



Care Roles to Deliver the Transforming Care Programme - Building the Right Support

A Guide for Transforming Care Partnerships, Commissioners and Providers to Build the Direct Support Workforce

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1. Background

This guidance has been developed by Health Education England's Learning Disability Expert Reference Group in collaboration with Skills for Care and Skills for Health. The Expert Reference Group - chaired by Professor Baroness Hollins - identified the supply and skills of the workforce providing direct support to people with a learning disability and/or autism as an immediate priority.

Within the current labour market there is a shortage of direct support workers and personal assistants with the appropriate skills, competencies and knowledge to provide support to individuals with a learning disability and/or autism who display or are at risk of displaying behaviour that's described as challenging. There is also a shortage of skilled supervision and training for this staff group. It is anticipated the gap in supply of an appropriately skilled direct support workforce will widen, as the demand for community provision for adults and young people with complex needs increases. There are also a number of challenges contributing to supply:

- providers experiencing issues in recruiting, retaining and developing the workforce
- managing the conflicting timescales involved in acquiring housing, planning a discharge/move, identifying a provider and recruiting/training a workforce
- workforce development in social care being primarily the responsibility of the provider, resulting in a lack of confidence to tender to develop new services without much opportunity to shape the nature or location of those services
- workforce development taking place after employment with no immediate pool of workers with the appropriate skills
- increased pressure on the supply of the Learning Disability nursing workforce in light of changes to education funding routes.
- the concentration on discharging people fails to develop the workforce for those at risk of admission
- flexibility required to develop direct support workforce who are directly employed by the individual or family



2. Introduction

The guidance supports delivery of 'Building the Right Support' by assisting commissioners and providers to build the appropriate level of skills, knowledge and competencies across the adult social care workforce who deliver direct support. It can be used to inform the commissioning of local education and training, and the development of provider service specification/contracts.

The guidance offers a potential solution to the supply of direct support workforce by examining existing roles in social care and healthcare settings, focusing on activities undertaken, the level of skills and knowledge required, training routes and qualifications and how each maps across from social care to equivalent roles in healthcare.

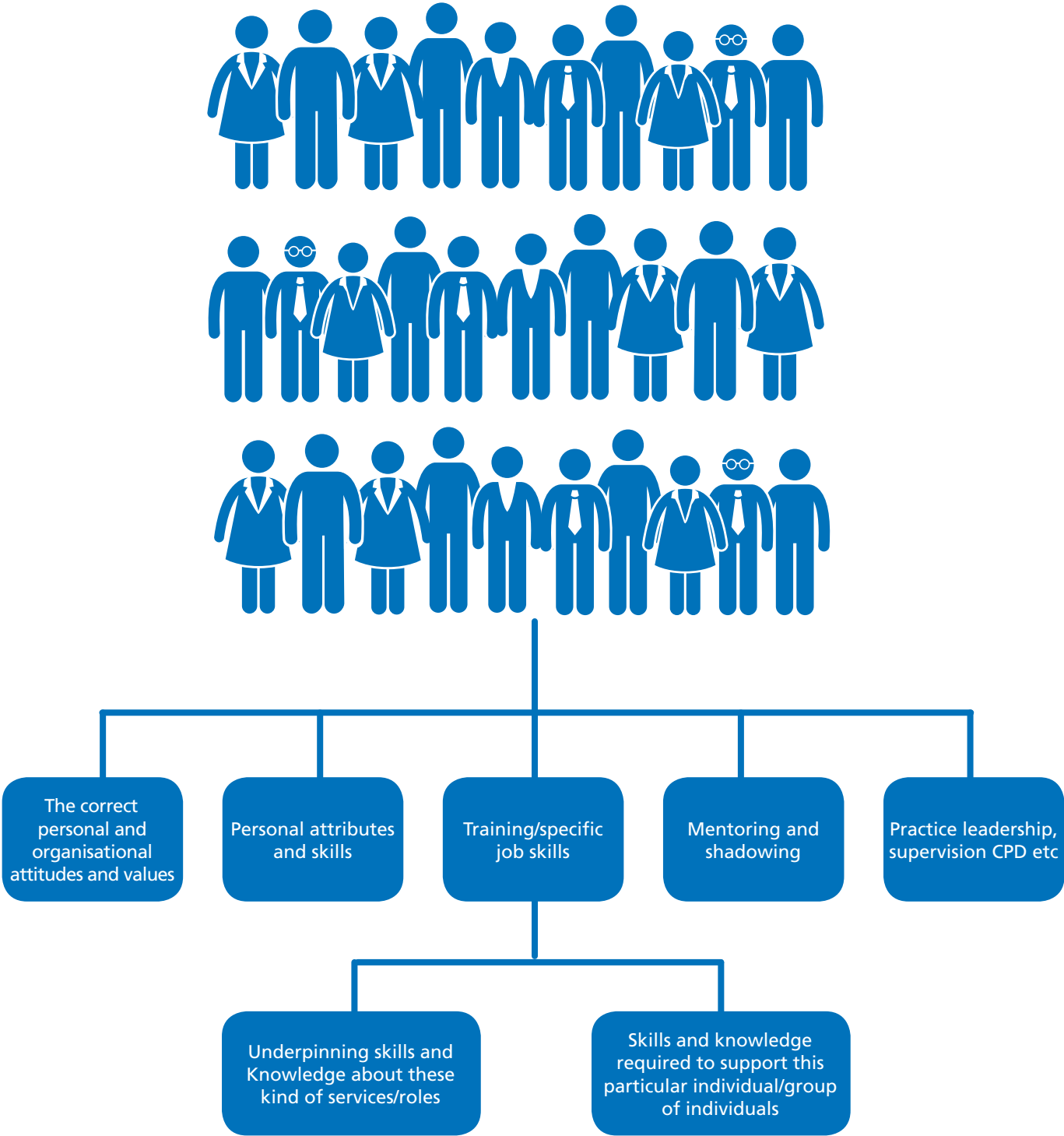
It shows the appropriate standards for a direct support worker in provider services needed to achieve the aims of the Transforming Care Programme; how a pool of available workers can be grown and how workforce development can contribute to a truly person centered approach. It will require support from the health and social care system at a national and local level to embed the roles across the relevant workforce.

