**Cheshire &
Merseyside**
Cancer Alliance

The Cancer Support Worker Portfolio

Name

Contact Tel No

Contents

Introduction

First and foremost, this resource is about helping you as a Cancer Support Worker (CSW) to understand and recognise the opportunities and boundaries of your role. It aims to help you record the key skills and competencies that will enable you to be a safe, person-centred practitioner, working as part of a team to deliver high-quality, ethical and non-discriminatory care to patients and their families.

The development programme has been created with the support of CSW's in Merseyside and Cheshire who have been able to identify key areas of education and training which are fundamental to providing optimal care coordination and support.

Your portfolio is a collection of documents and resources that you assemble in order to demonstrate that you have undertaken or achieved the appropriate learning and development to deliver your role competently and offer care coordination for a person with a suspected a cancer, a patient who is receiving cancer treatment or those patients who have completed their treatment and require support with their continuing surveillance.

The principles behind the portfolio development are those of adult learning, where the learner is self-directed, and experiences provide a rich resource for learning. A readiness to learn develops from everyday tasks and problems and the individual becomes self-motivated to grow and achieve.

The process of developing and maintaining your portfolio can nurture your skills and lead to:

- An increase in self-knowledge

- A sense of personal empowerment to achieve further goals

- A greater recognition of the value of learning from work

- Enhanced communication and organisation skills

- A greater recognition of the role of reflection in learning, as well as collaborative learning amongst colleagues

Your Portfolio can be used to:

- Demonstrate your professional competence

- Uncover and develop your professional knowledge

- Demonstrate your personal development

Your portfolio will not only be useful for developing your knowledge throughout your career, but will also be useful in your next appraisal, or any future job interviews you might attend.

Collecting Evidence

The evidence that you select to put into your portfolio should demonstrate both your learning and how you have applied that learning to your role. It is not designed to be a 'bucket' to simply collect 'bits of paper'.

The following are examples of the sort of evidence that you could use:

> • Evidence of things that you have read and how you have applied them to your role

> • Record of any study days that you have attended, with a record of what you learnt and how you have applied it to your role

> • Records of learning from staff discussions/meetings or 1:1 sessions with other staff

> • Feedback from others, including patients

> • Signed competency documents (where appropriate)

> • The hand out from a teaching session or study day

> • Something you have written to say what you learnt from the day and how you think it will change what you do

Remember each piece of evidence can demonstrate more than one aspect of your role, and fit within more than one theme. You do not need a separate piece of evidence for every aspect of your role, or every learning outcome in your development plan, but you could cross-reference the evidence that you have got to ensure that you are meeting the learning outcomes.
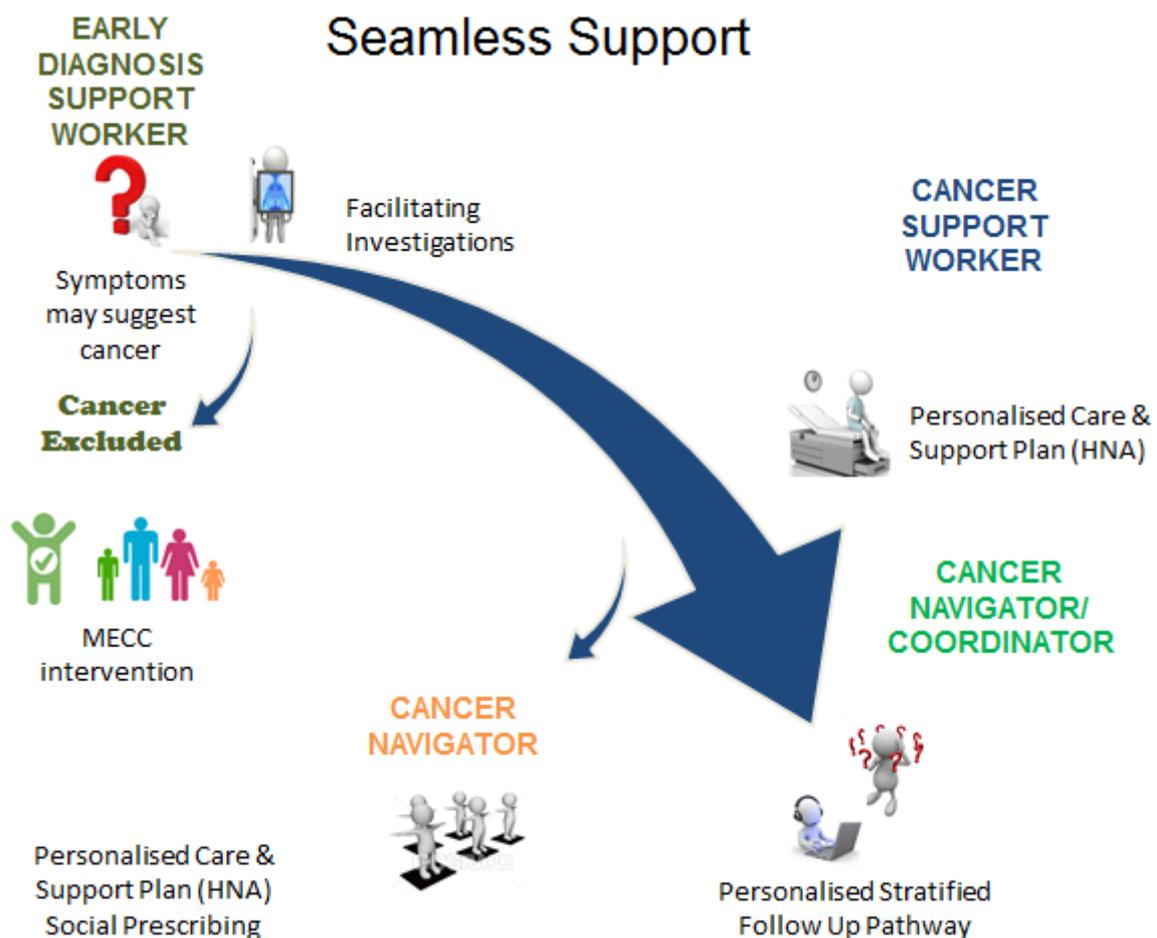
Confidentiality

