credit card payment holiday has come to an end
- your options if you have mortgage, rent, personal loan, car finance or hire purchase arrears.

Mortgage payment holidays

Did you know you'll still be charged interest during a mortgage payment holiday? However, you don't have to pay that back straight away. How much you'll have to pay after the mortgage holiday will vary.

In our webinar we'll discuss the best options, which could be:

- increasing your future mortgage payments
- extending the length of your mortgage term
- repaying the interest from the mortgage holiday period as a lump sum, so you can continue your repayments at the same monthly figure.

The webinar will be part of a set of online tools our welfare team has developed to help members manage their debt. Visit rcn.org.uk/welfare

No time to waste? A new video tutorial from the RCN's welfare team gives you all the advice you need about budgeting in just 15 minutes. Visit tinyurl.com/RCNbudgetadvice

Online money guide

For more 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, visit our online *Nursing Support Worker Money Guide*. Recently updated, it's an interactive guide with exclusive content and advice for RCN members. Log in at rcn.org.uk/nsw-money-guide



Need extra support?

The RCN Lamplight Support Service, funded by the RCN Foundation, offers advice and information to nursing staff who are facing hardship. Find out more at rcn.org.uk/lamplight

A book for every mood

A great book can help you escape and change how you're feeling. We've found five fab reads for five different moods



Inspiration

The Language of Kindness by Christie Watson

A nurse for 20 years before authoring two novels, Christie Watson recently joined the COVID-19 temporary register as the pandemic began. This non-fiction account draws on her nursing experience, illustrating how small acts of kindness are essential to the profession, and reminding readers of the huge impact nursing staff have on the lives of those they care for.



Reflection

The Art of the Body by Alex Allison

In his debut novel, Alex Allison presents the complex relationship between Sean, an art student with cerebral palsy, and his carer Janet, herself an art school dropout. The novel explores the physical intimacy of caring, loneliness, loss, and what it means to be dependent.



Laughter

Queenie by Candice Carty-Williams

Recently nominated for the Comedy Women in Print Prize 2020, *Queenie* is a

humour-laced chronicle of the romantic ups and downs of a 25-year-old Londoner trying to get her life on track. It's been favourably compared to *Bridget Jones's Diary* and tackles difficult relationships with plenty of warmth and wit.



Tears

Normal People by Sally Rooney

Sometimes you need to get lost in someone else's story. Sometimes it's good to have a big old cry. Sally Rooney's second novel will help you do both. Charting four years of Marianne and Connell's lingering, hidden romance, the novel was longlisted for

the Man Booker Prize and multiple other awards. And there's now a 12-episode TV adaptation to break your heart all over again.



Hope

Notes on a Nervous Planet by Matt Haig

Matt Haig is probably best known for his top-selling memoir *Reasons to Stay Alive*, where he talked openly about his mental health and offered hope to others struggling. This follow-up takes a broader look at the things that make us anxious – social media, news, work – and how we can change our habits to find moments of calm and happiness.



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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



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Lindsay Cardwell (Chair)
South West



Tracie Culpitt
Professional Nursing Committee member



Alison James-Herbert
Wales



Katherine Davis
Yorkshire & the Humber



Karen Pike
Trade Union Committee member

Vacancies

Arrangements are being made to fill the vacant committee seats for the Eastern and West Midlands regions. Find out the latest news at rcn.org.uk/elections