Developing and Supporting the Workforce

Jackie Pool
A review of our care workforce recognises that …..

……Staff should be well trained, appropriately qualified and motivated……
Workers should feel supported in their work by excellent leadership and management.

What is the biggest reason for leaving?

- Pay
- Career advancement
- Nature of the job
- Leaving care work
The quality of leadership is a major influencer on staff movement.
Staff well-being/Staff care: A sense of feeling:

- Valued
- Respected
- Supported
- Cared about
- Motivated
- Enthusiasm
- Reasonable workload
- Part of a Team

Created through leaderships style and management practices:

Residential Care and the Workforce. Residential Forum
http://www.residentialforum.com/PDF/Residential_Care_And_The_Workforce.pdf
FRANKLY, I WAS EXPECTING SOMETHING A BIT MORE SOPHISTICATED...
What is a Champion?
The role of the Champion

- Inspire
- Support
- Mentor
- Guide
- Monitor
- Change Agent
What are the benefits?

MOTIVATING STAFF = DELIVERING HIGH QUALITY CARE SERVICES
A Person-centred Approach to the Care Workforce

PERSONALITY
Character, Learning Style

HEALTH
Physical ability and limitations Mood

SOCIAL
PSYCHOLOGY
Communication Skills Working with others

BIOGRAPHY
Life History, Culture, Beliefs, Skills, Experiences

NEUROLOGICAL INTEGRITY
Cognitive ability and limitations

= P + B + H + NI + SP
What is Well Being?

SELF ESTEEM

SELF CONFIDENCE

HOPE

AGENCY
What is Workforce Well Being?

Everyone is clear about their role and has a sense of purpose.
What is Workforce Well Being?

HOPE

Everyone is positive about the difference they can make to the experience of those they are supporting
What is Workforce Well Being?

SELF-CONFIDENCE

Everyone has SELF-CONFIDENCE in the skills that they are using
What is Workforce Well Being?

SELF ESTEEM

Everyone has a sense of achievement and is recognised for their contributions.
“Making a difference”

The Role of the Specialist Dementia Care Worker:

To create a just right environment so that the person with memory impairment is not disabled
Defining Dementia

Neurological Impairment + Interaction of Others + Situation Person finds themselves in

Disability in:
- Bathing
- Dressing
- Using the toilet
- Dining
- Domestic chores
- Leisure activities
- Communication
- Hobbies
Successful Occupational Performance

Cognitive structures of the individual = Matched demands of the activity
The Pool Activity Level (PAL) Instrument

A Tool for Enhancing the Skills of People with Cognitive Impairment
Theoretical Background

- The Lifespan Approach to Human Development - Erik Erikson
- Cognitive Development - Jean Piaget
- Functional Information Processing Model - Claudia Kay Allen
- The Person-centred Approach - Tom Kitwood
Functional Information Processing Model

Input → Attention captured → Throughput: Information Processing

- Intact
- Impaired

Output
The PAL Instrument comprises:

- Life History Profile
- A Checklist of how the person carries out everyday tasks
- Activity Profile which assists the translation of understanding into practice
- Individual Action Plans for personal ADL
- Outcome Sheet for recording results
Internal consistency

Cronbach’s Coefficient Alpha = .952

Concurrent validity
Spearman’s rank order correlation (rho)

- Mini Mental Status Examination (MMSE) .75
- Barthel Index (BI) .71
- Bristol Activities of Daily Living Scale (BADLS) .82
- Clifton Assessment Procedures for the Elderly
  - Behaviour Rating Scale (CAPE-BRS) .71
- Clinical Dementia Rating Scale (CDR) .81

p < 0.01

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Reflecting on Outcomes

Supervision and Support:

- What went well and why
- What did not go so well and why
- What did I bring to the situation
- What will I change next time