The guidance has been built on general social care career framework materials and the Expert Reference Group recommends it should be used to supplement the following:

- On-going learning and development in adult social care published in summer 2016
<http://www.skillsforcare.org.uk/Documents/Learning-and-development/Ongoing-learning-and-development-guide.pdf>
- Learning Disability Core Skills Education and Training Framework published in summer 2016
<http://www.skillsforhealth.org.uk/images/resource-section/projects/learning-disabilities/Learning-Disabilities-CSTF.pdf>
- Professional Capability Framework Diploma Cards
- Relevant regulated professional standards guidance including nurses, psychiatrists, psychologists and social workers.

3. Workforce enablers

The following aspects are essential to develop a workforce with appropriate skills, competencies and knowledge to deliver high quality support and service:



4. Transforming care roles

The Generic Adult Social Care Role Framework includes five levels of workers: new to care worker, adult care worker, lead adult care worker, lead practitioner in adult care, and manager/advanced practitioner in adult care. The generic skills and knowledge needed at all levels are described in the Professional Capability Framework under the six domains.

This guidance recommends a lead adult care worker and/or lead practitioner in adult care would have the appropriate level of skills required to provide direct support to individuals with a learning disability and/or autism who display behaviour described as challenging, due to the complexity, unpredictability and diversity of situations a worker could be presented with.

The role of a new to care worker and adult care worker can be considered as the foundation blocks, where workers possess a set of generic skills relevant to supporting people who have a learning disability and/or autism that can then be developed around the needs of individuals. Career development and progression to other roles would be available including lead practitioner in adult care, manager/advanced practitioner in adult care and additional roles outside the framework including a social worker, learning and development lead/Positive Behavioural Support (PBS) trainer, consultant PBS practitioner.

For each category of worker the guidance sets out the role, activities to be undertaken, the level of skills and knowledge required, training routes and qualifications, and how each maps across to equivalent roles in healthcare.

4.1 New to care worker/adult care worker

A new to care worker will not have the appropriate level of skills and competencies to provide direct support to people with a learning disability and/or autism, who display behaviour that's described as challenging.