When collecting evidence for your portfolio you must not breach a patient's confidentiality (you should consider this if including patient thank-you letters in your portfolio).

The Data Protection Act 1998 protects people's rights to confidentiality. It restricts how personal and sensitive information can be used, stored and passed on. Personal details must not be passed on unless the person gives their permission. These laws give you rights as an employee but also require you to treat individuals' information responsibly. You should only pass information on in line with your employer's procedures and for the purpose of providing the best care. You can find more information about the Data Protection Act 1998 here: www.gov.uk/data-protection/the-data-protection-act

Seamless Support – the role of the Cancer Support Worker

From pre to post diagnosis, the patient embarks on an anxious and sometimes bewildering journey. At every stage they are meeting various health professionals who may be giving information about investigations or treatments that may be difficult to understand. Depending on their role, the CSW is a consistent point of contact, using their skills to actively listen to patient's worries and offer help and support to resolve any concerns.

Seamless Support

EARLY DIAGNOSIS SUPPORT WORKER

Symptoms may suggest cancer

Cancer Excluded

MECC intervention

Personalised Care & Support Plan (HNA) Social Prescribing

Facilitating Investigations

CANCER NAVIGATOR

CANCER SUPPORT WORKER

Personalised Care & Support Plan (HNA)

CANCER NAVIGATOR/ COORDINATOR

Personalised Stratified Follow Up Pathway

Care coordination is not one person's role, job or responsibility. It is the joining up of services, coordination, information and communication between caregivers, treatment providers, those living with and beyond cancer and their families that creates a seamless experience of care.

(NHS Improvement, 2011)

The CSW role is focused on a partnership with the patient at every stage of their cancer journey. From the patient presenting with symptoms of a suspected cancer, to the patient having treatment and ongoing follow-up care, the CSW is able to support patients in navigating the health and social care system.

CSW's help individuals to take control of their own care – to be the manager of their own cancer care team – by providing emotional and day-to-day support. This could be signposting to services, including those in the community or arranging appointments. They are there to ease the patients' access to services and help them to make choices that are best for their cancer and their life. By listening to patients, the CSW can identify what is important to each patient as well as identifying unique strengths and resources to help them cope. As well as their role with patients and their families they are also essential communicators between primary and secondary care, having the capacity to keep healthcare professionals informed of the patients whereabouts in the diagnostic/treatment pathway. This also helps to build relationships across organisations. A key requirement of the CSW is excellent communication skills and a high degree of empathy, understanding, honesty and integrity.

