

Appendix VI - Raw data from Staff Surveys

1475 Returns

Question 1

15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54
12	120	165	178	161	246	214	210
55 - 59	60 - 64	65+					
119	37	13					

Question 2

FEMALE	MALE
1147	328

Question 3

2000 - 2800	3000 - 3100	3100 - 3200	3200 - 3300	3300 - 3400	3400 - 3500	3500 - 3600
23	267	421	105	93	74	108

3600 - 3700	3700 - 3800	3800 - 3900	3900	Not known		
131	68	101	71	13		

Question 4

2000 - 2800	3000 - 3100	3100 - 3200	3200 - 3300	3300 - 3400	3400 - 3500	3500 - 3600
6	274	426	120	79	56	117

3600 - 3700	3700 - 3800	3800 - 3900	3900	Not known		
151	38	101	51	56		

Question 5

Below \$15,000	\$15,000 - \$19,999	\$20,000 - \$24,999	\$25,000 - \$29,999
296	154	189	213
\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 - \$69,999
379	163	54	12
More than \$70,000			
15			

Question 6

Residential and Support Services Award	ATSS MECA	Attendant Care Award
257	409	78
Health Professionals Award	Disability Services Award	Health and Allied Agencies Award
48	99	75
SACS Award	Other	
176	333	

Other Industrial Awards and/or agreements

Continence Foundation of Australia	Australian Society of Study of Intellectual Disability
Disability Managers Association	AASU
Wengabeena Association	HACSU
Microsoft Certified Professionals	ASSID
VICROD	Australia Natural Therapies Association
Australia Library and Information Association	Country Fire Authority
MS Nurses Australia	Australian Association Occupational Therapists
CPA	Australia Sign Language Interpreters Associations
FSU	Psychologist and Registered Board of Victoria
VicFit Accreditation	Speech Pathology Australia
HSUA	

NOTE: There are as listed on the staff surveys but indicate a misunderstanding of the question

Question 7

Development Delay	Intellectual Disability	Learning Disability	Autism
171	1140	159	312
Physical Disability	Acquired Brain Injury	Deaf/Blind	Vision Disability
507	219	122	149
Hearing Disability	Speech Disability	Neurological Disability	
151	212	173	

Question 8

Acc. outreach support	Advocacy	Aids & Equipment	Beh. Intervention Services
105	64	47	42
Case Management	Congregate Case	Creating Inclusive Comm	Criminal Justice Service
121	11	29	12
Day Programs	Family Options	Flexible Care Packages	Futures for Young Adults
626	24	46	170
Intake, Access & Response	In Home Acc.	Independent Living	Information Services
15	226	172	62
Transitional Acc. Support	Productivity Investment	Recreation	Shared Supported Acc.
25	0	226	244
Respite	Service Quality	Research & Evaluation	Therapy
285	34	15	75
Home Support	Other		
169	185		

Other Services

Supported Employment	Corporate Services	Peak Body
Human Resources	Skills training within a private business	Employment Agency
Home Oxygen	Family Counselling	Attendant Care Services
Maintenance	Information Technology	Volunteer Coordination
Administration	Assessment and Diagnosis of Brain Injury	Residential Care
Mature Age	Parent Support	Social Support
Early childhood intervention	Transport	Health Promotion

Question 9

Employment Status		Paid Hours worked per week				
		1 –20 hrs	21 – 30	31 –40	41 – 50	51 - 60
Full Time	684	6	46	590	13	29
Part Time	577	224	206	129	8	10
Casual	214	144	35	20	12	1

Question 10

		Total Hours				
		0	1-10	11-20	21-30	31-40
Permanent employee	1130	1128	2	0	0	0
Casual employee	234	234				
On a fixed contract	111	0	30	67	5	9

Question 11

		Morning	Afternoon	Evening	Night	Changing Shifts
YES	437	10	11	17	14	385
NO	1038					

Question 12

Senior executive	Manager	Supervisor	Professional
33	131	107	206
Para Professional	Direct Care Worker	Administration	Tradesperson
24	754	76	5
Other Roles			
139			