Role description
<ul style="list-style-type: none">• Provides direct support alongside another member of staff and/or carer• Provides active support, person centered support and PBS
Generic skills relevant to supporting people who have a learning disability and/or autism
<ul style="list-style-type: none">• Care Certificate http://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx• Learning disability pathway in the level 2 Diploma. Level 2 Award in Supporting Individuals with Learning Disabilities• Level 2 Certificate in Supporting Individuals with Learning Disabilities• Learning disability awareness from the Core Framework• Positive behavior support (PBS) awareness, autism awareness, mental health awareness and mental health capacity act awareness
Equivalent role in health and health career framework (see Appendix 1 for health career framework)
Healthcare support worker – career framework level 2 <ul style="list-style-type: none">• Providing support with direct health and care interventions under supervision



4.2 Lead adult care worker

A lead adult care worker has some skills and competencies to support people with a learning disability and/or autism, who display behaviour that's described as challenging, and will need to work alongside an experienced direct support worker or family carer.

Role description

- Provides direct support with indirect supervision
- Provides active support, person centered support and PBS
- A frontline worker who will, in some circumstances, have delegated responsibility for the standard of care provided and may supervise the work of other care workers
- Provides direct support in a situation where advice, direct supervision and guidance from co-workers is always available i.e. the number 2 in 1:2 support

Skills and knowledge required

- PBS Competency Framework Level A
<http://pbsacademy.org.uk/pbs-competence-framework/>
- Autism/mental health at level 2 of Regulated Qualifications Framework (RQF)

Specific knowledge and skills for any relevant health conditions for the individual being supported

Tier 2 learning outcomes from the Learning Disabilities Core Skills Education and Training Framework

- Level 3 Certificate in Supporting Individuals with Learning Disabilities (RQF)
- Level 3 Award in Supporting Individuals with Learning Disabilities (RQF)
<http://www.skillsforcare.org.uk/Topics/Learning-disability/Learning-disability.aspx>
- Learning disability pathway in the level 3 Diploma

Equivalent role in health and health career framework (see Appendix 1 for health career framework)

Senior health care support worker: career framework level 3

- Direct support with health and care interventions under indirect supervision. Provide active support, person centered support and PBS

Assistant practitioner/nursing associate: career framework level 4

- May work unsupervised in the community and be able to undertake some aspects of practitioner's role independently under the supervision of practitioners. Examples of roles: assistant practitioner - behavior support, occupational therapist and clinical psychology
<https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/workforce-capability>

Social care career framework

- There are no specific entry requirements. Recruitment is values based and requires underpinning existing skills

Suggested training provision

- Pre-employment courses made available through local colleges
- Post-employment 2-year placement including day release supervised by team leader or lead care practitioner
- Clinical supervision: individual or group supervision by lead practitioner or mental health professional as appropriate

Key activities

- Key activities are the same as those of the lead practitioner in adult care (listed in section 4.3), but with supervision and guidance available



4.3 Lead practitioner in adult care

A lead practitioner role has the appropriate level of skills and competencies to support people with a learning disability and/or autism, who display behavior that's described as challenging.

Role description

- Level of skills who can work unsupervised including individual supported living
- Workers will possess specialist skills and knowledge in their area of responsibility, which will allow them to lead others
- Implements active support and behaviour support plans
- Lead on developing person centered plans
- Supervises and leads others and/or leads on input into development of behaviour support plans
- Involved in direct support provision, including activities such as care coordination, mentoring and supervising trainee/assistant practitioners

Skills and knowledge required

- PBS Competency Framework Level A. autism/mental health including trauma
<http://pbsacademy.org.uk/pbs-competence-framework/>
- Learning disability pathway in the level 3 Diploma
- Level 4 Diploma in Adult Care (England) (Regulated Qualifications Framework)
- Level 5 Diplomas in Leadership in Health and Social Care and Children and Young People's Services

Equivalent role in health and health career framework (see Appendix 1 for health career framework)

Assistant practitioner: career framework level 4

- May work unsupervised in the community and be able to undertake some aspects of practitioner's role independently under the supervision of practitioners. Examples of roles: assistant practitioner - behavior support, occupational therapist, clinical psychologist

Registered practitioner: career framework level 5

- Most practitioners at this level will be newly qualified learning disability nurses, but could include occupational therapists, and speech and language therapists, who will work under the guidance of a senior practitioner/team leader.