The CSW is an important contact in providing seamless coordination of practical support and care.

CSW's work as part of the cancer care team alongside registered practitioners, usually a Clinical Nurse Specialist (CNS). They deal with non-complex tasks to allow the CNS to focus their expertise on managing the complex care needs of patients.

They support people who are:

- being investigated for a cancer diagnosis
- receiving treatment for their cancer
- Living with and beyond cancer following treatment

While the specifics vary, the overall aim of the role remains the same:

Offering the right support to patients, at the right time and supporting people to manage their own care.

The CSW is responsible and accountable for their practice and behavior **under the guidance and supervision of a CNS or registered practitioner**. They are responsible for documenting and monitoring all aspects of care coordination and service delivery, which includes supporting data collection and record keeping for audits.

The First Contact

Initially, the CSW may come into contact with an individual who is undergoing tests to **confirm** or **exclude** a cancer diagnosis. This can be a very worrying time for patients and their families or carers. The CSW is essential to the effective communication between patients, their GP and the multi-disciplinary team at the hospital. The early support offered can vary from patient to patient, but usually involves direct liaison with patients and their families to coordinate appointments, advise on referrals, resolve concerns and triage incoming enquires to the CNS team. The CSW needs to be well organised as the role involves varied administrative duties.

For the patient, the CSW is there to guide them through the complex healthcare system.

The CSW is proactive in organising key events in the patient's pathway and ensures that all relevant information, such as test results, is available and communicated to both the patient and the clinical team/GP.

If testing excludes a cancer diagnosis the CSW can be instrumental in beginning a conversation to promote a healthy lifestyle especially if patients are more receptive to altering unhealthy habits. Engaging with people through teachable moments (i.e. Making Every Contact Count) supports individuals and their families to make positive changes to their physical and mental health and wellbeing.

Supporting patients through treatment

During a patient's treatment, the CSW works alongside the CNS. Some will find their main role is to triage telephone enquiries from patients/carers whilst others will take the lead in offering holistic needs assessments.
Every patient who has a cancer diagnosis should have a Clinical Nurse Specialist who is their 'key worker'. The CSW works closely with the CNS and the cancer team ensuring effective communication between those involved in the patients care and the patient.
In some hospital trusts, one of the principal roles of the CSW is to offer a Holistic Needs Assessment (HNA) to patients. A HNA is a discussion with the patient to talk about their physical, psychological, spiritual and social needs. The focus is on the patient as a whole – not just their illness. It gives the patient the opportunity to talk about any worries or concerns they may have. It helps to clarify the patient's needs and the CSW is then able to ensure that they are referred to the relevant services. An important element of the CSW role is the ability to recognise when those concerns need to be escalated to a registered practitioner.

Living with and Beyond Cancer – Supported Self- Management

Once a patient has completed their cancer treatment, they will need follow-up care. This can be supported by a CSW who acts as a single point of contact via telephone and/or email for **non-complex** patients. This is known as remote surveillance.

What is a non-complex patient?

Cancer rates are set to increase, but more people are expected to live with rather than die from cancer which is why cancer is now widely regarded as a long term condition. The case management competences framework for the care of people with long-term conditions.

(Department of Health, 2005) divided populations with long-term conditions into three levels according to their need for support:

• Level 1 – individuals who require a low degree of support to enable them to self-manage their own condition (i.e. non-complex).

• Level 2 – individuals who are considered high risk because their condition is unstable, and who require structured, more intensive support services to help them manage their condition.

• Level 3 – individuals with high intensity needs; for example, requiring frequent admission to hospital as a consequence of their condition.

Complex patients are usually defined as patients with a combination of multiple chronic conditions, psychological health issues, clinical or medication related problems, and/or social vulnerability.

This 'single point of contact' role means that rather than having to wait to contact a CNS, patients are able to contact someone who can address their particular concerns. The CSW can perform a number of administrative functions and act as first point of triage for email and telephone calls from patients on remote surveillance. One evaluation of the role showed that 80% of telephone interactions in a supported self-management group were handled by the Support Worker and 20% by the CNS. Recognising when a person may need additional help means the CSW can arrange rapid access to a CNS or other healthcare professional.

The CSW is also involved in participating in Health and Well-being events. These are education and information days that enable people living with cancer and their families to take control and participate in their recovery.

