

# Part 3 - Qualitative Research, Key Findings

# OVERVIEW OF THE PROCESS

Across Victoria a series of group discussions and one-on-one interviews were conducted to ascertain informed opinions and perspectives about the workforce and its issues.

Generally groups and interviews separated employers, or manager/supervisors, and employees. In addition some groups were worksite specific whilst others were comprised of staff from a range of agencies. Participants enjoyed the process of reflecting on the live issues – particularly where they had a chance to meet with staff from other agencies and discuss commonalities and differences between agencies. There was remarkable consistency in the opinions that were expressed on designated topics, although clearly there were many variations in agency practices and work environments. There was also a surprisingly high level of congruence between the opinions expressed by managers and supervisors, and other staff.

A broad cross-section of agency types participated in the process and these are listed together with the total number of participants in Appendix I. More than 40 agencies and 90 individuals were directly involved.

## Research Questions

Questions were deliberately open and invited participants to raise any issues they felt significant in relation to established topics. For example, “Can you tell me about recruitment practices and issues in your agency?” It was seen that in being very general participants would have the opportunity to direct the conversation in ways that would elicit the most relevant data. The subject areas that were raised by the consultants, for consideration by managers, supervisors and workers were:

- Recruitment
- Retention
- Manager/Supervisor to staff ratios
- Supervision issues
- Client to staff ratios
- Induction
- Barriers to staff satisfaction
- Barriers to quality service provision
- Other comments and issues.

# THEMATIC ANALYSIS AND FINDINGS

## Recruitment

Recruitment was seen to be an extremely time-consuming, and therefore costly, process – particularly for smaller agencies without dedicated human resource practitioners.

Recruitment was seen as problematic because of the effort involved and the difficulties in recruiting quality candidates. The low wages in the sector were consistently cited as a major problem.

The factors that were seen to deter potential quality employees were:

- Poor wages and the lack of parity in remuneration with other people doing similar work in government, or even less skilled work in other fields
- The need for staff to use their own vehicles to travel to clients' residences
- The hours, shifts, and lack of guarantee of regular work for casuals
- The nature of the work itself, in some instances – some people are overwhelmed by the responsibility of the work and the demands of dealing with clients with high needs or multiple disabilities
- Lack of career structure – it is regarded as a job by many rather than a career
- The absence of any compensation or benefit for working with more demanding or challenging clients
- The length of time it takes to get police checks – potential employees find other work whilst the check is being undertaken
- Lack of status for the work
- Lack of training and development opportunities.

Agencies claimed that they often had to readvertise to attain appropriate staff, due to lack of suitable applicants. Most participants disliked advertising positions with 'no experience required', or 'training provided on-the-job'; they felt that this set up expectations in recruits that the work would be easy, quickly learned or that anybody could do it. Some managers and supervisors stated that they had had to lower their standards, simply to get someone to do the work and that they felt this was to the disadvantage of their clients – as one manager said, *"In the end you just have to take whoever you can get"*.

Language skills were seen as very important to the required skill set for the work, but agencies in some areas claimed that it is hard to get staff who are sufficiently proficient in English, verbal or written. Working with clients with a disability requires expertise in communication, and staff need to be able to read notes, policies and procedures. The comment was also made that clients and their families need staff who speak their own language and understand their culture – recruiting suitable staff for specific ethnic or cultural groups seemed to add to the difficulties of the recruiting task.

There were many stories about the difficulty in recruitment for the field, particularly due to the lack of status of the work and the low rates of pay. More than once the consultants were told *"you get \$4 per hour more if you take a job working in the local supermarket and stacking the shelves"*. Agencies providing accommodation services seemed to feel that they were often in competition with government disability services, and that they were unable to offer terms and conditions, or training, commensurate with the government sector. This sense of competition was also evident within the non government sector. As one person wrote to tell us *"There need to be better links between staff in all NGO agencies"*

*...NGO agencies should be working together, not in competition with each other. There are certainly enough people with disabilities to go round".*

Agencies had different recruitment strategies – larger agencies had highly developed policies and procedures, and staff with human resource expertise to oversee the process. Smaller agencies understandably had more ad hoc approaches. Methods for selection varied, and some agencies had a policy of always including client representatives on their selection panels.

Attitude and a commitment to the rights of the clients were consistently cited as the most important requirement when selecting new personnel. Some agencies had a policy of only hiring new personnel if they had a Cert IV in Community Services (Disability), yet often the comment was made that some people with the qualification were unsuited to the field and that they did not have the appropriate skills to work effectively with clients. One person commented, *"The most frustrating part of the job is having to spend so much time training new staff. The majority of our staff (casual or permanent) have no qualifications and or experience; when we do recruit staff they don't stay long or they work in other jobs as well".*

Some participants saw maturity e.g. people in their 30s and 40s as an advantage when recruiting. Others commented that they had excellent success in recruiting young students or overseas travellers and that these were generally good employees, but that most would only do the work for a brief spell and were not interested in the field for a career (mainly because of money).

