

PDD Review Survey: Adding the Disability Worker's Voice

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Executive Summary

ADWA conducted an online survey July 9-23, 2018 to find out the best ways of engaging the disability workforce in the upcoming PDD Review and what they felt should be included in the review. Survey questions reflected the information provided by the Ministry regarding the intentions and goals of the review. There were 77 respondents (28 front-line, 24 supervisors, 11 leaders and 17 in other roles). The majority have worked in the field for 10+ years and a slight majority (59%) work in medium to large cities.

Supporting participation. Respondents favoured having multiple means of participation. The most popular method was a survey with plenty of opportunity for comments (84%). More than half (57%) would like face-to-face meetings, but most respondents indicated that they would need 1 or 2 weeks of lead time to clear their schedule. There was no single best time slot for meetings, with weekday slots each attracting only 14.7% - 19% of respondents. Approximately a quarter of respondents did not feel they would be able to speak freely in front of their employer or in front of those they support. Having a survey option eliminates this concern for people in this position, while giving them a valued means of participation.

Preserving what is good. Respondents were asked to identify the current elements that they felt helped them make a positive difference in the lives of the individuals they support. In addition to describing personal characteristics of effective workers, critical system elements included

- staff training that teaches new skills and builds confidence
- supportive and knowledgeable supervisors and team members
- a person-centred approach that focuses on listening to what is important to individuals
- support for workers to be flexible and creative in how they meet individuals' needs
- having stress management strategies and taking time for self-care
- low cost and accessible community opportunities and resources for those they support
- consistent staffing with adequate ratios to support routines, manage crises and achieve outcomes
- good community partnerships
- adequate funding to find and keep skilled, qualified staff

Many of these elements depend on having time for listening, connecting, and renewing energy. Funding for that time and effort are also a requirement.

Improving the PDD System. Additional questions focused on areas for change, asking people

- to describe the perfect world in which their job worked well for them and the individuals they support and the activities, resources or supports they would have
- about the challenges that make it difficult to give individuals and families the support they need to have the best lives they can
- what the PDD Program could do to protect and improve supports and ensure stability of the program.

These three questions taken together produced a set of topics that could be part of the content of PDD Review community consultations. While respondents often suggested solutions to challenges within their answers, we see these as the starting point for a broad community consultation rather than the community consultation itself. Some may result in savings for the PDD system, while others may require an investment of those savings and, probably, more. Responses clustered into the following themes:

- **Individual planning and goals** – The process and result of developing goals or outcomes is often driven by what PDD requires (e.g., certain wording or types of goals, new goals each period) and does not necessarily reflect what individuals want. The result is that individuals may avoid working toward the stated goals because they lack motivation and agencies lose funding because those outcomes were not achieved on time. The process needs to be reviewed as to how it can become truly person-centred.
- **Paperwork requirements** – PDD’s paperwork requirements have changed and increased multiple times over the past decade. Changes in reporting often require technology changes without support for the cost and time to learn the new technology and obtain supporting documents. The time spent on paperwork results in less worktime being available for direct service or paperwork being done on unpaid time (or both). A discussion is needed about the minimum paperwork that would be sufficient to meet the government’s need to be accountable for public funds and quality of service, and that would be read and acted on by PDD staff.
- **Funding necessary underfunded supports** – Funding dollars are tied to direct services time (i.e., work time spent with the individual with disabilities). Other activities classed as “admin time” are often underfunded, even though they are necessary for a well-functioning organization and effective services. Indirect service time is needed to find and build community connections for individuals (i.e., community development) and to get assistance from community resources (e.g., doctors, therapists) in support of the individual. As well, professional development time—whether it involves attending training, consulting with experts or reading—is indirect service time that benefits the supported individuals. Funding for services also does not typically include additional money when the individual is brought into service. Yet, extra time is required to get to know the individual’s history, needs, strengths, likes, dislikes, goals, desires and preferences for style and type of support. PDD workers and service providers separately engage in conversations that result in this picture, increasing costs to the system. Turnover also results in more time spent getting to know the individual. Aging individuals experiencing rapid declines and individuals with cyclical mental health issues create challenges, because the system is not responsive to rapid changes. These underfunded areas should be part of the PDD Review discussions.
- **The role of 1-to-1 time in achieving outcomes** – Group living situations are often funded for a single staff on a shift, which limits individuals’ access to community events if support is required but others in the group are not able or not interested in attending. Respondents suggested that everyone deserves a bit of 1-to-1 time in order to achieve outcomes that are specific to them, to build a positive self-image or to get support with private issues (e.g., grief, solving relationship problems). Current resourcing and staffing models do not allow this to be part of every individual’s plan of support. Review discussions might suggest how this could be accomplished.

- **Addressing adversarial relationships** – In a system of perceived or actual scarce resources, those conserving the money and those requesting the money often take adversarial positions, regardless of having the same mission and values. Collaborating to create workable solutions to issues is an important step in breaking down adversarial relationships and seeing each other as partners in an endeavour with different roles. PDD representatives play an important role in advocating within the system for service funding that individuals need. Some respondents' experience was very positive; others complained that the PDD rep was largely unavailable, unfamiliar with the individuals on their caseload and changed caseloads frequently. Complaints of changing and high caseloads were most common in urban areas. This is an important area to explore with the community, which may help PDD with creative solutions.
- **Wage levels appropriate to the nature of the work** – Current funding results in wage levels that put the system in jeopardy. Minimum wage levels have increased (affecting only asleep overnight hours) without adequate increases in contracts. Service providers are competing with the hospitality and retail industries for workers because the pay scales are equivalent and retail/hospitality work is less demanding. In particular, the wage scales are too low to attract and retain educated and skilled staff, requiring more on-the-job training without training resources in contracts. Workers frequently take on multiple jobs to make ends meet; as a result, they have little time for family or the self-care required by stressful work. Respondents noted that when workers are worried about money or tired from working too many hours, they are likely to make mistakes or reduce their efforts on behalf of individuals. Respondents reported that the poor pay made them feel demoralized and unappreciated by society and government funders. Positions are hard to fill and the workforce is spread too thin to provide enough support, and is burning out more rapidly as a result. High turnover creates trust issues for individuals receiving services and they become frustrated by repeatedly having to train new workers about the support they need and how to provide it. The workforce crisis created by low pay and exacerbated by wage compression has created problems that increase the Ministry's liability and the likelihood of accidents.