Instructor (main role)	Community Development Officer	Quality Coordinator
Cleaner	Carer	Family Support and Service Coordinator
Consultant	Physio Aide	Coordinator
Occasional Respite Carer	Transport Officer	Program Manager
Production Assistant	Production Assistant	Assistant Director

Question 13

Accommodation Manager	Client Services Counsellor	HR Manager
Accountant	Client Support Worker	I.D.S.O = Intellectual Disability Services Officer
Acting Assistance Program Manager	Clinical Neuropsychologist	Independent Living Trainer
Acting Supervisor Community Support Worker	Community Access Support Worker	Intellectual Disabilities officer
Admin Assistant	Community Access Support Worker	Interchange Co-ordinators
Adult Training & Support Services Instructor	Community Educator	Interchange Program Manager
Agency Director - Resources / Team Leader - Disability Services	Community Health Nurse	Learning and Development Unit Manager
Art Director	Community liaison person for the HSA program	Leisure Access Worker
Artist in Residence	Community Mental Health Worker	Librarian
Artlife Program Coordinator	Community Outreach Worker	Nursery Instructor
Assistant Aid Carer / OCC Therapy Assistant	Community Relations and Information Officer	Occupational Therapist
Assistant co-ordinator - positive intervention officer	Community Residential Unit Manager	Operations Manager
Assistant Disability Instructor	Community Support Worker	Orientation and Mobility Instructor
Assistant Group Leader - Carer on Day Programs	Complex Needs Support Worker	Outreach Support Worker
Assistant House Supervisor	Co-ordinator confident Living Program	Parent Support Co-ordinator
Assistant Supervisor	Coordinator Family Options Program	Physiotherapist
Assistant Team Leader	Co-ordinator of Volunteers	Production Assistant

Assistant Program Manager	Direct care worker	Psychiatric Services Officer
Assistant District Co-ordinator / Instructor	Director of Clinical Services	Public Relations Officer
ATSS - Program Manager	Disabilities Service Officer	Quality Coordinator
ATSS Instructor	Disability Instructor	Recreation Co-ordination
Attendant Care	Donor Development Officer	Regional Ethnic Disability Advocate
Band 1 Instructor	Early Childhood Educator	Residential Care Worker
Band 2 Instructor	Educator	Respite Carer
Band 3 ATSS Day Services	Employment Officer	Rural Access Coordinator
Bus Driver	Family Counsellor	School Holiday Camp Leader
Business Manager	Family Services Co-ordinator	Senior Care Coordinator
Chief Executive Officer	FEAT - Future Employment & Training Coordinator	Sibling Support Assistant
Care Coordinator	Flexible Care Services Coordinator	Special Events manager
Care Worker	Flexible Respite Options Worker	Speech Pathologist
Case Manager	Futures for Young Adults Coordinator	Team Leader
Casual Assistant	Grade 2 Occupational Therapist - Adults	Volunteer and Events Coordinator
Cleaner	Grade 2 Personal Support Worker	Welfare Worker
Client Liaison Worker	Home and Personal Care	
Client Programs Development Co-ordinator	Horticultural Instructor	

Question 14

Positions	Main Duties		
SENIOR EXECUTIVE	Policy Planning	Operation of peak body	Organisational development
	Advocacy	Consumer satisfaction	Staff supervision
	Marketing	Case management	Quality Assurance
	Development of services and partnerships	Service Management and Development	Ensuring implementation of systems
	Representation of members interested	Policy and strategic development	Human resources management
	Oversee Parents and Government Departments	Financial Management (including Payroll)	Report to the committee of management on organisational performance
MANAGER	Quality Management System	Develop Policies and Procedures	Develop Training Calendars
	Responsibility for day to day activities	Staff employment and supervision	Liase with parents and carers
	Implement new programs	Supply reports to management	Manage staff
	Program development and administration	Networking/Marketing/Fundraising	Matching volunteers with clients
	Liaising with other departments	Overseeing programs and budgets	Building, developing and maintaining organisational relationships
	Provide direction to services	Hands on direct care	Emergency Management Plans

