

Optimising the Capability of the Support Worker Workforce

Why? What and How?

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Why? What and How?

- **CSP position**
- **Why it's critical**
- **Why you need to be involved**
- **What development opportunities are available for support workers, challenges & barriers**
- **What might a workforce model look like?**
- **What do members think?**
- **Call to action**

Why?

- **36% more care hours** (Centre for Workforce Intelligence Horizon 2035 2015 report)
- **Growing the workforce**
- **Working differently**
- **Optimising capability to distribute workload differently**



But!

- **Safe and appropriate**



A healthcare worker in a white uniform is assisting an elderly patient. The patient is holding a cane and the worker is supporting their arm. The scene is set in a clinical or hospital environment.

**60% of NHS direct care is provided
by support workers**

**Traditionally they've had access to
5% of the training budget**



What's in progress?

- **England – Talent 4 Care – 3 apprenticeship levels**
- **NI – less developed – level 2&3 diplomas in clinical healthcare support**
- **Scotland – HCSW learning framework – mandatory induction standards**
- **Wales - HCSW career framework - mandatory induction standards – level 3 diploma in physiotherapy support**



What might optimized capability look like?

- Wider range of care
- Robust and critical lens
- Safe and appropriate – robust governance – training, development and support
- Registered workforce enabled



Welcome to

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How does this movement and approach sit with what members tell us? – CSP research

- Capable and aspirant
- Highly valued
- Opportunities and roles limited

- Training and development limited
- Unclear role boundaries
- Not visible or valued in the CSP





How do we make this happen?