Characteristics of Respondents

A total of 77 people completed ADWA’s online survey between July 9 and 23. Of these, 28 self-identified as front-line worker, 24 as supervisors, 11 as leaders and 14 as other (e.g., specialists, admin). The majority (59%) worked in medium and large cities, with 41% in smaller and rural communities. Most had 10 or more years of experience in the field.

Time in Disability Services	%
Less than 1 year	3%
1 – 2 years	5%
2 – 5 years	10%
5-10 years	16%
10 – 20 years	35%
More than 20 years	30%

Proportions of respondents representing front-line, supervisory, leadership and “other” positions were relatively similar across urban and rural respondents, with somewhat more urban respondents than rural respondents falling into the “other” category. This would be expected given the higher likelihood of finding specialists based in medium to large cities.

	Front-line	Supervisor	Leader	Other
Medium and large cities	36%	32%	13%	19%
Rural and smaller communities	39%	32%	16%	13%

Participation in the PDD Review

Several questions asked about how respondents would prefer to participate in the PDD Review and what circumstances would facilitate their participation.

Comments recommended having multiple means of participation in order to ensure that everyone had some means of participating. An online survey with plenty of opportunity for comments was most preferred (84%) with a majority also favouring face-to-face meetings (57%). Preferences were also affected to some degree by the type of position the respondent held in their organization.

	Front-line	Supervisor	Leader	Other
Face-to-face meeting	54%	67%	73%	50%
On-line meeting	36%	17%	18%	14%
Online survey with comments	89%	88%	73%	93%
Letter/email submissions	50%	50%	27%	14%

While leaders found surveys and face-to-face meetings equally attractive, front-line workers strongly favoured surveys over meetings. Online meetings which, like face-to-face meetings, are schedule-

dependent were the least favoured option for all groups, although less strongly so for front-line workers.

Approximately 75% were comfortable participating in PDD Review meetings with those they support and their families. Approximately 67% were comfortable participating in PDD Review meetings with their employers and supervisors. Given the dispersion across the province of participants, it is most logical for disability worker comfort to set up face-to-face meetings with mixed groups of participants and make the survey option available for those who might not feel comfortable expressing themselves around employers of individuals they support.

Flexibility of scheduling is a factor with meetings as a means of participating in the PDD review. Overall, 34% said they required about a week to free up time in their schedule for a PDD Review meeting and 30% said they needed about 2 weeks' advance notice. About 18% could adjust their schedule with 3 – 5 days' notice and about 10% said they only needed 1 – 2 days' notice to attend a meeting. Nearly 8% needed 3 or more weeks' notice. Flexibility of scheduling appears to be dependent on position.

	Front-line	Supervisor	Leader	Other
1 – 2 days of notice required	18%	13%	0%	7%
3 – 5 days of notice required	18%	17%	36%	0%
1 week of notice required	32%	29%	36%	29%
2 weeks of notice required	18%	33%	18%	57%
3+ weeks of notice required	14%	4%	9%	0%

Front-line workers often indicated that their ability to attend a meeting depended on whether or not they could find coverage for the affected shift. Those in positions described as “Other” required the most notice (1 or 2 weeks) possibly because their positions tend to be unique and finding coverage is less likely or more difficult. Leaders appeared to require the least notice. It appears safe to say that giving less than a week's notice will result in a meeting with a higher proportion of leaders and fewer others being able to attend.

There were also urban-rural differences in availability with those in rural settings able to be available for meetings with less notice.

	1 – 2 days	3 – 5 days	1 week	2 weeks	3+ weeks
Medium and large cities	9%	11%	33%	39%	9%
Rural and smaller communities	11%	28%	31%	17%	7%

The time identified as most available for meeting overall was Monday from 12:00 – 1:00 p.m. at 19%. Weekday times were better than the weekend, but times between 7:00 a.m. and 10:00 p.m. only varied between 14.7% and 19%. In contrast, availability on weekends varied from a low of 4.1% on Sunday afternoon to a high of 10.8% on Saturday and Sunday 8:00 – 10:00 p.m.

The High Cost of Low Wages

Respondents were asked to make a case for why wages should be part of the PDD review to explore ways the system can be improved to ensure individuals and families get the best supports possible. They were asked specifically to identify how current wage levels negatively affect their ability to help the individuals they support "be part of their communities and live as independently as they can" (PDD's Mission).

Overall, responses point to low wages creating

- increased liability risks associated with fatigue and burnout
- failure to attract and retain adequate qualified workers
- poorer outcomes due to inadequate support and turnover
- a devalued and demoralized workforce

Increased liability risks associated with fatigue and burnout

A 2015 ADWA sector survey found that 25% of respondents work more than one job within disability services to make ends meet. Most of these individuals work in front-line positions, which are the most poorly paid. Respondents in the current survey noted that working multiple jobs or extra shifts leads to fatigue and distraction, increasing the risk of errors and poor service.

"Workers in the field currently often have to work multiple jobs to make a living wage, which means they are not at their best when working their full-time job."

"When a worker is worried about paying bills or has to work two of three jobs to make ends meet, they cannot effectively give their support to their clients."

"I have not had a raise in over 4 years and none this year either, so how do I keep up with the rising cost of living? When a person is stressed about paying bills and meeting other obligations without a fair wage; your focus is not always where it should be when working."