SUPERVISOR	Plan regular respite for carers	Organising day activities for interested clients	Administration Duties
	Offering a social environment for individuals	Financial management	Supervising and supporting the staff in the programs
	Maintain running of a house	Individual and systemic advocacy	Write and evaluate programs
	Follow and promote guidelines of services	Lead, instruct and observe clients and carers	Assisting with the development of social skills
	Rostering staff	Administering medications to clients	Oversee running of shared supported accommodation
	Promote agency in positive manner	Reporting to management	Client care and welfare
	Provide clients with safe and happy household	Liasing with other services, clients, their families and advocates	Develop care plans, staff rosters and timesheets
	Responsibilities for delivery of high quality customer focused service of team	Develop and implement new privacy laws	Coordinate community support services
PROFESSIONAL	Case management of target groups	Counselling information	Education on Advocacy
	Community education	Provide a service to people affected for various disabilities	Reporting to executive
	Recruitment of volunteers	Facilitate processes across the disability day program sector	Leisure programs community access and interaction
	Behaviour Intervention	Family Counselling	Medication administration
	Physiotherapy	Maintaining and implementing database servers and applications	Referrals to other agencies
	Assess client practical and psychological support needs	Recruitment and employment of Attendant Care employees	Assessment and Intervention for various disabilities
	Cataloguing library resources	Clinical assessment	Immunotherapy education
	Neuropsychological assessment	Assessment on cognitive strengths	Skills training
	Recommendations on future developments	Program development	Liasing with relevant services
	Marketing	Client money management	Prepare acquittals/governance reports
	Occupational Health and Safety procedures	Design and implement disability action plan	Therapy for school age and early intervention children
PARA PROFESSIONAL	Monitoring of volunteers	Respite co-ordination	Services development
	Assessment of families	Public speaking/marketing	Assistance to therapists
	Aiding with recreational pursuits	Organise personal development with groups of adults	Manage case load
	Provide direct care	Teach people IT skills	Running daily programs such as literacy and basic numeracy skills

DIRECT SUPPORT WORKER	Educating life skills	Developing and delivery of programs	Liasing with community and carers
	Client Advocate	Telephone duties	Doctor visits with clients
	Dressing clients	Feeding clients	Overseeing safety of clients
	Hygiene of clients	OHS clients	Teaching day-to-day skills
	Teaching literacy and numeracy skills	Caring for clients with dual disabilities	Caring for clients with chronic illness and dementia
	Ensuring emotional wellbeing	Financial support	Organising social groups and weekends away
	Helping with rostered chores	Hospital support	Building self esteem for clients
	Transporting clients from home to respite centres	Administrative duties	Caring for siblings of children with disabilities
	Hoisting clients	Medications	Gardening
	Massage and relaxation	Physiotherapy	Encouraging social skills
	Community access	Empowerment	Setting out programs
ADMINISTRATION	Collating and report on statistical data	Day to day administration requirements	Receiving fees
	Ordering stationary and equipment	Maintaining bus schedules	Financial procedures
	Maintain filing system	Strategic Planning	Monitoring of all operations
	IT support and training	Work with clients in teaching office skills	Reception
TRADESPERSON	Care and repair of building and grounds	Site Management	Security

Question 15

Less than 6 months	Between 6 and 12 mths	Between 1 and 2 yrs	Between 2 and 4 yrs
126	163	248	346
Between 4 and 6 yrs	Between 6 and 10 yrs	Between 10 and 20 yrs	More than 20 yrs
204	223	137	28

Question 16

Less than 6 mths	6 – 12 months	12 – 24 months	2 – 4 years
49	88	127	256
4 – 6 years	6 – 10 years	10 – 20 years	More than 20 years
213	282	346	114

Question 17

		With another non gov. agency	Within Government Disability	In a field outside Disability
YES	371	121	77	173
NO	1104			

