A stable and competent workforce is crucial to assure that people with intellectual and developmental disabilities (IDD) can live fully engaged lives in the community. A generation of people with IDD are becoming adults; and this generation has grown up actively participating in family life and their community. Despite the research identifying evidence-based strategies to support full inclusion for people with IDD, little has been done to bring these practices to scale and address the growing demand for qualified workforce. It is imperative that we better prepare the IDD workforce.

**Introduction**
The need for a qualified and stable workforce of adequate size to support people with IDD is well documented; the current workforce of direct support professionals (DSPs) is substantially smaller than required to meet demand. Further, DSPs must be invested in developing the skills and expertise necessary to achieve the goal of supporting people with IDD in living healthy, engaged, and valued lives in their communities.

**Need for Research**
The public policy goals for people with IDD unequivocally provide for person-centered, individually driven, community-based living and supports. More than a million new DSP jobs to support these goals will be created over the next decade (PHI, 2015). Low wages and limited benefits, minimal training, ineffective supervision, and few opportunities for career growth, combined with the growing complexity of work, are barriers to creating a stable workforce (Larson and Hewitt, 2012). Research is needed to elicit those practices and policies that result in the retention of qualified DSPs, identify quality standards in recruitment and training, and to monitor the extent to which they utilized.

**Workforce Competency Research Goals**
With appropriate supports, people with IDD can lead fully inclusive and productive lives. Research is needed to identify the core set of DSP competencies and practices necessary to achieve public policy goals for people with IDD and to demonstrate that they can be effectively implemented across all settings. In addition, to assure that DSPs will be optimally prepared to meet the needs of people with IDD, research is crucial to identify the most appropriate quality standards and to demonstrate that they can be applied nationally.

**Workforce Recruitment and Retention Research Goals**
The recruitment and retention of a high-quality DSP workforce is essential to meeting public policy goals for people with IDD; however, low wages and limited career opportunities for DSPs have contributed to a workforce supply that is inadequate to meet the demand. Research that examines the intended and unintended consequence of shifts in public policy on the state and national levels (e.g., regarding minimum wage, tele-health, technology supports, Affordable Care Act, US Department of Labor Home Care Rule) will drive changes in future practice, policies, and research.

**Community Inclusion Research Goals**
The Home and Community Based Services (HCBS) Settings

**Impact**
Jake got his own apartment when he was 29. If you ask him, it should’ve been sooner. After all, he had a job and his siblings had all moved out, but Jake has intellectual disability. He uses few words, has behavioral challenges, and his family was concerned about his health and safety. He, together with his sister, finally convinced his parents that it was time. They found an affordable apartment, and using the individual budget Jake receives from a state agency, were able to cobble together much of the support he needs to live on his own.

It’s been five years since Jake moved and his life is better than it ever has been. Jake loves his apartment and neighborhood. It’s vibrant, with people his age going to concerts in the park and sitting outside the coffee shop, and there are bike paths that he can ride on. Sam, his direct support professional (DSP), connected him with a local bike group where he has made many friends. Sam has been a stable support to Jake over the past five years. Now that higher wages are being paid to DSPs, Sam is making a livable wage. Ongoing training to build his competence, and effective supervision, have helped him excel at his job. He plans to support Jake for many more years.

Today, Jake can often be found with friends at the smoothie shack after long Saturday trail rides. Sam has been instrumental in helping Jake become part of his community. From the bike club to the local soup kitchen where he volunteers, Jake has become a visible and valued member of his community.

Jake smiles with pride at all he can now do in the community, and his parents are proud of how much he has grown and learned; and Sam has helped to make the community experiences available to him.

Rule (Centers for Medicare and Medicaid Services, 2014) requires that the services people with disabilities receive provide opportunities for independence, full realization of rights, the pursuit of integrated employment, and community integration. In order to meet public policy goals for people with IDD, the DSP workforce must be equipped to facilitate the development of natural supports, including the use of technology. To ensure that people with IDD are optimally supported, research is necessary to identify the most effective strategies for community inclusion that can be implemented by DSPs.
Conclusion
In a 1997 speech to the membership of the American Association on Intellectual and Developmental Disabilities, John F. Kennedy, Jr. shared that people with disabilities and those that provide direct support “have much in common and want the same things: respect, a fair wage, health care, a decent place to live, education, and a chance to reach their potential as human beings.” This statement rings as true today as it did nearly two decades ago. As a society, we have made promises of healthy lives, employment, and community inclusion to people with IDD, yet we have not provided the stable support necessary to keep these promises. We must bring evidence-based professional development practices to scale nationally and address the DSP wage inequity to promote a high quality of life for people with IDD.

References
Affordable Care Act, 42 U.S.C. § 18001.

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