Because workers often work multiple jobs or extra shifts to make ends meet, they cannot afford the time or money for the self-care needed for renewal and to avoid burnout and poor service. Lost time with family also causes resentment.

"If I can't pay all my bills or have enough money to do something fun and stress-free outside of work, I will bring that negativity to work. It's hard to watch our individuals having a fun time when all you think is I wish I could have that for my family as well."

"What I see happen often is employees that are not able to take vacation time because they cannot afford it. If our employees are not functioning at their best, the care that they give is affected greatly."

"90% of our staff are single mothers. It's pretty hard trying to be single mother on \$16.77."

The ability to support individuals to take an active role in their community requires that resources be available to cover costs such as meals, entrance fees or transportation costs for supporting staff. At present, contracts do not include funding of these costs or do so at too low a level to fulfill the community inclusion mission. As a result, these costs fall to either poorly paid staff or the individuals themselves who often live in poverty. When some workers cannot afford the additional costs, it affects both individuals receiving services and other staff who pick up the costs, whether they can afford it or not.

“When our individuals want to attend community events they typically involve a meal time. My wage level makes it uncomfortable for my personal life if I am consistently ensuring the individuals I support are enjoying their life.”

“I support 2 individuals in my community where there isn't an option to use public transit. I work Monday to Friday making sure my clients have full access to the community by using my own personal vehicle. Currently I receive \$90.00 a month for "travel allowance". With the price of gas right now, that doesn't even cover my fuel costs for 2 weeks, let alone all the wear and tear on my vehicle. I am literally paying out of my own pocket to ensure my clients have needed access to their community for volunteer placements, doctor appointments, physiotherapy, grocery shopping errands etc.”

“Not having gas, activities cost included in staff's wage makes it hard to involve clients in the community as some staff refuse to pay or drive.”

“I travel 84 km one way to work, it is quite the expense to travel daily.”

“Oftentimes accessing community resources requires workers to outlay financially prior to being reimbursed. With increasing costs everywhere from the supermarket to the gas pump, workers can have a hard time budgeting for the additional expenses (even if temporary) of supporting people to access their community.”

Failure to attract and retain qualified workers

The wages offered for highly skilled work are now slightly above that required by unskilled minimum wage jobs. While respondents frequently told us of the inherent rewards of the work itself, they struggled with whether the accompanying stresses balanced out those rewards. Consequently, many disability workers are tempted away to better-paying or less stressful work.

“Anyone that works in the industry knows at times it can be very demanding and challenging. The level of stress that front-line workers experience can be high. Depending on the individual, it's difficult to get staff to remain with an agency when the wage is only \$16.77.”

“Workers are stressed out, overworked and underpaid. Come October one can flip burgers at a fast food restaurant for \$.75 less and avoid the headaches, heartaches and tiredness that come with this job.”

"... I love the job that I do but when it makes it hard to make ends meet with the wages we are paid I find myself looking elsewhere even if it's a job I enjoy."

"People feel more valued when they are making a difference in people's lives, helping them achieve goals etc. To make less than people who work at retail stores makes you not want to take on the role helping people and putting in the long hours."

"We deserve to be paid a much higher wage than minimum wage! We are often put into stressful / dangerous situations. Why would someone want to go and work with a person who has a disability and could be unpredictable and put their safety at risk, when they can be a cashier at any supermarket for almost the same price."

"I feel that the level of responsibility in dealing with behaviors and mental health issues with persons with disabilities requires a skill set that cannot be obtained by paying minimum wage especially if you can work at McDonald's with no stress for the same wage."

Wage levels are too low to attract or keep skilled, educated workers. Chronically low wages result in a workforce that increasingly does not view disability work as a profession or career, but rather as a way to earn money while studying for a better career, or as a stop-gap between better paying jobs or as a second job to earn additional money.

"The current wage level does not attract staff who want to work in the field and stay in the field of Disability Services as a career. Staff people who work for community based organizations do not appear to be as valued as their government employee counterparts in terms of compensation they receive for their services and dedication. The current wage levels attract employees that are only "temporary" until something better comes along. Temporary staff means that there are staff shortages, many turnovers and high training costs."

"I believe that a competitive wage would attract more educated, experienced and passionate workers to work in this field. This would ensure that individuals and families get the best decision makers and people who can make a connection, and make a difference in the lives of their loved ones."

"It's difficult with current wages for staff to make a long term commitment to full time work. This is a second job wage."

"I have been in the disability field for 15 years and have a university degree, along with as many certifications as I can get my hands on. It is still almost impossible to find a job that pays more than \$25.00 an hour, or does not include covering shifts constantly for practitioners that make minimum wage and therefore do not value their positions. I love what I do, but the low wage for the amount of time and experience and education I have committed has me questioning the career I have chosen. The extra hours also leads to burnout. Those practitioners making minimum wage who do not see this as a permanent career path are not invested in providing the best care and cause disruption to routine and stability for those we serve by not taking their

commitment seriously. Better wages would make people see that this can be a career with which they can provide for their families.”

This situation leaves those who are dedicated, skilled professionals trying to pick up the slack and, consequently, running the risk of burning out more quickly. Better pay would attract more trained professionals who could produce consistently better outcomes for individuals.

“Lower wages make hiring employees competent in various facets of their job a challenge. They can be great with the individuals they serve, but not have skill that make administrating the program as functional as possible. This leads to many of us taking on multiple roles above out own job descriptions, having to do extra tasks to fix or do things not being done, and ultimately burning out faster, leading to not doing our own jobs as well.”

“The people working in this sector are professionals and should be paid as such. The better the wages are, the more it will attract those with post-secondary experience which in turn will provide better support and care to citizens that are vulnerable, need advocates, have severe trauma backgrounds, are dealing with a disability and mental health concerns, etc.”