Recruitment was seen as significantly more problematic in rural areas, especially outside major cities such as Ballarat or Bendigo. It was argued that in the country it was harder to find trained people, that training opportunities were more expensive for the rural workforce, and that there were fewer career paths for the workforce in the country.

## Retention

Many of the reasons cited as making recruitment difficult were also raised in relation to issues with retaining staff, for example, poor pay and conditions, lack of security, lack of a career path and difficulties inherent in the work. Again managers saw other jobs, that require less skill but pay better, or other agencies offering better pay, as being able to draw staff from their positions. One manager in a country town stated that *"we lose staff to the ice-cream factory – they pay more and the shifts are more regular".*

Retention is seen as a management problem for agencies, but it is also seen as a problem for clients – problems with retention means that clients experience a lack of continuity of care, and some may experience feelings of abandonment and loss. Families come to trust workers and high staff turn-over makes families anxious about the quality of care provided to their son or daughter.

Shiftwork and rosters were also viewed as prompting many people to leave the sector. In a predominantly female workforce, shiftwork may be attractive prior to starting a family, or when children are grown and independent, however it clearly causes difficulties for people with younger families. Staff who are older, or have older children were reportedly more likely to stay. Shiftwork was also seen to place stress on significant others, thereby prompting some workers to leave for work with more regular hours. Work in day programs was regarded as more attractive to some because of the hours it offered.

In a workforce with a high percentage of casual labour, many casuals were reportedly seeking part-time and full-time work. It was the view of some participants that good casuals would take work with a number of agencies, thereby gaining experience and leaving once they attained better conditions and more hours with a preferred employer. Keeping good casuals was seen to be difficult. It was assumed that staff move from attendant care to residential support to attain job security. Participants often felt

that people employed for attendant care inevitably worked more hours than they were paid for. Insufficient funding was also blamed for the inability to hold regular staff meetings.

Burnout and stress were often mentioned as factors for leaving the workforce.

As well as sector specific issues, many of the reasons staff in the disability sector leave job roles are the same that would be expected in other work contexts, for example, a poor organisational culture, problems with managers and colleagues, need for change, need to relocate, family reasons, etc.

When asked about reasons why people stayed in the sector, the responses usually referred to the clients themselves, but the observation was made that salary packaging was a benefit that made pay and conditions better. Some agencies took the approach that it was reasonable to expect staff to leave after about two years and that the agency should plan for this and design its practices accordingly. With this expectation they were happy to employ students and regarded their youth and energy as a bonus that offset the staff turn-over they generated. Traineeships were cited as working well in some agencies and assisting these employers to boost retention rates.

There was the perception that larger agencies were able to offer more career opportunities and were therefore more able to retain good staff. (This was a common perception from those working in smaller agencies). However it was also seen by some of the smaller agencies that their size led to greater feelings of camaraderie and loyalty among staff, and that these personal relationships led people to stay with their employer despite poor pay and conditions. It was generally agreed that agencies can improve retention through strategies which do not necessarily require additional funding. Recognition and rewards, creating a positive and affirming work environment and focussing on client needs were all seen to engender feelings of connectedness in staff and to enhance retention rates.

## Manager/Supervisor to staff ratios and supervision issues

Quality supervision was widely recognised as critical to working in the disability field, by staff and management. More concerns were expressed about the lack of funding and in time, to provide supervision, than the quality of it.

Attendant care / in-home support was seen to be a particular problem – staff work one-to-one with their clients in a range of environments and supervisors are not in a position to know what's happening, or may only find out about problems when situations explode. Unfortunately it seemed that supervision was a 'complaints-driven' process in some agencies with this workforce. Performance management is a challenge when the supervisor is geographically removed. Feedback from clients and families is obviously important, yet as some supervisors noted, some families or clients are very reluctant to make complaints as they fear they may lose the support altogether, whilst others have unrealistic expectations of the support that can be provided. The relationship between the supervisor and the client/client's family is central to effective performance management, yet given the numbers of staff and clients a supervisor may be overseeing, this can be difficult. In rural and isolated areas the problem is compounded. This "in-home" workforce is also regarded as the least trained for the role, and the least educated, and some saw that this meant they needed more supervision and support, not less – *"the lack of baseline training means that it's hard to be fair; you have these expectations but if people haven't really learned what they have to do then you just have to use supervision to bring them up to speed"*

Regular phone contact with clients was seen to be one measure for gaining feedback on performance. Some supervisors had a practice of dropping in unannounced on workers to check their work and claimed this to be effective. Other larger agencies, with better funding, worked to create a sense of team within this casual workforce by organising bi-monthly get-togethers, with afternoon tea, and guest speakers who could offer in-house education or training. Generally though it was seen that the casual staff who did this work were under-supported and under-supervised.