Question 18

1 only	2 only	3 - 5	6 - 8	9 –10	More than 10
560	389	443	49	9	25

Question 19

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
9	27	76	259	263	841

Question 20

None	TAFE Qualification partially completed	TAFE Qualification completed	Undergraduate degree partially completed
283	87	468	93
Undergraduate degree completed	Post graduate qualification partially completed	Post graduate qualification completed	
248	54	242	

Question 21

ACRACS	CIVICS (Disability)	DDC	IDSO
183	51	14	68
MRN	RPN	RN	YACO
37	10	54	3
Dual Certificate (MRN/RPN)	Cert II in Community Services (Disability Work)	Cert III in Community Services (Disability Work)	Cert IV in Community Services (Disability Work)
3	19	56	198
Diploma of Community Services (Disability Work)	Ass. Diploma of Community Services (Disability Work)	Other	
22	9	809	

Other qualifications

Associate Diploma in Communication Development	Certificate in Family Therapy	Diploma of Welfare Studies
Associate Diploma of Business (Community Studies)	Certificate in First Aid	Grad Dip. Recreation and Leisure Studies
Associate Diploma of Community Justice	Certificate in Further Education and Employment for the Handicapped	Grad. Dip in Health Counselling
Bachelor in Peace Studies and Dispute Resolution	Certificate in Horticulture	Grad. Dip in Social Education
Bachelor of Arts	Certificate in Laboratory Technology	Grad. Dip In Librarianship
Bachelor of Business (Computing)	Certificate in Management Social and Community Services	Grad. Dip in Applied Science Disability
Bachelor of Commerce	Certificate in Mother Craft	Masters in Psychology (Counselling)
Bachelor of Communications and Women's Studies	Certificate in Public Policy and Management	Masters in Business Administration
Bachelor of Computer Science	Certificate in Vocational Education	Masters in Health Administration
Bachelor of Conservation Ecology	Certificate in Volunteer Management	Masters in Special Education
Bachelor of Science (Occupational Therapy)	Diploma of Technical Teaching	Masters of Professional Education and Training
Bachelor of Social Science (Recreation)	Diploma of Civil Engineering	Post Grad Diploma in Music Therapy
Bachelor of Social Work	Diploma of Education	Post Grad Disability Studies
Bachelor of Speech Therapy	Diploma of Frontline Management	Post Grad in Rehab Counselling
C.P.A	Diploma of Kindergarten Teaching	
Certificate in Aged Care	Diploma of Occupational Therapy	
Certificate in Business (Secretarial)	Diploma of Visual Arts	

Question 22

Yes	No
344	1131

Name of qualification studying

ACRACS	Diploma in Juvenile Justice	Diploma of Youth and Community Services
Bachelor of Arts	Diploma of Business in Community Services and Health Management	Doctorate of Psychology
Bachelor of Media Studies	Diploma of Accounting	Grad Dip in Community Cultural Development
Bachelor of Science (Justice Studies)	Diploma of Graphic Design	Grad Dip in Marketing
Bachelor of Social Work	Diploma of Arts – Professional Writing and Editing	Grad Dip of Management
Bachelor of Sport and Outdoor Recreation	Diploma of Community Services – Welfare Studies	Level 1 First Aid
Certificate in Child Care	Diploma of Frontline Management	Master Public Policy and Management

Certificate in Drug and Alcohol	Diploma of Human Services	Masters in Education
Certificate in Industrial Safety	Diploma of Interpreting	Post Grad Diploma of Aromatherapy
Certificate in Information Technology	Diploma of Justice	Post Grad Environmental Science
Certificate in Office Administration	Diploma of Management	Post Grad in Human Resource Management
Certificate of Community Services (Disability and Aged Care)	Diploma of Music Proficiency	Post Grad of Visual Arts – Public Art
CIVICS	Diploma of Sports and Remedial Massage	