<https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/workforce-capability>

Social care career framework

- Direct progression from the lead adult care worker role
- Attaining a level 3/4 Regulated Qualifications Framework qualifications (RQF)
- The career pathway could be similar to improving access to psychological therapies (IAPT) practitioners, with different qualification levels and entry points

Suggested training provision

- Pre-employment courses made available through local colleges, or continual professional development. To degree level (RQF level 3) higher apprenticeship/foundation social care degree). Also postgraduate course to be developed with the option of a masters
- Clinical supervision: at least monthly individual or group supervision

Key activities

- Support individuals in any part of their life such as caring for their home, cooking, shopping, cleaning, personal care, travel, leisure, work or educational activities and or managing their personal finances
- Additional tasks relating to health and wellbeing needs such as supporting people to make and attend medical appointments (and implement the advice that medical professionals give), managing medication and ensuring its regular review, providing continence care, assisting with eating, carrying out regular checks for blood sugar levels and awareness of seizure activity
- Building rapport and excellent communication are essential. They may offer verbal prompts and encouragement or may complete elements of tasks with and for the person
- Work in accordance to (and contribute to the development of) a care plan which will include a Behaviour Support Plan and possibly other plans such as an Essential Lifestyle Plan, a Planning Alternative Tomorrows with Hope (PATH) or similar as well as any risk assessments and policies and procedures of their employer
- The work may take place in a variety of locations which will likely include the individual's home (which may or may not be shared with other people in need of care and support, or with family and friends of the individual), their local community facilities and services such as transport, shops, leisure facilities. Depending on the individual's care plan they may work alongside the individual as they work or study or could be working outdoors a lot participating in sport or activities like travel, music or drama
- Work may be very varied or repetitive. It will likely involve unsociable hours and demand flexibility and use of initiative. The role will involve careful recording and monitoring, as well as a genuine desire to help someone have a good quality of life
- They need a genuine concern for the individual's (and their family and friends) wellbeing, balanced with an understanding of the boundaries of their professional role so that they can respond to risk and challenge. This might involve interpreting or intervening for the individual in dealing with the public and or staff in leisure/commercial services (shops, cafes, banks etc.) and on occasion with the police. Family members and friends with lived experience may have acquired many of the qualities to support people with a learning disability and/or autism and behaviour describes as challenging

4.4 Manager/advanced practitioner

Role description

- Leader of a care team and/or specialist who will develop and implement a values-based culture at a service or unit level. This person could be a manager (responsible for providing a safe, effective, caring, responsive and well-led service), a practitioner (having developed a high level of specialism in a particular area) or a family member
- Supervising a team and taking responsibility for implementation of Behavioural Support Plans (BSP) in conjunction with a PBS practitioner working at consultant level (level C)
- Ensuring support is provided in line with person centered plans
- Involved in direct support provision but with time devoted to care reviews, quality assurance and compliance with legislation, training and supervision of care practitioners and clinical supervision for care and support assistants
- Responsibility for ensuring a compassionate and respectful culture of care and support for both clients and practitioners

Skills and knowledge required

- PBS Competency Framework Level A. Autism/mental health if relevant
<http://pbsacademy.org.uk/pbs-competence-framework/>
- Mentoring, leadership skills
- Level 5 Diplomas in Leadership in Health and Social Care and Children and Young People's Services
- Experience of working in relevant services/support situations

Equivalent role in health and health career framework (see Appendix 1 for health career framework)

Registered practitioner: career framework level 5

- Most practitioners at this level will be newly qualified learning disability nurses, but could include occupational therapists, and speech and language therapists, who will work under the guidance of a senior practitioner/team leader in a healthcare setting, or may manage teams in a social care setting.