Issues in supported accommodation were seen to be slightly different. In these small domestic environments the management of relationships, and tensions, between staff becomes a major part of the role for supervisors. Rosters and shiftwork can mean that supervisors may not see staff members regularly. Supervisors most commonly are promoted from the team, and for many agencies this seemed to be problematic – staff may have difficulty in seeing a peer in a leadership role, and similarly the new appointee has transitional problems in taking up the role. There were many instances where participants felt that houses were insufficiently managed due to funding shortages.

There were many comments about the need for more or better training of supervisors; that supervisors needed to know more about supervision models and supervision contracts, and have better strategies for managing conflict and poor performance. Professional development is usually regarded as one outcome of supervision – supervisors can see where staff need skill development and see that training or instruction is provided. One consequence of the 'minimalist' approach to supervision was that training opportunities were not passed on to staff and they were not given sufficient chances to improve performance where it was needed. In addition it was seen that some agencies had poorly developed systems, or standards for how, when and where supervision should occur, and similarly inadequate systems for recording skill gaps, attendance at training and development etc. By contrast, there was excellent practice in some agencies in this area.

It was generally agreed that there was a type of hierarchy in the adequacy of supervision – home support was regarded as being least adequately supervised, residential settings were seen to be somewhat better and day programmes were better again. Permanents and regular casuals were seen to be offered better and more regular supervision. Some enterprise agreements had stipulations about the level of supervision that employees were entitled to, and this was seen to be desirable.

## Staff to client ratios

There were variations in the response to the question about client to staff ratios ranging from "*fine*" to "*so bad that it's unsafe for clients and staff*". Inconsistencies in funding models were seen as contributing to, if not responsible for this – the 24-hour funding model was seen as especially problematic.

The match between the client's needs, the funding available and the agency's ability to provide suitable staff and service is the issue. It was generally agreed that client to staff ratios were better in the government sector and quite a few participants had, at some stage, worked in disability in government.

One interviewee responded to the enquiry about staff to client ratios with "It varies according to the client's needs – but there is never enough staff. For day services it's 1:4, and in accommodation we have 2:5 (except overnight) and sometimes there's a third staff member. The only thing that's sure though is that there's never enough (staff)". Other agencies had different formulae.

## Induction

Induction was regarded as unfunded, important in the provision of quality care, and problematic. The issues raised in relation to induction were:

- That it is expensive, and that often staff left after they had been inducted when they really understood what the work was like
- That there were problems with timing e.g. finding time to attend, and some agencies ran orientation every 3 –4 months, usually positions needed to be filled immediately, so there were lags between the commencement of work and induction
- There were variations in the quality of induction – some agencies make it a high priority, providing backfill, offering shadowing, site orientation etc., other agencies were less organised, or had systems as basic as giving workers a policy and procedure manual and telling them to read it in their own time

In terms induction and orientation were used to refer back to initial training to undertake work in the field, and, and introduction to a particular workplace.

Generally larger organisations had more developed induction programs, yet even some of these observed that the problem was not with the program, but seeing that it was put in place. Some believed that people in coordination and supervision roles were offered less induction programs, than others in direct care roles, and that this meant that more senior staff might miss out on important information about the work of the organisation.

One issue that was raised several times was the tension between medical and social models of health and care for people with disabilities. There were divergent opinions. Some interviewees claimed that it was a real problem to get new staff to see that a large part of the role was social i.e. about forming and nurturing a relationship with the client and understanding the client's social world. Other interviewees claimed that new staff, even with recognised training were insufficiently trained in understanding their clients' conditions and had come to devalue the medical profession and medical knowledge in ways that were detrimental to the care of clients. This is obviously part of a much larger and contentious debate, yet it has a place when discussing induction as it hits at the heart of orientation – new staff need to understand the philosophical approach of their employer and see their clients in a holistic way.

One person who filled out the online survey observed, *“An induction program and perhaps annual updates & opportunities to meet peers and/or other mentors would have been useful”*. In a number of instances it appears that people worked for years without ever receiving any induction.