Question 23

Last 3 months

0	1 – 50	51 – 100	101-200	201-300
671	590	206	5	3

Last 12 months

0	1 – 50	51 – 100	101-150	151-200	200 – 300	300+
468	779	152	24	26	11	15

Question 24

Yes	No
1120	355

Comments

Small business management	Early intervention field	Mental health training
Acquired brain injury	Exercise and cognitive disability	Neurological services
Art and craft training	Fire safety	Non-lifting techniques
Asthma management	Food handling	Occupational health and safety
Aus swim	Grief management	P.A.R.T training
Behaviour Intervention Training	Horticultural training	Psychiatric disability
Challenging behaviours	Human resources management	Professional development
Chemical handling	Improve standards of client care	Recognising and identifying disabilities
Clinical training	Induction training	Relationships and sexuality
Communication skills	Language related issues	Risk management
Computer training	Latest therapies and theories	Self defence
Conflict management	Legislations	Sign language
Counselling and nutrition	Maintaining personal hygiene	Stress management
Dealing with clients with dementia	Management and leadership	Team building sessions

Defensive driving	Manual handling	Dual disabilities
Medication administration		

Question 25

Yes	No
297	1178

Group or Association

Continence Foundation of Australia	CPA	ASSID
Disability Managers Association	FSU	Australia Natural Therapies Association
Wengabeena Association	VicFit Accreditation	Country Fire Authority
Microsoft Certified Professionals	HSUA	Australian Association Occupational Therapists
VICROD	Australian Society of Study of Intellectual Disability	Australia Sign Language Interpreters Associations
Australia Library and Information Association	AASU	Psychologist and Registered Board of Victoria
MS Nurses Australia	HACSU	Speech Pathology Australia

Question 26

	In 2 years	In 5 years
In my current job with the same agency	1106	589
In another job with the same agency	98	178
In another non-government disability agency	63	130
Working in the government disability sector	74	148
Out the of the disability sector altogether but still in the workforce	93	261
Out of the workforce	41	169

ISSUES RAISED

Issues	Comment
Pay Parity with Gov Sector & General dissatisfaction with pay rate.	<p>"Non-government workers should be paid the same as government sector staff, the same qualifications are expected and work done".</p> <p>"When NGO staff work a three-night sleep over they are paid the same as DHS staff doing a one night sleep over".</p> <p>"The wages are appalling and an insult to the dedication and care provided by carers".</p> <p>"It is hard to encourage staff to pursue education in the disability sector when the cost {of University education} outweighs the gain. Whilst I acknowledge that we are not in the field for financial reasons we all have bills and mortgages to pay".</p> <p>"HELLO!! MY FRIENDS WHO CLEAN UP AT THE END OF THE DAY - TOILETS AND BINS makes an average \$5.00 more an hour with 90% less responsibility and no government requirements".</p> <p>"The highest base rate I can get is about \$16.50 / hr whereas in my government job I get \$19 / hr., I also receive penalties for weekend work".</p> <p>"Also recognition of skills from other fields should be taken into account in determining rate of pay. Not just if some one has a degree or diploma in disability studies".</p> <p>"Raise the level of pay to match the government sector and to suit the job. You get more money stacking shelves at Safeway"</p> <p>"I enjoy working the disability field and are committed to further study but I am very put off by the low wages. I have a university qualification but get no recognition for it, currently getting paid less than the cleaner"</p> <p><i>Many are frustrated that they have spent time and money in the study of disability and it's related issues but their pay rate is the same as unqualified staff.</i></p>
Lack of Funding	<p>"Our caseload is huge and our unit cost is minute, you often feel like you are holding back a tidal wave with a sponge. If unit costs were realistic my NGO would be able to employ more administration and improve services".</p> <p>"Centres also struggle to pay above the award because of unit cost funding".</p> <p>"Better quality and repair and maintenance contractors need to be used".</p> <p>"The biggest problem I see is FUNDING! Too many clients and not enough money to give the clients what they are entitled to. Basic things such as communication aids.</p> <p>"On the rare occasion we get suitable aids the funding is unavailable to train staff as to the correct use of said aid!"</p> <p><i>Some said they wanted equal funding for NGO and government organisations.</i></p> <p><i>Funding was often mentioned in conjunction with the low rate of pay.</i></p>
Reasons for Working in Sector	<p>"This can be a challenging and rewarding occupation".</p> <p>"Helping others help themselves".</p> <p><i>Passion, dedication, a calling and feeling of making a difference in peoples lives were the common reasons.</i></p>