Senior practitioner: career framework level 6

- Senior practitioners will have relevant on-the-job experience and knowledge that allows them to practice independently. They may supervise the work of others or lead a team. Example roles are community nurses, community occupational therapists/speech and language therapist, physio therapist/social work team leaders/psychologists, typically with previous supervised experience of direct support etc.
<https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/workforce-capability>

Social care career framework

- Regulated Qualifications Framework (RQF) level 4/5 in care or equivalent,
- Minimum of 2 years' experience as a lead adult care worker or lead and lead practitioner in adult care. The level and quality of their clinical experience would need to be evidenced

Suggested training provision

- Clinical supervision: Must continue at least monthly individual or group supervision to maintain registration
- Training is defined in terms of competencies and not in terms of existing professional or other qualifications. The career pathway could be similar to IAPT practitioners, with different qualification levels and entry points

Key activities

- Managing/leading/developing a team of direct support workers
- Responsibility for ascertaining the care needs of individuals and scheduling support to meet these needs on a regular basis
- Leading the work of the team by ensuring care plans are in place and monitoring the work of the team. They will inspire and model good practice and ensure teams have the information they need to do their jobs
- Identifying and addressing poor practice. They will collate recordings and ensure these can be used to develop, monitor and adapt care plans
- Involvement in checking administration of medication and ensuring medication is reviewed, and that money has been spent and recorded correctly and in ensuring the service complies with all relevant legislation

Please note each employer may have different structures and these responsibilities will be allocated to different levels of managers



4.5 Named social worker

The government public consultation on No Voice Unheard, No Right Ignored outlined a commitment to pilot a named social worker initiative. The response includes a description of their role:

“we see the role as championing the rights and views of vulnerable people, listening to people, understanding their wishes and desires, supporting them to live independently and in the least restrictive setting, and challenging other professionals in the system whilst being a partner in the system¹.”

Role description

- A named social worker may be able to fulfil the role of the care and support navigator and similarly that of the care coordinator under the Care Programme Approach (CPA)
- Champions the rights and views of vulnerable people by listening, understanding people’s wishes and desires, supporting them to live independently and in the least restrictive setting
- Challenges professionals whilst being a partner in the health and social care system
- Service focused outcomes include:
 - reduced health inequalities by improved access to services
 - higher quality care through professional challenge and quality assurance of interventions
 - better, person-centered care by giving service-users a greater voice in making decisions
 - reduced incidence/risk of poor treatment or abuse
 - support for living and integration within the community
 - parity of esteem between mental and physical health, and better integration of health, care and support.

Skills and knowledge required

- Experienced learning disability social worker
- Knowledge and application of Mental Capacity Act 2005
- Best Interest Assessor (Proposed new role Approved Mental Capacity Professional (AMCP))
- Further requirements are expected to come from the pilot project

¹Government response to No voice unheard, no right ignored https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/475155/Gvt_Resp_Acc.pdf

Equivalent role in health and health career framework (see Appendix 1 for health career framework)

Senior Practitioners: career framework level 6

- Senior practitioners will have relevant on-the-job experience and knowledge that allows them to practice independently. They may supervise the work of others or lead a team. Example roles are community nurses, community occupational therapists/speech and language therapist/physiotherapists/social work team leaders/psychologists typically with previous supervised experience of direct support
<https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/workforce-capability>

Social care career framework

Registered social worker operating at the level of experienced social worker as outlined in the Professional Capability Framework

<https://www.basw.co.uk/pcf/capabilities/?level=4>

Key activities

- Dedicated caseworker: oversight of the support of the person throughout the health and social care system and related services. This is to ensure that a responsible professional has detailed knowledge of the individual's particular care requirements, can quality assure interventions and is able to identify any concerns requiring further action
- Primary point of contact: for all matters or enquiries concerning the individual's care and treatment and social care needs
- Professional voice and challenge across the system: helping navigate and understand processes, procedures and challenging to ensure rights are upheld



4.6 Learning and development lead, PBS lead practitioner or trainer

Role description

Formal and informal coaching sessions and role modelling good support

Links between Specialists - those who carry out assessment, develop interventions and the people that actually deliver the PBS

Link between the concept of PBS and the actual practice

May undertake descriptive/complex functional assessment and develop intervention plans through a range of accredited programmes

Skills and knowledge required

- PBS competence and training to at least the level being taught
- Hold or be undertaking a teaching or training qualification

4.7 Consultant PBS practitioner

Role description

Formal and informal coaching sessions and role modelling good support

Support complex case management or complex systems management i.e. higher level behaviour management

Undertake complex functional assessments and functional analysis

Skills and knowledge required

PBS skills to level C of the competence framework

Equivalent role in health and health career framework (see Appendix 1 for health career framework)

Advanced practitioners: career framework level 7

- Experts with a range of high level skills, including highly specialised nurse practitioners - behaviour support, clinical psychologist, Psychotherapist- trauma therapy
<https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/workforce-capability>

4.8 Consultant practitioner

A consultant practitioner provides healthcare and can be a nurse, psychologist and/or medical grades for intellectual disability; and aligns to career framework at level 8.