At present, there is no wage incentive to become more educated, take more training, become invested in the work or put in extra effort.

“Investing more in the workers means they are going to be more invested! They are going to give more, have more ideas etc... They will be more involved, less stressed and can focus on the client.”

“People who support people with disabilities have a very important job that requires incentives to remain at the organizations they work for as they leave for higher paying, less stressful jobs.”

“The current wage levels affect the ability to hire qualified, invested staff to support the individuals. As the Accreditation requirements with respect to training is so high, staff are expected to work at a highly trained and professional level; however, their wages do not reflect a professional career.”

Poorer outcomes due to inadequate support and turnover

When wages are too low to attract skilled workers, many positions go unfilled for longer periods of time leading to inadequate staffing to provide enough support.

“These are vulnerable persons and they need proper care, sometimes it is hard to find the proper care when wages are so low.”

“The wage limit restricts the amount of money a person could be offered to properly care for an individual, especially those with high needs. It also affects the training the worker can get, limiting their ability to properly and effectively help clients.”

The under-resourcing affects supervisory staff as well as front-line workers. Overworked supervisors are unavailable to provide support when the need arises.

“Not having enough funding to hire more Supervisors to oversee that agency standards are being adhered to and that the needs of the individuals are being properly met. This results in a lot of burn out when trying to get a clear picture of what areas may need addressing and/or what areas we are really strong in.”

High turnover means that individuals do not get services that meet their needs or are given in the way that works best for the individual. New workers must spend time getting to know the individual and the individual spends time training staff that could have been spent working to achieve desired outcomes. Turnover creates trust issues in individuals and lack of stability in supports keeps individuals from reaching goals.

“The staff turnover rates are high. I have heard self-advocates complain about their workers always changing because they can get a better paying job elsewhere. Self-advocates are frustrated by this.”

A devalued and demoralized workforce

Wage levels are seen as a reflection of how society and the government value the work and skills of disability workers, as well as the individuals they support. Wage compression with minimum wage creates inequities and devaluation of disability work.

“I think that an individual that is employed in a fast food restaurant sometimes is making the same or slightly less than a person who is responsible for human life. A professional designation for disability service workers is necessary to keep employees accountable and well trained and employers accountable to ensure they are hiring the most qualified and keeping them trained.”

“Who would you prefer as a new person, paying someone at \$15-18/hr with 0 -5 yrs experience or paying \$20-21 to someone with 10-30 yrs experience. But there is only \$2-5 difference.”

“I love what I do and am very passionate about it but feel very, very undervalued!! (In the field since 2002)”

“The only employees to receive any increase in pay since 2014 have been sleep night staff.

“Not earning a fair wage is demeaning and demoralizing - while we may enjoy the work we do and want to make a difference in the lives of others; not being recognized as a valued professional impacts our work. “

“It shows value for the people we support when we value the people who provide the support. We expect a level of skill, professionalism and integrity but definitely do not reflect that in the pay. And a raise after years because of incessant complaining doesn't do much when you get nothing for years after.”

“Minimum wage is going up. Pretty soon people are going to be making the same amount of money stocking shelves as they would be starting at a day support program. At our agency we have had to turn people away during interviews because the applicants are OVER qualified for the amount of money they would be making. How sad is that that these people, who need the best care possible don't get the quality people they need because their workers aren't valued enough by our government to get a fair wage?”

The previous government made a commitment to increase funding for disability worker wages by 30%, but only 25% was delivered. Service providers were allowed to increase compensation differentially so that those positions that were most behind could be addressed first. As a result, funding intended to increase wages did not reach all staff because service providers may have planned to increase the remaining positions' wages with the final 5%.

“Contracted wages/budgets have been the same values since 2014 and most agencies are in wage freezes. Plus the 30% promise turned out to be 25% or less depending on the agency. Supervisors/admin didn't receive any part of the 25% for an unknown PDD reason.”

Considerations for the PDD Review

Participants were asked to identify the things that currently support them to be effective, what would make them even more effective, current challenges to effectiveness and PDD actions that could improve individual supports and stability of the PDD program. Their answers to these questions were analyzed for themes that could guide discussions at PDD review meetings or more focused questions on a survey.

Current supports for effectiveness

There are certain core characteristics that dedicated disability workers have that support them to make a difference in the lives of those they support. These include

- feeling rewarded by seeing the individuals they support succeed, grow and become more independent or connected with others
- patience and a positive attitude
- commitment to taking direction from those they support (e.g., self-determination, person-centred planning and service)
- a combination of getting to know the person and building a relationship, good observation and interpretation skills and flexible thinking to deal with the unexpected

Here are a few examples of what respondents said.

“Seeing a client accomplish something or achieve something they didn't think they could do is an amazing award.”

“Each day is rewarding just in the fact that you are here to support someone to have a great life, to make their days a little brighter and enjoyable. You may be supporting someone to learn a new skill or explore a new interest which is so rewarding.”

“My own mindset is what makes the difference in the lives of those I support. Not taking what happened yesterday, into today. And learning from staff and clients on what works and being patient.”

“My team treats the clients with respect and as the adults they are. Respect is a two way street and we have seen incredible growth and confidence in the clients we support. Our team honour the families of our clients, as they are their families, and natural supports are encouraged and arranged as the families want.”

“Making sure they make it to their medical appts. Being the “Hey, let's go to this. It will be so much fun.” high energy, upbeat worker to help keep them motivated. To plan summer holidays for them and make sure they get out of the “day to day”. To talk to them on the phone way past my hours of work to help with anxiety.”

“What is good is being able to support interdependence and build natural supports where needed; however individuals, like many of us, ride a roller coaster with good and not so good days. Where staff are expected to step up and help sometimes at all hours.”

