



The role of providers in Workforce Development: successfully supporting people with learning disabilities who display behaviours described as challenging

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Jan & Andrew's Story



Joint Workforce Development

- Poorly developed
- Still Health and Social Care
- Low status of Social Care
- Future services and support
 - Person
 - Family
 - Social care
 - Health
 - Community
- Workforce development does not reflect joint approach
- Need more community based suited staff working with people and families
- So need joint working initiatives - joint working PBS/mental health using community assets



Social Care Workforce- National Picture

- 1.55 million jobs in adult social care - 1.43 million of which are full time
- 235,000 people direct payments – 28% employ their staff
- 9% workforce employed directly by people they support
- 2% of social care organisations employ over 250 people - BUT they employ 45% of the total workforce
- 8 years experience on average of a worker in the sector
- 43 years average age of someone working in the sector, 82% of which are female
- 40,100 social care establishments
- £7.46 per hour average pay for care worker



5.4 million unpaid carers



Social Care National Workforce

- Low status
- Living wage
- Decreasing expenditure on social care
- Challenge of transforming care –
 - Numbers - need 10-12,000 new staff (and their managers, practice leaders, trainers etc.)
 - Nature of workforce



What This Means For Us And You



What's It Like Now

Receive individual referrals at
very short notice



Referral

- Referral three months – need nine staff
 - Recruit 3 with family and person part of the process
 - Borrow 3 with family and persons agreement
 - Get three agency? Pot luck
 - Train staff, find practice leader/specialist advisor
 - Liaise with community team
 - Might get individual funding for training but only when recruited team – leads to delay
 - Service starts – goes well for a while – bit of a bump in the road
 - Recover or lose a couple of staff, recruit B team



What Could Be

- Strategic (population) & individual commissioning leads to data on demand allowing service therefore workforce planning
- Joint national framework of training delivered locally – provider key deliverer
 - Health, social care, volunteer, families
 - Skills
 - PBS/mental health/ trauma
 - Joint working
 - Management and leadership
 - Use training more widely – other organisations/ facilities



- Providers know what's coming and can plan for it
- Create pool of trained people who people and their families could choose from together with specialist recruitment
- Pool of practice leaders available at short notice
- If things get complicated choose from the pool
- Will know local colleagues in specialist community teams
- Upfront more expensive, long term cheaper, quality better, more involvement, fewer breakdowns



What Needs To Happen/What Can We Do Together

- Strategic Commissioning
- Joint workforce development
- Committed, open providers
- More of a real partnership
- Raise status (and money) of social care work