Specifically people felt that they were given too much responsibility too early, for example being left alone on a night shift with clients with complex needs, after receiving just a few hours of training as induction. It seemed that people working at all levels of the agencies viewed induction as critical to providing care for their clients, yet many also acknowledged that there was room for extensive improvement in the quality of induction they offered. Respondents emphasised the need for both (1) formal training, and (2) instruction by experienced workers in the workplace with the clients, in induction. Cost and time away from work was cited as the main reason that induction practices were lacking. Smaller agencies found the cost of developing a thorough induction program, as well as implementing it, to be problematic.

These issues were very similar to those raised in the research into induction and in-service training across the NGO and government sectors undertaken early in 2001 by Precision Consultancy.

## Barriers to staff satisfaction

Barriers to staff satisfaction prompted a range of responses. Some issues raised were:

- Salary – poor pay was consistently cited as the main barrier to staff satisfaction
- Lack of Status– many respondents claimed that their work was not well-understood in the community and was not valued. *“The work of respite carers is largely misunderstood in the community – people call them babysitters. The skills you need for respite aren't really valued in the community and that's a lot of the problem”*.
- Gender - A number of women observed that men refused to work for such low wages, whilst women were prepared to work for less, yet still were unhappy about it. Some people observed that efforts to redress gender imbalance in the workforce would help with the management of clients with more challenging behaviours. Women believed that men were possibly deterred from working in environments that were seen to employ predominantly women. Generally speaking there was the perception that it would be in the interests of the workforce and the client population to employ more males.
- Stress – caring for some clients was seen to be inherently stressful and demanding. In addition the size and mix of some caseloads were felt to be unmanageable. The work was seen to have

physical stressors, emotional stressors, plus the usual stressors associated with being part of an organisation, or bigger system.

- Training and career structures - the absence of staff development opportunities and the lack of career structures were a source of complaint by many respondents. Training for dealing with clients with challenging behaviours was consistently mentioned as inadequate.
- Management and supervision – there were some complaints about managers and supervisors not providing sufficient support to staff. In some cases this was directed at individuals but often was about the structural inadequacy of supervision, such as insufficient time for meetings.

The staff survey provided respondents with an opportunity to make any comment about why people leave the sector. Just a few are provided here, but these are very typical in their explanation.

*“Primarily because of poor wages, high stress, and high expectation levels”.*

*“NGOs cannot keep staff because their qualifications are not recognised and the money is poor”.*

*“I was sad to leave after approx 20 years in the industry but I'm afraid dedication DIDN'T PAY MY BILLS!”*

*“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”.*

*“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 cannot afford to do”.*

*“The high level of casualization 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”.*

## Barriers to quality service provision

Many comments again were in relation to lack of funding and the constraints that budgets imposed.

Some people raised the issue of 'quality' as being problematic. It was seen that in many instances there was a lack of clarity around what really constituted quality, and that sometimes there was an inappropriate focus on targets, at the expense of quality of services to clients. The observation was made by some who had been in the industry for a long time that quality had declined and that agencies were no longer able to offer the levels of care that they had previously. Added to this some believed that staff were suspicious of the introduction of quality measures and would collude to prevent their implementation. It would seem that some agencies needed to do more to support the introduction of changes or reduce levels of fear in their workforce.

The workforce itself came under scrutiny from some participants. It was alleged by some that there were too many staff employed who could not get jobs elsewhere, that they were 'just there to get paid' and that they did not really care about the clients.

Significant numbers mentioned once again training and qualifications. Some training organisations were seen to produce graduates who were under-skilled for the work and who did not really understand what it means to work with people with disabilities. It seems that agencies need to exercise their influence with registered training organisations and negotiate training that meets the

needs of their clients and workplaces. Comment was also made about the diverse range of qualifications that workers held and the wide divergences in skill levels in people who receive the same pay. Some commented that attendant care in particular lacked standards for skills or performance measures.

Shiftwork itself presents problems in relation to quality: staff may have too few opportunities to interact with colleagues and so it becomes hard for supervisors to generate a team spirit. Shiftwork also presents problems where in-house training is required. Backfill was regarded as enormously expensive. Despite this there were some fine and innovative models of staff development that were described: for example in country towns there were some instances of regular cross agency get togethers, involving staff and clients. Staff saw this as a chance to talk about differences in approaches between agencies and an enjoyable activity for clients.

Whilst it is outside the bounds of this project it should be mentioned that staff found the families of clients to sometimes impose limitations on the quality of care – the families' beliefs about what is best for the clients may not be consistent with the principles of empowerment.

### Other comments and issues

A number of times the comment was made that funding agencies need to recognise differences in real costs in the provision of the same service to different clients.

Appendix VII provides direct written quotes that were made in staff surveys about a range of the topics mentioned above.