Disability workers also identified supports that have helped them be effective, including

- training that teaches new skills and builds their confidence
- supportive and knowledgeable supervisors and team members
- support for workers to be creative in how they meet individuals’ needs
- having stress management strategies and taking time for self-care
- low cost and accessible community opportunities for those they support (largely in urban areas)

The first four of these five supports for effectiveness require time, whether it is time for training, time for consultation, time for problem solving or time for renewal.

“Day to day I'd say the thing I do most is help people problem solve. I work with them to help regulate and manage their emotions, find their voice, and achieve their goals. I work with them to go to appointments to upkeep their health, go to the gym, learn to cook, get outside in nature. All while helping them understand why these things are important for their physical and mental health. The goal of every individual is to be as independent as possible and to be a part of society. Every life is different and is treated with empathy and validation.”

“I am a behavior support specialist so I write behavior support plans. As we can help individuals manage their emotions and behaviors, we can open up more opportunities for them. I also train staff in mandatory training as well as how to carry out the behavior support plans. With staff who are trained well in how to implement strategies, we can improve the chance that individuals will learn coping and self-management skills and service provision will be consistent. Training dollars are not there - to cover my wages or have more than a one-time 3 hour session to teach/train the staff. There should be additional monies for more extensive training.”

“The support that we receive from our organization to find the right job for each individual. There is not pressure to place in the wrong position not respecting the individual’s requests. The encouragement and support to take additional training in person or online.”

“I have a very good support network. My boss has an open door policy so whenever we need to talk she is available. We have lots of training as well for stress management and how to handle situations quickly and effectively.”

“Training helps me to provide positive environments.”

“The ability for individuals to have choice and control over their day to day activities. Being able to utilize community resources that are no-cost or low-cost.”

“Ability to be creative in how I meet a client’s need.”

“Keeping things client centered and working as a team when approaching barriers.”

A number of disability workers pointed to the importance of routine to the well-being and functioning of the individuals they support. Front-line workers play an important role in helping individuals organize and plan their day (or longer periods) so they can have control over their own lives. Besides activities, routine also includes having reliable support from familiar workers. The ability of workers to make themselves available to help when needed, not just during the allotted support time, helps individuals calm down and averts crises.

“I believe that it is positive that I am able to encourage the individuals I support to plan their days. I feel like it is extremely important for individuals to be able to have a say and be supported to live full, happy and productive lives.”

“Our clients are set up for success by having routine activities, expectation of client-centred care, and supportive supervisory assistance for advice or encouragement.”

“Having a routine that tells people when I am working with them helps with anxiety and keeps people organized and ready for when we meet.”

“Every day I remember all the people who have helped me in my life, so maybe I can have the same influence on someone else. I make sure to have Self Care very much a part of my life. I separate my personal life from my work life. I rely on my managers and coworkers for advice and guidance. I believe in the people who I support.”

“The routines of the day of course reflect the needs, likes, desires....of the client. For any worker, if the routines are maintained, things should run smoothly. Bumps in the road happen and when you have teams, specialists, training opportunities along with observation and documentation skills, change can be effectively implemented to everyone’s benefit. Our agency focuses on the details, combine that with person-centered planning and follow-through, lives move forward - all

round. The ability of our agency to respond to emergencies and change is a professional approach that facilitates growth for all.”

Supervisors in particular noted that finding and supporting the right front-line workers make a difference in individuals’ lives. This includes

- adequate screening, monitoring and supervising staff
- ensuring that staffing is consistent and ratios are adequate to produce good outcomes
- finding the right training resources beyond the basics to support staff growth
- supporting workers to be creative, inspired and recognized for their work

Supervisors noted involvement and support from management, government agencies, families, other stakeholders and community resources as important to their ability to make a difference. This includes recognition at individuals’ planning meetings that the supervisor and front-line workers know the individual and know what they are doing. Being allowed to take a risk and make mistakes supports creative solutions.

“Support from management, and the understanding that those of us doing the front-line work are the ones that really know our clients is what makes my job easier. It is very difficult to be told by someone who only sees the individual once a year at a planning meeting that I am not doing my job right or that I should be able to manage certain things better without support. This pertains to management, funders, etc.”

“Having trained, experienced staff that understand the philosophy of providing support, not just providing ‘care.’”

“Having adequate training, having proper staffing ratios, resources for education programs.”

“We need to continue having adequate screening, monitoring, supervising, and training for our staff. Providing professional development opportunities beyond the basic required workshops for long term employees would provide them with the knowledge that their service is valued and that they are not expected to be content with becoming stagnant after they have done/ or provided the basic training required for their work. People need to be creative, inspired, and recognized in order to achieve their desired outcomes whether they have disabilities or not. Being part of the community and enjoying more independence is achieved through exposure, learning, and guidance. Everyone involved needs to experience a sense of pride in what we have accomplished and that the people we are most connected to recognize our accomplishments.”

“A supportive work place environment where I feel free to ask questions and raise concerns. Continuous training, as well as refresher courses so that I'm always up to speed on relevant information. The freedom to take risks (within reason) and make mistakes which helps me grow in my profession.”

“I work with a great team. Cooperation, respect and support for each other is an important part of the team. Staff are often viewed as role models and the clients emulate many of the

philosophies demonstrated by the staff. Independence is promoted by working with each other, not just supervising. The agency promotes independence and self-determination. It is understood that each client is unique, and strives to personalize the service for each one.”

“I think for everyone, persons with disabilities included, setting goals for (themselves) is very important. Not only for their own self-esteem, but how they are treated and included in the community. Everyone has improvements and space to grow, and tracking this, I feel is key to success.”

“To assist citizens with disabilities to make a positive difference in their live takes a lot of work. It comes down to specific routines, being able to think quickly on their feet in times of crisis, dedication of staff members (including authenticity - not just being there for a pay check), planned positive procedures, planned restrictive procedures, training available to staff.”