The CSW can be involved at any stage of a patient's care providing helpful and practical solutions and also timely and direct access to the appropriate professional.
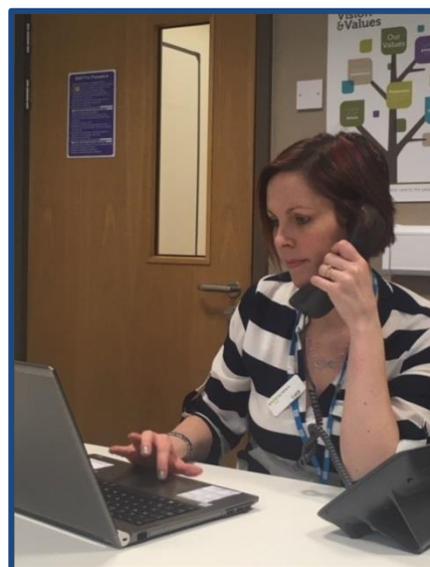
Responsibilities and Boundaries

For support workers, opportunities to develop and extend their cancer-specific knowledge and skills are required. This development should be through lifelong professional learning and workplace opportunities appropriate to their level of practice and role requirements. (UKONS/RCN)

At present, the CSW role is unregistered and unregulated. This means that the CSW will be responsible and accountable for their practice and behaviour **under the guidance and supervision of a registered practitioner**. CSWs should be a member of an existing team.

Supervision is usually undertaken by registered healthcare professional (usually a CNS). The term 'line manager' is used to identify a person who may be in a position to supervise and or delegate to support workers. The term 'Healthcare professional' refers to a registered healthcare professional from any profession (e.g. a Radiographer). For the purposes of this section the term 'line manager' is used to cover both.

Examples of line manger responsibilities:

- Undertaking annual and interim appraisal

- Managing ESR (Electronic Staff Records)

- Managing sickness, absence and annual leave

- Ensuring job plan supports the service needs and KPI's of the CSW role

- Managing performance or behavioural issues e.g. time keeping

- Being aware of whereabouts and what the CSW is doing on a daily basis

- Supporting with development needs raised through appraisal

- Pastoral support if needed and signposting to trust initiatives to support staff

- Escalation of issues that remain unresolved despite action plans

- Evidencing any discussions with staff (record keeping) around performance

Supervision

The nature of supervision varies depending on the context, competency and activities being carried out by the CSW. Whatever the case supervision must be on-going and appropriate for the experience of the CSW and the context in which they are working.

The supervision needed may be:

- Direct supervision - the support worker must be in the line of sight of the line manager who is present to observe tasks (i.e. a HNA, triaging telephone enquiries) and activities and can intervene immediately if required. Direct supervision should be maintained until the CSW is assessed as being safe to leave alone with responsibility for people they support

- Indirect /remote supervision – where there is reliance on processes being in place to provide guidance and support without the line manager actually being present. This requires the CSW to:

  - Have had appropriate training
  - Have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice)
  - Know their limitations and boundaries
  - Understand when and how to seek advice from their line manager

Delegation

- Line managers are accountable for the decision to delegate care/tasks
- The primary reasons for delegation must always be to meet the needs of the person receiving care
- Line managers should not delegate tasks that are beyond the skills and experience of the CSW they should only delegate an aspect of care or a task to a support worker who has had appropriate training and whom they deem competent to perform the task
- When the line manager is delegating they must be assured that the person to whom they have delegated fully understands the nature of the delegated task particularly in relation to what is expected of them
- Line managers delegating tasks should make sure that everyone they are responsible for is appropriately supervised and supported
- The line manager should confirm that the outcome of any delegated task meets the required standard
- The CSW to whom care is delegated is responsible for ensuring their knowledge and skills match the delegated task. They should know their limitations and when to seek advice from the appropriate manager / professional in the event that circumstances change

If these conditions have been met and an aspect of care is delegated, the CSW undertaking the delegate task becomes accountable for their actions and decisions. However, the line manager remains accountable for the overall management of the person in their care.

Documenting Competencies

Documentation of competencies and evidence of practice is the responsibility of the CSW and their line manager. The evidence can be recorded in this portfolio. This document can be used as evidence when changing roles or moving between employers. It can also be a place where the CSW can document their continuing training and education.