<p>Reasons for leaving the Sector due to WAGES</p>	<p>"Primarily because of poor wages, high stress, and expectation levels".</p> <p>"NGO cannot keep staff because their qualifications are not recognised and the money is poor".</p> <p>"I was sad to leave after approx 20 years in the industry but I'm afraid dedication DIDN'T PAY MY BILLS!"</p> <p>"Health professionals leave our organisation regularly because of government and society's failure to value the work carried out in this sector – this is demonstrated by the low wages paid"</p> <p>"Turnover of staff extremely high and I believe this reflects poor recognition for professional expertise and requirements to do the work required in the field"</p> <p><i>Many said they would NOT encourage others to enter this field due to the lack of appropriate pay rates.</i></p>
<p>Reasons for leaving the Sector due to STRESS</p>	<p>"A lot of quality staff leave through total frustration with the workload and the job training continually of new staff. We are not workplace trainers and this role takes away from the precious time that the clients need".</p>
<p>Lack of Hours/Work and stability of employment available to Staff</p>	<p>"I want to work 30 hrs a week and can only get 6 hrs or less. Its hard to apply for full time work at other places because they tell you there's a lack of funding and they are only putting on volunteers, which I can not afford to do".</p> <p>"The high level of casualisation that this enforces is very destabilizing for many staff so it is often a short term job. It is often difficult to keep good staff when you can't offer them long term contracts".</p>
<p>Staff Dissatisfaction</p>	<p>"NGO cannot keep staff because their qualifications are not recognised and the money is poor".</p> <p>"The high regard and genuine concern most of us in the field feel for our clients is exploited by both the State and Federal governments who systematically under funded essential disability services".</p> <p>"I believe it is the clients who suffer the most".</p> <p>"Professional qualifications not recognised on the job or adequately with Industrial Agreements.</p> <p>For example my qualifications {BA Psychology}, or nursing qualifications". <i>This is a common concern for many survey respondents.</i></p> <p>"In recent years I've witnessed a serious decline in staff continuity. We repeatedly have to work with agency personnel who don't want to accept responsibility or who have no 'feel for the job' ".</p> <p>"I'm sick of being told I cost too much, I'm sick of unnecessary paperwork [but I think this occurs across the field] & I should prefer to be offering more than a bandaid response".</p> <p>"Inferior work conditions – no computer, no email access, no internet, no admin staff".</p> <p>"Failure by community services to recognise union claims for a structured professional workforce who is paid a suitable salary to attract and retain them in the disability sector"</p> <p><i>Many respondents also expressed feelings that they were undervalued and unrecognised by society. As those with disabilities had little community respect or value and this attitude also encompassed those who worked in the disability sector.</i></p> <p><i>Some responders also felt they were taken advantage of by their employer or the industry in general. Expected to do the work and take on responsibilities of up to 3.</i></p>