Leaders recognized the value of good policies and procedures in supporting people’s success. Looking beyond their organization, the following all played a role in helping to make a difference for individuals:

- strong community ties and partnerships
- access to specialists
- inclusive community opportunities
- good communication from government
- adequate funding

“We are an agency that has been operating for over 50 years and have strong ties in the community. We have very well developed policies and practices that guide our staff that enables them to achieve their outcomes. We have the support of many different community partners.”

“Adequate funding for pwd. Decent pay for staff. Communication from gov. The current minister does not communicate.”

Challenges and solutions

Respondents were asked to describe what things would look like in a perfect world, the current challenges and how PDD could help protect and improve supports and the stability of the system. Taken as a whole, these questions identify key challenges that the PDD Review should address and provide some ideas to explore together with the community that could create a better and more sustainable system of supports for individuals with disabilities.

Currently, the system of community supports is underfunded, with staff wage levels and training opportunities the most frequently mentioned needs. However, it is not sustainable to simply increase funding levels for wages and support training in contracts with families and service providers without a pay-off in terms of reduced costs elsewhere. This is fundamentally the rationale behind the adage, “An ounce of prevention is worth a pound of cure.” While it is unlikely that the savings of good practices would outweigh costs, when quality of life improvements for individuals is added to the analysis, the investment is worthwhile.

Here are some areas that were prominent in the answers to ADWA's survey.

Individual planning and goals

While many respondents pointed to the importance of planning and services being person-centred and person-driven, the process of setting annual goals/outcomes is often constrained by what is acceptable to PDD. When outcomes are not achieved because they were not really of interest to the individual, the organization's funding may be reduced.

"The way Goal Plans are captured needs to be reviewed."

"Clients have to determine their goals for the coming year in a formal meeting. Agencies must work with clients towards achieving these goals. Clients often express goals that are promoted by others or to please those at the meeting, and do not want to work on them. Agency funding is tied to the percentage of achieved goals. I strongly believe that this takes away from assisting clients to live the life they want."

"Individual Service Plans do not reflect the clients. The clients come in making up goals to please PDD. There needs to be a better way of capturing client's needs. Clients should be entitled to live life without having 'goals'."

"Every human needs goals to work towards and accomplishments to achieve. Taking into account limitations, expectations need to be in place, assessed several times a year, and progress, however incremental, be celebrated. Too often, expectations are fancy worded paperwork that has no relation to reality on the ground and aren't truly supported, especially with clients with complex needs. Even clients who are resistant need programs that support their emotional well-being in terms of accomplishment in their lives."

"Also, the fact that PDD is turning every individual life into a checklist. "Was the goal completed? Yes or No. No? Okay, we'll cut your funding." And telling us that each goal has to be so specifically achievable and that they cannot repeat from year to year takes away from the personhood of the client."

"Person-centered planning –meaningful goal setting not goal setting that meets govt's needs."

"Establishment of goals meaningful to the individual, not just established because of PDD requirements."

"Stop expecting agencies to schedule their (individuals with disabilities) whole lives in order to do more with less as that is no life at all!; stop expecting employment from every citizen, they have the right to retire too; stop punishing the success of gaining skills by taking away the supports that got them there (when a citizen takes their baseline of aggression from 3 per week to 1 per month, you take away some of the funding dollars that got them there because the data shows that they are doing better so the staffing isn't needed, but then everything goes haywire and agencies need to fight like crazy to get those supports back)."

“The freedom to meet clients’ needs on a daily basis. For example, I have a Supported Independent Living client that has specific goals we are charged with working on; however, he needs more support than what his goals detail. On any given day, he may choose not to work on his formal goals, as there may be more pressing needs such a trip to the doctor, a medication refill at the pharmacy, a trip to get groceries or cleaning his apartment.”

It was noted that the constraints are not always due to PDD rules, but sometimes could be the result of what was offered by the service provider. This was especially true for where people lived.

“There would be a qualified team that worked together to support people in what they want to do, not what agencies can offer. I have heard too often that “we (agencies) can't do that” (when discussing goals that a person wants) so the goal doesn't happen.”

The goal-setting process and outcome measurement have significant implications for individuals who receive PDD-funded services, those providing the services and the PDD system. This is an area which should be discussed with all stakeholders as part of the PDD review.

Impacts of paperwork requirements

In recent years, PDD’s response to the need for qualified, skilled individuals in the sector often involves increasing and changing regulations and paperwork requirements. For instance, if workers have to record the temperature of the water when they draw a bath for someone, they will be sure not to make it too hot, even if there is already a regulator on the system. Paperwork and the technology required change frequently, and new systems take time to learn.

“The ever-changing paperwork and formats/methods of planning required by the government, that leave everyone baffled - or feeling that they are starting all over again. Fitting people into categories for the purpose of tracking money and government mandates makes the supports seem impersonal and contrived to fit the department rather than the department fitting the services needed.”

‘[Challenges include] the amount of policy and paperwork required. The lack of a standardized system that is effective and accessible to all agencies regardless of whom a client chooses for support.’

“I would like to see things as consistent. Changes at the government level have impact on agencies beneath it and changing systems with the whims of government every few years wastes a lot of time in setting up new systems, policies and dealing with confusion in doing so, as well as making looking at history impossible without a lot of adjustments.”

When requirements change, agencies and the individuals working for them often have the burden of paying for the technology needed to implement the data collection process.

“The company I work for is moving to requiring all paperwork to be submitted electronically however, they do not seem to have the budget to provide us with fillable forms on the website. The onus falls on us the workers, to get the needed technology to meet this requirement. As well,

data charges are incurred when I use my phone or my tablet to send PDFs electronically. In a perfect world I would be supplied with needed technology such as a tablet and a data plan to cover these costs.”