5. Employing and training a direct support worker

5.1 Commissioning education and training of direct support workers

We recommend training, mentoring and supervision for the direct support workforce is funded through service contracts or personal budgets.

Directly employing Personal Assistants (PAs) is a model that works well for people with a learning disability and/or autism and behaviour described as challenging. Education providers will need to operate in a flexible way to meet the individual needs of the employers to ensure their workforce is equipped with the appropriate skills and competencies.

The introduction of the apprentice levy in April 2017 will provide opportunities to train and grow the direct support workforce. Apprenticeships will be available to level seven, which will provide a career development pathway for people working in learning disability services. Social care apprenticeships have already been developed and there are plans already to develop a learning disability health and social care support worker apprenticeship.

Transforming Care Partnerships (TCPs) can work with education providers including local colleges and universities to develop training for the new to care worker and adult care worker levels. New to care worker and adult care worker will develop a core set of generic skills relevant to people with a learning disability and/or autism, who display behaviour that's described as challenging. This will build a pool of local available people, who once recruited can undertake additional training specific to the needs of the person they will be supporting. It is anticipated this will reduce the time delay in recruiting and training a staff team and reduce short term drop out.

Training will need a strong value base to prepare the direct support workforce to deliver person centered care and support. We recommended training to be co-produced by people with live experience and delivered face to face.

The education, training and on-going supervision and support of lead practitioner in adult care will need to be provided by a highly skilled worker who has experience of working with people with a learning disability and/or autism, who display behaviour that's described as challenging. Supervisors will help lead practitioner in adult care to put this learning into practice.

To achieve a person centered approach there are other components of support that need to be in place:

- settled accommodation
- money for food, toiletries, clothes etc
- support for employment and daily activity



5.2 Activities and costs for employing a learning disability direct support worker - including pre-employment workforce development

When individuals and families are employing direct support workers and personal assistants, information and in some cases a register of personal assistants can be accessed from your local authority.

Once an assessment of care needs has been completed, the resource allocation system will determine the amount of money that will be provided through a personal budget and paid directly. Many local authorities have a list of providers who can support payroll, who will be paid directly by local authorities.

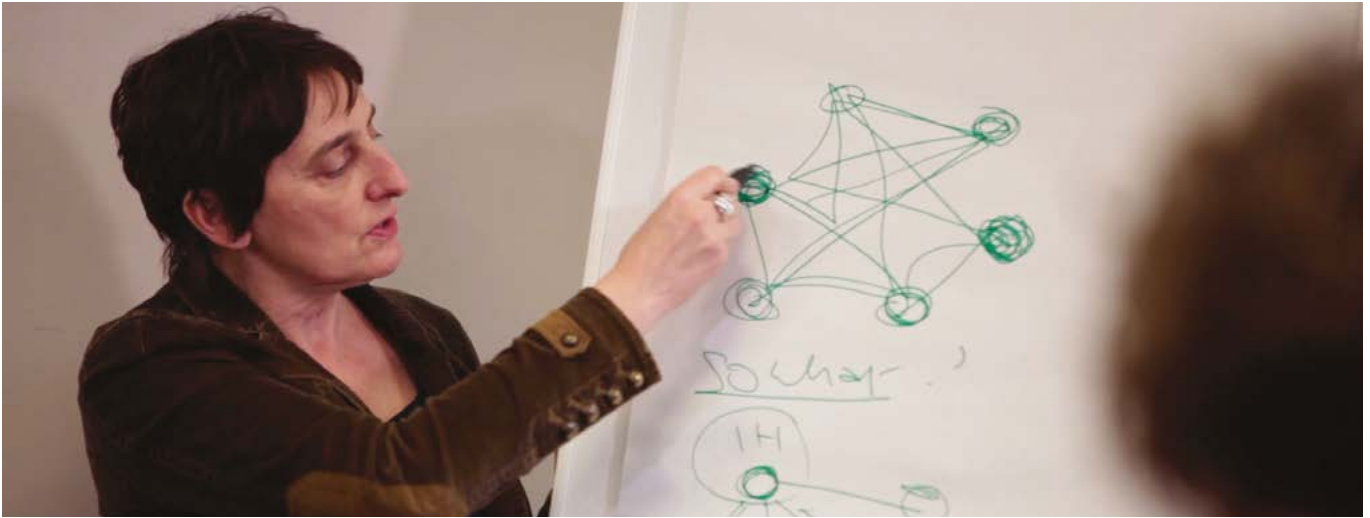
There are many recruitment options including advertisements in local press, job centers and health and social care agencies, although people may already know who they wish to employ.