The Development Programme

The development programme includes training and education in core skills required for the CSW role. These include; Communication skills, information about screening for cancer, how cancer develops, cancer pathways, cancer treatments and follow-up surveillance and support. It may cover some issues that are not part of your particular role, and fail to cover some issues that are. CSW across the UK perform a variety of roles, and you may require further training to feel competent and confident within your particular role. What is important for you personally, though, is to:

- discuss and agree your role with your line manager, knowing exactly what you are expected to do (and what you are not)

- recognise your own rights and responsibilities as an employee, including the right not to perform any role for which you are neither trained or competent

(Your employer is obliged to provide mandatory training for you in certain key elements of your role – i.e. safeguarding adults and children, fire awareness etc.)

The development programme produced by Merseyside and Cheshire Cancer Alliance has been aligned with the Royal College of Nursing (RCN) and the UK Oncology Nursing Society (UKONS) – document 'Career *and Education Framework for Cancer Nursing'* – **https://www.rcn.org.uk/professional-development/publications/pub-005718** .This document outlines the different roles that exist in a cancer nursing team.

Its purpose is to ensure that the workforce, which includes registered nurses, **unregistered healthcare support workers** and pre-registration students, are able to meet the physical, psychological, spiritual and social support needs of people affected by cancer. The aim is to make sure you feel well-prepared to support people at all stages – from a suspected cancer diagnosis, through treatment and follow-up care.
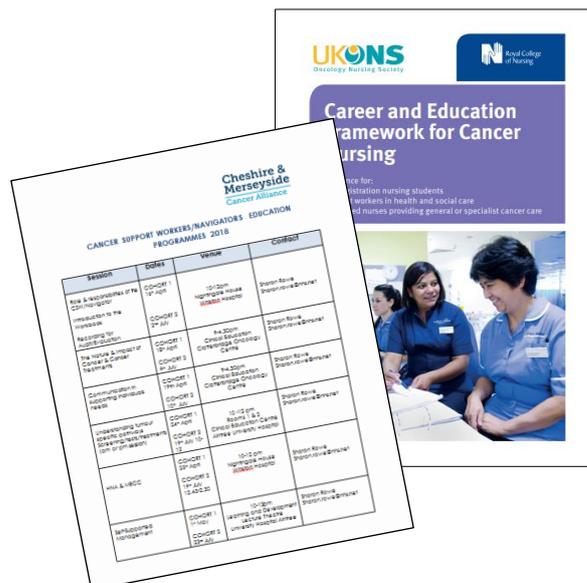
Competencies

A competency framework is a structure, which sets out and attempts to define the key knowledge, skills and behaviours required for an individual to be able to perform a particular task or job.

CSW roles, job titles and day-to-day tasks vary depending on local context, including organisation function, peoples' existing skills and local population need. There is no 'one size fits all' and whilst flexibility and variation to meet local need is appropriate and expected in job roles this competency framework seeks to articulate some common generic 'threads', to promote consistency. These competencies have been taken and amalgamated from several documents.

These are the competencies for the Care Navigator role as defined by HEE (2016):

1. Effective communication

2. Enabling access to services

3. Personalisation

4. Coordination and integration

5. Building and sustaining professional relationships

6. Knowledge for practice

7. Personal development and learning

8. Handling data and information

9. Professionalism

Within these domains we have included elements produced by; UKONS, Royal College of Nursing 'Career and Education Framework for Cancer Nursing' (2017), Macmillan, Royal College of Nursing, UKONS 'A competence framework for nurses – Caring for Patients Living with and Beyond Cancer' (2014) and Health Education England, Skills for Care and Skills for Health, Care Certificate Framework (2014) to encompass the core skills and abilities associated with the role of the CSW.

1. Effective communication

Excellent communication underpins person-centered care and helps build lasting, trusting relationships. Cancer care navigation requires people to be able to communicate effectively, in verbal and written form, with a wide range of people from different cultural and organisational backgrounds, including health, social and voluntary sectors.

2. Enabling access to services

The CSW role involves signposting and enabling people to access appropriate services, based on their needs and preferences, from a wide range of organisations and sectors. This may not necessarily be best met by traditional health or social service professionals. The 'local wisdom' of available services should be built up by those in CSW roles and teams, with a spirit of 'persistent and positive curiosity'.

3. Personalisation

Personalisation is a term more commonly used in social care, and is applicable to all service sectors. Personalisation is about taking an approach which supports a person's choice, wishes and needs as far as possible, enabling them to be in control of their own life. The CSW seeks to provide support and care, defined by a person's holistic needs, not simply standardized to their condition or diagnosis. Support is tailored to the needs and aspirations of the individual.