Much of the paperwork burden falls to those who carry out direct service or are responsible for supervising and supporting those doing direct service. Team Leader roles work best when they have developed a relationship with individuals receiving services so that they know what works best for them. However, paperwork requirements cut into the time that they can spend with individuals and with their staff. Because funding for non-direct service time (admin time) is minimized in contracts, some people working in the field are completing paperwork on unpaid time.

“I have been a Community Support Worker for 6 years. One area that causes frustration is the ever-increasing paperwork load we are required to handle. It is getting to the point where it is impacting the amount of quality time we have to positively interact with our clients. I am always so busy documenting and filling out forms that it is a struggle to complete this and still be able to do all that is planned with my client. That leaves completing it on my time, unpaid.”

“PDD needs to understand that an important part of the job that they underfund is administration in the homes. Team Leaders are expected to be on the floor and keep up the paperwork required in PDD-funded services.”

“There would also be time in the day to build those relationships instead of maintaining paperwork.”

“Less paper protocols and supports looking for forms, signatures and files and more opportunity for creative and relevant conversations with supports and those being supported.”

While no one argues that there should be zero paperwork, in a system with limited resources, paperwork should provide meaningful accountability, be an adequately funded activity and not detract from service provision. A survey question asked what agency paperwork would help PDD fund, monitor and evaluate the provision of services in a meaningful way and how often should it be provided. However, there was little consistency in response, even within a particular service provider role.

The choice is available to put more money into the system to pay for the current level of paperwork, or to find ways to decrease the paperwork burden to fit the amount of current resourcing for it (or less). With new Labour Ministry regulations requiring reporting of near misses in addition to accidents, the paperwork burden in this sector could increase dramatically, making this a perfect time to work together with the community to discuss paperwork requirements as part of the PDD review.

Funding of necessary but underfunded supports

A common theme among respondents was the underfunding of necessary components of the support system. While there was a sense among some respondents that some people in the system have more funding than they need, far more pointed to the fact that it was at the expense of others who were not getting the level of support needed to thrive.

There are several situations in which underfunding was noted:

- individuals who are aging and have rapid declines in health and abilities
- individuals with mental health issues that vary in need for support intensity over time
- individuals new to a service setting (service planning stage)
- community development work and consultation (indirect services)
- education and training, particularly related to individual needs

Once aging individuals start to decline, their needs for service increase too rapidly for the system to respond. By the time the paperwork to support an increase has been reviewed by PDD, it can already be outdated leaving the individual underfunded even if funding has increased. In addition, accessing an array of services across different systems is discouraged and complex.

“For aging individuals, lack of fair and reasonable access to services that other Albertans have access due, due to double-dipping concerns that are unfair. For example, accessing home care for individuals receiving supports through PDD is very difficult as it's perceived as double-dipping, which it is not.”

“[Challenges include] When the needs of an individual changes but the funding does not change.”

“Key in my area is recognition of the impacts to individuals when they turn 65. Funding changes and when clients are a married couple and funding is based on 'combined incomes' it can be devastating. It takes hours of application and proof reading [and going] to several different agencies to ensure clients have what they need to remain in their own homes. You need to know the impact on the younger person in the marriage when changes to their AISH funding goes down simply because their partner has turned 65 - it is hard for them to grasp and support is truly required to help them work through the adjustment period as they feel it so personally. Remember, this is happening at the same time they are seeing huge decline in the spouse and truly need support to see that the future includes support.”

Mental health resources within the system are limited, especially outside major urban areas, and those providing generic mental health supports sometimes espouse misconceptions about individuals with developmental disabilities related to mental health. Addition of supported individuals is becoming more of an issue for disability workers.

“[Challenges include] Lack of mental health resources in rural communities. This sometimes leads to individuals having to pay for trips to the city to see mental health professionals.”

“As we are in a small rural area, resources are sometimes limited. Access to more training opportunities that are cost effective would be beneficial. More mental health resources are needed in our community as well - but specifically - mental health professionals who are knowledgeable about intellectual disabilities.”

“[We need] easily accessible resources to health services (ex; mental health) that doesn't prescribe to the mentality that citizens with developmental disabilities cannot benefit from cognitive behaviour therapy - they can and do, they just need more sessions (which also needs to be funded) with someone who speaks with them not down to them and doctors who don't ask the staff why the person is there, but rather speak to the citizen themselves.”

“Mental health and addictions tend to be more needed in PDD and supports need to be trained to the new world of supporting individuals with disabilities.”

“The need for counseling services for those we support is crucial, yet there are barriers to accessing this. In previous years counselors were made available to PDD funded Individuals, but now the process of being referred to COAST for short term counseling only is not ideal for the individuals we support. Community resources in this regards are scarce and often times cost money to the Individuals, something most cannot afford. It would be great if counseling services were once again made readily available to Individuals who require it. In the long term, this will reduce the need to manage challenging behaviours that sometimes result from a lack of this resource.”

In addition, those whose mental health issues or other needs vary in intensity and frequency may under-use the support resources at times, while requiring more than what is available (or merely all that their funding includes) at other times. When they do not need all of their service funding, organizations do not have the flexibility to use it to fill the gaps of others in their service. This is frustrating for those who provide the services at all levels of the organization.

“Individuals would have the supports required, including the ability to have variable staffing levels to match the variable supports individuals need for different activities (i.e., more support for employment and less for recreation).”

“Everyone had the right amount of funding they require daily, not having to adjust daily schedules because we are short staffed. Pairing Individuals with the same support needs if needed to ensure that they are able to do the things that they want.”

In recent years, individuals new to PDD services go through a planning process with a PDD representative, which requires system resources. Once they are starting services with a service provider, they also go through a service planning process. Each of these planning processes requires time to get to know the individual—their likes, dislikes, needs, strengths and goals. Initial service planning is a labour-intensive process that can take more time with the individual than the subsequent services. (As well, each time staff change and new staff take over service provision to the individual, the getting acquainted process takes additional time before services are back up to speed. However, this is a different issue.) Service funding does not take into account the extra staff resources required for this process.