Where there is input from specialist learning disability health and social care teams it would be appropriate to provide clinical supervision when required.

Table 1 below highlights cost associated with employing direct support workers and personal assistants.

Table 1

Activity	Who	Type
Facilitation of Person Centered Planning <ul style="list-style-type: none"> • Assessment of needs • Communication • Activities/day in the life of.... • Health needs • Staff support needs 	Individual, family, advocacy providers, social workers/practitioners	One off cost (annually) or built into hourly rate
Cost of getting the support team in place <ul style="list-style-type: none"> • Development of job description, person, specification etc. • Advertising • Admin for shortlisting, interview • Appointment costs including Disclosure and Barring Service's (DBS) 	Individual, family, provider admin, provider management	One off cost (annually) or built into hourly rate
Cost of new starters/teams induction <ul style="list-style-type: none"> • Working interview - 4 weeks generic and bespoke training Care Certificate • Probationary period - 12 weeks • Public liability insurance 	Individual, family, providers	One off cost (annually) or built into hourly rate
Cost of transitional period (pre new support and up to 6 months with new support)	Individual, family, providers	One off
Business as usual – for people with high support needs (delivered to service model in line with NICE guidelines) <ul style="list-style-type: none"> • Holiday pay • Sick pay • Regular supervision, review of outcomes, support and finance • Including contingency planning for staff turnover, training, debriefing following incidents and unexpected issues 		Ongoing with contingency



6. Development and sustainability of direct support workers

It is essential to plan ahead, ensuring the appropriate skills competencies and knowledge are available to deliver sustainable and flexible services. The impact of this planning will differ at different levels.

- **Team** - consider turnover with staff potentially leaving to progress up the career framework; changes in the needs of the people using the service including an increase or decrease in levels of support, different activities and/or changes in health conditions.
- **Service** - turnover and succession planning, the need for specialist roles within a team or service provider (e.g. person centred planning, PBS/autism/communication expertise as well as roles like finance, health and safety etc).
- **Local area/regional planning** - consider long term planning for community support services and roles such as nurses, psychologists, psychiatrists, therapists and social workers. All roles will deliver direct support, provide advice, training and supervision to direct support workforce. They will also focus on prevention, turnover, and planning for people who will need services in the future including children and young people, those being discharged or leaving prison, those moving away from the family home/the reduction or end of family care.

NHS organisations that have successfully implemented the new health role and key elements to embedding and sustaining a role include organisational development and workforce planning, role clarity and development, career progression and funding. Please see figure 1 below:

Figure 1

Sustainability				
Qualifications and education programmes	Role clarity and development	Funding	Organisational development and workforce planning	Career progression

Appendix 1



Career Framework for the NHS

9	More senior staff	Consultant Psychiatrist, Board Director
8	Consultant Practitioners	Nurse Consultant, Speech and Language Therapist, Chief Pharmacist
7	Advanced Practitioners	Head of Estates, Occupational Therapist, OT/Midwife
6	Senior Practitioners	Hotel Services Manager, Community Psychiatric Nurse, Doctor - Senior House Officer, Health Visitor
5	Practitioners	New entrant Radiographer, Midwife, Nurse Paramedic, Occupational Therapist, Biomedical Scientist
4	Assistant/Associate Practitioners	Assistant Practitioner (Technical Cardiology), Assistant Practitioner (Neurology), Occupational Therapist technician
3	Senior Healthcare Assistant/Technicians	Medical Secretary, Senior Housekeeper, Therapy Assistant, Healthcare Assistant
2	Support Workers	Clinical Support Worker, Cook, Housekeeper
1	Initial entry level jobs	Domestic, Porter, Cadet, Care Assistant