Staff Satisfaction	<p>"I am a parent of a 14-year-old girl who has Down's Syndrome. I have been able to have the best of both situations as a parent and a worker".</p> <p>"Our agency attempts to thank and acknowledge hard work of disabled residential care staff throughout the year. Examples - Xmas bonus, Staff retreats and 'Pampering' packs or gifts".</p> <p>"CIDA conferences are an excellent source of information exchange. This care field needs constant inspiration and innovation to be effective"</p> <p>"It is excellent that by being paid for our work people who need some rest from caring full time for a family member can ask for help and not feel they are imposing on other people"</p>
Quality Service Provision Dissatisfaction	<p>"Often it is primarily the dedication of staff, which allows anything to happen, rather than a skilled, well-paid workforce working with common goals and expectations".</p> <p>"More compatible mixing and blending of clients in houses needs to be addressed".</p> <p>"Second hand furniture, whatever is available for NGO clients and quality furnishings for government clients. This is discouraging for staff".</p> <p>"There should be a drive to employ more therapists, social workers in the disability sector to improve quality of service".</p> <p>"We need to attract males to work with male groups in the disability field. They are so much appreciated by the male clients in our areas as they relate so much better with them than females".</p> <p>"In my field of work (severe, complex disabilities, including cerebral palsy) the potential for major health issues to get out of hand (pressure ulcers, manual handling, aspirating food and drink) is very high. Trained personnel who can monitor these issues and step in before damage occurs are fewer and fewer. (Trained personnel = therapists, nurses, dieticians) How long before someone is severely injured or dies?"</p>
Induction Issues	<p>"Direct care workers need to be looked at as professionals able to be given personal details about people that we work with, eg if clients have been violent, or have a sexual abuse history towards other clients or staff, what has been tried in behaviour modification, what has worked, what has not".</p> <p>"An induction program and perhaps annual updates & opportunities to meet peers and/or other mentors would have been useful".</p> <p><i>Comments about being given a night shift <u>alone</u> in a house full of clients after just a few hours of training.</i></p>
Staff to Client Ratios Unsatisfactory	<p>"It is more difficult to supervise disabled clients than able ones. More can go wrong!! Quickly".</p> <p>"{Overnight} Shifts may be approx 19 hours with huge responsibilities involved - often you are the only staff member on at the time!"</p> <p>"Inadequate Staff to client ratio causes high staff stress and absenteeism"</p>
Management Concern & Issues	<p>"Senior executive positions often filled through a climbing of the internal ladder from direct service up. This has great benefits for clients but can sometimes look like de-professionalisation of the industry. Formal training {eg MBA} looks good but doesn't necessarily improve your performance".</p> <p>"The organization I work for has for some years paid lip service only to therapy/psychology services – our skills are no longer valued by management".</p> <p>"Communication is more effective in a smaller organisation as is feedback in that there is not large bureaucracy to deal with".</p> <p>"The interest they {management} take in the clients we work with everyday is non-existent. Management don't tell us anything of plans, ideas or issues until it is too late. The gap is growing between management & staff".</p> <p>"The quantity and quality of training that our clients received has definitely become less important to our management and the need for \$\$\$'s is now the most important aim".</p> <p>"A need for more managers who have good people management skills rather than just administration skills".</p> <p>"Organisations try to prove they are a player and worth funding. All of the gaps are hidden away and not acknowledged therefore problem areas are not addressed".</p> <p>"Direct Care Workers are treated as unprofessional simpletons, only management positions get respect"</p> <p><i>It has been a concern that there is not enough communication and especially meetings held regularly between staff and management.</i></p>

Issues in Recruiting Staff	<p>"There needs to be better links b/w staff in all NGO Agencies on the ground need opportunities to network with other agencies. NGO agencies should be working together not in competition with each other. There are enough people with disabilities to go round!"</p> <p>"The most frustrating part of the job is having to spend so much time training new staff. The majority of our staff {casual and permanent} has no qualifications and or experience; when we do recruit experienced staff they don't stay long or they work other jobs as well".</p>
Supervision of new Staff	<p>"I don't believe there is enough training for new staff, so many have no training at all and {experienced staff} make assumptions {new staff} know what to do".</p> <p>"The "need to know" transfer of information between organisations working with a client is too often non-existent or inadequate".</p> <p><i>Staff feel there is not enough interaction between older experienced staff and new recruits.</i></p>
Training - Dissatisfaction	<p>"There is no incentive to improve your standards in the organisation I work in, as you get paid the same with or without qualifications".</p> <p>"Carers are frustrated that they have not been given the training they would like so that they can interact with clients at a higher level".</p> <p>"There is a high proportion of untrained staff that are employed throughout the disability sector, this puts extra pressure on trained staff".</p> <p>"There is limited money for wages and backfill for staff to do training in any area of interest that may be relevant but not necessarily a priority".</p> <p>Training needed in "Management, counselling, coping with stress, working as a team {staff}, quality service, dispensing medication and client health issues".</p> <p>"Certificate IV Disability does not address comprehensive component of teaching people with disabilities through various learning models. And people from nursing and health care backgrounds are only infrequently offered training in this area".</p> <p>"More training in area of mental health, these patients often have psychiatric illness"</p> <p>"I learn by my mistakes – which is time consuming"</p> <p><i>'Lack of Training' and 'Lack of qualified trainers' were two of the big issues in the staff surveys. Training was usually done during a person's own time and own expense. This was due to funding reasons and lack of qualified replacements. Many employees suggested basic day-to-day operations of houses, dual disabilities, first aid, challenging behaviours, self-defence, business management and PC training as some of the main training needs. Lack of Induction and orientation was also a matter which needed improving.</i></p>
Training Adequate	<p>"I think present skill development training is just adequate and covers the basic requirements needed to support intellectually disabled adults".</p> <p>"In regards to my Respite Co-ordination job I feel most training was not required due to my background work & qualifications. But if I did not have these experiences there would perhaps be a lack of training specifically related to Respite. The organisation provides a lot of training for Direct Care but not a lot in other areas".</p> <p>"Vital that all staff have minimum Certificate 4 training, need to be more selective"</p> <p>"It is wonderful that Certificate III is offered for free, it is a good incentive and allows for easier transition into the field"</p>
Assessment of Staff	<p><i>Staff feel ongoing assessment and gauging of their skill level and achievement is needed.</i></p>
Intended Career Path	<p>"However there are limited opportunities {within smaller organisations}. Suggest that other NGO's in this field could advertise with/across each other's organisations for recruitment purposes".</p> <p>"Amazed at the lack of opportunities that exist for instructors that possess expertise and interest in certain skill areas".</p>