4. Coordination and integration

Cancer care navigation will involve coordination of care and support, to ensure a person's experience across health, social and voluntary services is as 'seamless' as possible. All people involved in support, including patient/carer should know who is a key point of contact for help and who is responsible for their care. This is especially important and must be timely, when there are significant changes in a person's needs e.g. sudden deterioration in health or transition of care between providers.

5. Building and sustaining professional relationships

The CSW practices a person- centered approach, therefore if care and support truly wraps around a person's needs, integrated support must cut across boundaries and reach out to wider agencies within health, social and voluntary sectors. Relationships underpin effective inter-boundary working and are skills CSWs need to develop. The ability to engage and sustain key working relationships is fundamental to work with patients, their family and with multidisciplinary team.

6. Knowledge for practice

Having a better understanding of cancer and cancer pathways enables CSWs to feel more confident in their knowledge to support others more effectively.

7. Personal Development and learning

Individuals need to be committed to lifelong learning and enthusiastic to apply new knowledge and skills. People who are in care navigation roles learn significantly through experience and working within local contexts – therefore reflection on practice, for the individual and as teams are of core importance to personal as well as service development.

8. Handling data and information

Accurate and accessible information and data underpins effective cancer care navigation. Failures in communication between organisations, sectors and patients/carers can lead to disjointed and poor care. Individuals who work to provide effective care navigation need to be able to appropriately use relevant electronic records, databases to access, input, store and retrieve information. Data and audit are also important for service evaluation improvement and sustainability.

9. Professionalism

Professionalism can be challenging to describe or define. For CSWs, core competencies which attempt to capture some essence of professional behaviour, attitudes and attributes are summarized here. These are rooted in the ethical, moral and legal aspects of care and support, grounded in the principles of patient-centered care. Commitment to develop expertise, self-awareness, limitations of scope of practice and working with integrity are some important features.

Recording your Competencies

The following pages contain a selection of competencies which could be considered 'core' to the role of the CSW. This gives you the opportunity to document your learning and development so that you can demonstrate that you have undertaken or achieved the appropriated learning and development to deliver your role competently. This can be done through taught modules, such as those in the development programme or through your own e-learning (MECC) and also discussions you may have had with healthcare professionals.

Training and Development Record

The 'Training and Development Record' helps you to continue to document your learning and development. You can record other courses you have attended and clinics or tasks that you may have observed.

1. Effective Communication

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
1.1	Recognises the importance of communicating clearly, effectively and sensitively with patients, carers and other professionals		
1.2	Recognises and responds appropriately (maintains a calm and sensitive approach)to support an individual who is distressed and recognises where escalation is required to registered health professional (i.e. when communicating with a patient who is distressed due to a potential or actual cancer diagnosis)		
1.3	Demonstrates the ability to write and maintain clear, accurate records of patient information in a variety of formats (i.e. electronic and paper)		
1.4	Tailors information in a way that meets individual needs of patients/carers, or other professionals (i.e. in response to queries, relaying patient/family information – including concerns/needs, correcting misunderstanding, or as part of health promotion and giving advice)		
1.5	Recognises and appropriately adapts own communication style and approaches to best support patient preference and need (i.e. when communicating with people of different ages, culture, capacity and socio-economic backgrounds)		
1.6	Understands the importance of communicating ideas and opinions in a respectful, positive way when advocating the needs and wishes of the patient		

2. Enabling Access to Services

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
2.1	Is aware of how to access up-to-date, accurate information for a range of local and national services to provide practical and emotional support for an individual and carer		
2.2	Has an understanding of and be able to explain to patients and their carers how health care is organised through the cancer/suspected cancer journey (i.e. Pathways)		
2.3	Has an understanding of the wide range of services available to support patients/carers/significant others outside the hospital setting and is confident to signpost to appropriate sources of support and information (with consent of the individual		
2.4	Demonstrates initiative in seeking contacts with relevant local services		
2.5	Is able to outline how to take a proactive, problem solving approach in helping support people to connect and access services		
2.6	Provides timely feedback to colleagues around issues relating to access to services		
2.7	Educates and informs other staff and colleagues of service access and availability		

3. Personalisation

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
3.1	Determines the patients basic support needs accurately over the telephone or face-to-face		
3.2	Demonstrate a holistic, non-judgemental and caring manner. Acts in a way that acknowledges peoples' expressed beliefs, preferences and choices		
3.3	Identifies people 'at risk' and potentially vulnerable, using appropriate methods (as determined by local arrangements)		

4. Coordination and Integration

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
4.1	Understands the importance of sharing information, decisions and discussions made by health teams with the patient (and carer/significant other if appropriate)		
4.2	Understands the principals of integrated care and support		
4.3	Provides information on when and how the patient (and carer) can contact the relevant person/professional		
4.4	Updates and shares appropriate information with health professionals (CNS/GP) in a timely manner		
4.5	Effectively communicates a patients needs within a multidisciplinary team meeting environment		
4.6	Oversees and coordinate an appropriate agreed pathway of support for a patient		

5. Building and Sustaining Professional Relationships

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
5.1	Builds and works to sustain trusting, professional relationships with patients and their wider support network		
5.2	Recognise when and how to close professional relationships with patients and their carers		
5.3	Maintains a clear sense of role and responsibility within a team		
5.4	Is supportive and helpful toward other team members		
5.5	Relates to and works with clinical and non-clinical staff in other organisations, building constructive relationships across sectors		
5.6	Actively seek out relevant and appropriate contacts to develop a network across a wide range of sectors including health, social and voluntary sectors		
5.7	Promotes the sharing of resources and information from a wider range of sources to benefit patients and their carers		

6. Knowledge for Practise

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
6.1	Identifies risk factors for cancer and describes approaches for the prevention, screening and early detection of cancer		
6.2	Identifies common causes, signs and symptoms of cancer and explains how their recognition and early diagnosis influences morbidity		
6.3	Describes how attitudes, values and beliefs, in relation to cancer, influence the care that cancer patients and their families receive		
6.4	Has an understanding of the Personalised Care and Support Planning including the Holistic Needs Assessment and its implications for practice		
6.5	Understands the potential impact of multi-morbidities on cancer and its treatment		
6.6	Understands the importance and purpose of health promotion and is able to provide basic advice to promote healthy lifestyle behaviours and activities		
6.7	Is able to recognise actual and potential problems that might require further attention and understands how to seek advice and help where necessary		
6.8	Understands the boundaries of the role and is able to escalate enquiries and information in a timely and appropriate manner to the relevant health professional		

7. Personal Development and Learning

	Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
7.1	Demonstrates a willingness to learn and develop within the role		
7.2	Shows a responsibility for self-reflection and personal development		
7.3	Promotes own role to others working within and outside the organisation		

8. Handling Data and Information

		Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
8.1		Accesses, inputs to and uses data from appropriate electronic records, databases and spread sheets		
8.2		Uses appropriate technology and resources to find and process information		
8.3		Applies the principles of data protection working within legal limitations with access and storage of data		
8.4		Understands and adheres to data standards and confidentiality specific to the organisation		
8.5		Prioritises workload using time and resources effectively		
8.6		Understands the principles of audit and quality improvement		
8.7		Is organised in performing administrative tasks (including appointments, diaries, etc.)		
8.8		Maintains an up-to-date 'directory' of local services		
8.9		Participates in audits and quality improvements		

9. Professionalism

		Competency and Associated Elements	Taught session T E-learning E Discussion D	Date
9.1		Demonstrates a non-judgemental and respectful attitude toward others		
9.2		Act in ways to promotes values of equality and diversity		
9.3		Be emotionally resilient and calm under pressure		
9.4		Manage stress with healthy coping mechanisms		
9.5		Uphold the principals of confidentiality		
9.6		Recognise own limitations and work within the boundaries of the role, seeking help when needed		
9.7		Be honest and open consistently with patients and colleagues		

References

MECC Health Education England (2010)

Health Education England, Skills for Care and Skills for Health, Care Certificate Framework (2014)

Macmillan, Royal College of Nursing, UKONS, A competence framework for nurses – Caring for Patients Living with and Beyond Cancer (2014)

Health Education England: Care Navigation: A Competency Framework (2016)

UKONS, RCN Career and Education Framework for Cancer Nursing (2017)

British Journal of Healthcare Assistants; Specifications for the Macmillan cancer support worker (2017)

Training & Development Record

SESSION	DATE

SESSION	DATE

Notes