<p>Staff Stress Levels</p> <p>Burnout & Overwork</p>	<p>"Workload extreme – burn out".</p> <p>"Working with challenging, aggressive clients without adequate supports in place. This can result in high injury or stress levels".</p> <p>"The amount of stress causes burn out in this sector. Example Level of danger from some clients, insufficient funds to better service clients and high responsibilities / life and death decisions need to be made".</p> <p>"The pressure is unrelenting, contributing to low moral and staff despair".</p> <p>"Wonder woman couldn't keep this up this {work load} much longer, I am looking for other employment".</p> <p><i>Verbal and physical abuse is referred to many times in the survey responses as a major cause of staff stress.</i></p>
<p>Lack of Staff Support</p>	<p>"Stress management skills and support for staff. There is not enough support inside and out for the staff of organisations so that staff do not feel alone or intimidated to go for help".</p> <p>"Complaints of workers working in isolation without much support are common".</p> <p>"There will be incidents that "affect" staff where no official be-briefing takes place.</p> <p>"I think it is time for the departments, both State and Federal and NGO's to sit down together. To get rid of the paranoia that exists between them and to make the disability sector an empowering sector for disabled clients"</p> <p><i>Staff support is reported as being quite low as there are not enough resources or time. This support is also seem to be lacking in other local and affiliated organisations.</i></p>
<p>Non-Paid after hours work</p> <p>Regarding paperwork</p>	<p>"Staff need time release for administrative duties & paper work".</p> <p>"Too often there is not enough funding allowed for the necessary administration work".</p> <p>"Paperwork and government requirements are ridiculous with no time to do it - work must be completed at home at \$12.50 an hour - is it any wonder people don't come in to this field!"</p> <p><i>Staff report that most of the paperwork is done in their own time as work time is not allocated.</i></p>
<p>Safety Issues for Staff</p>	<p>"Occupational Health & Safety issues not recognised. Little support provided for behavioural intervention & other needed support services".</p> <p>"Violence and hygiene are a workplace problem".</p> <p>"Facilities are appalling and would not meet OH&S at any other industry level".</p> <p>"If a physio was provided in the region where we work for staff to access even a couple of hours a week or a fortnight. I believe this would possibly cut back on work care and help staff to work more comfortably, as it can be a physically demanding industry".</p> <p>"With all the bodily fluids we come in contact with – blood, urines, faeces, saliva, mucus, it should be mandatory that the carers receive Hep. B vaccination on employment".</p> <p>"I was on WorkCover for a year due to a workplace assault by a resident. I feel that the need to be kept up with anything new is vital"</p>