“Another aspect not yet discussed is the fact that there are no transitional funds available in the adult world (children's services far exceeds PDD in this realm). Getting to know someone and

ensuring the most qualified and well-rounded team is in place takes time, but no-one wants to fund the intake process. It takes a minimum of 20-50 hours to build a team between case meetings, interviews, data gathering, connecting with all key stakeholders, etc. to even consider bringing a new individual into services and that does not include the training required, the set-up of the home from grocery purchases to furnishing it, and finding adequate homes in the first place. Again, none of this is funded, so we end up asking more of the committed staff we have until we burn them out... it is all a terrible vicious cycle."

"A better more accurate intake process. Some clients present well but have many issues that require more input from staff then funding allows"

Community development work is the process of finding and establishing relationships with community professionals, employers and community members for the purpose of helping an individual receive effective services, find a fulfilling job or be included in community groups and activities of interest to them. This research and community development work often takes place without the individual in the room and is considered indirect service. While it is necessary work to obtain important outcomes and improve individual quality of life, it does not involve directly working with the individual. (In fact, most individuals would find it boring to sit in the room while staff makes phone calls on their behalf and if they could make the phone calls without staff, they would do so.) Consultations with professionals or with supervisors are important elements of problem solving to find the best means of supporting individuals, yet they are not included in service time. While there is value in ensuring that individuals are not shortchanged on the number of hours of direct and meaningful interaction with disability workers, it is important to the quality of the support to include funded time for these types of indirect service.

"Too little indirect care allotted to allow for better planning, organizing, building community connections, etc., all vital activities needed to help people connect in meaningful ways. Direct care staff have little opportunity to focus on those types of activities. [There are] too few opportunities to work with other types of professionals in a collaborative manner."

"My role encompasses the development of behavioural supports and on the good days, I am not trying to juggle developing wellness plans with intake meetings, meeting minute write up (because PDD wants the documentation, but doesn't want to pay for it to be done...), contact with key stakeholders, fielding questions from staff on how to navigate a crisis, going onsite to assist with de-escalation, etc. etc. I have seen the difference that a holistic support plan can make in the lives of people (especially those that many parties said could never be supported in the community) and it fascinates me how this is still so very undervalued. Please consider how very important the behind the scenes work is to success."

"Unfortunately, we cannot pay our staff when they are not providing direct hours so there is an unspoken expectation from PDD that it be done but on staff's own time, which is not only unfair and unrealistic, but dehumanizing as well."

"[In a perfect world, it would include] having time to facilitate natural resources in the community as this takes time and happens naturally and not in the 'scheduled hours of community outings from 12-2.'"

Education and training—particularly training that is not a requirement of the field—were a consistent theme in describing either the ideal state or current challenges. As the needs of the supported individuals become more complex, those providing support need to become more knowledgeable. Funding for professional development was an early casualty of funding cuts and has never been restored. With limited college and university programs available for educating the workforce, the number of people becoming disability workers without a Canadian degree, diploma or certificate has decreased, making on-the-job training opportunities more crucial. Along with access to training, continuing ability to consult mental health and other knowledgeable professionals needs to be funded as part of the overall contract.

"With staff who are trained well in how to implement strategies, we can improve the chance that individuals will learn coping and self-management skills and service provision will be consistent. Training dollars are not there - to cover my wages or have more than a one-time 3 hour session to teach/train the staff. There should be additional monies for more extensive training "

"Learning opportunities would be regularly provided by the funders who have expectations but do not actually facilitate learning opportunities that result in the desired outcomes."

"No training dollars attached to the individuals - we need additional dollars to provide staff training in how to implement the programs/procedures correctly."

"Bringing in regional/provincial guest speakers is fine, but what happens when their 6-7 hours is up? Who takes their ideals and brings it forward to ground level - again it comes back to having the funding (and admin/mngt team) to bring all the ideals to fruition?"

"Some individuals are doing very well with the level of support that they are receiving now; however we struggle with a new set of issues, i.e., addictions, mental health, complex needs. The skill set required is changing. In a perfect world, education would be made available to staff that require it."

"It would be great if they could feel prepared to handle all kinds of difficult situations (like when the client strips down in public and screams rape so that the individual can get away from staff to go gorge on food due to their Prader-Willi or get the next high due to the level of addictions that agencies are dealing with) by offering them in-depth and case-specific training instead of rubber stamped firehose training."

Resourcing of 1-to-1 staff time for everyone

Respondents felt strongly that staffing models significantly limited individuals' self-determination and ability to participate in their community if they required support to do so. Unless an individual requires

1-to-1 staffing, their support is as part of a group. This mainly affects individuals with community access support during the day and residential support in a group living arrangement. While disability workers recognize the reasons for shared staffing models, they also see the negative impact on the individuals they support. In particular, it is hard to work to achieve individual goals without at least some 1-to-1 time with staff.

"For the citizens that I value: not having to be told that they cannot go out right now because their housemate is having a rough day and isn't safe to enter the community (that's what shared staffing does in the complex world)."

"Low staffing ratios for the number of individuals - the programs/outings/events cannot be individualized when there is one staff to 3 or 4 individuals. Need additional dollars for more staff. Some individuals who do not necessarily need 24 hour care are getting that while others who need that 24 hour care do not - at least not one-to-one. Everyone should have some time for one-to-one staffing throughout their day or week. Sometimes, clients cannot even go on a vacation because there are no funds for staff to go with them. They have to go with other individuals even though they may not really enjoy the outing, just so staff can be shared. Day programs that offer the same old routine year after year should be discontinued, or changed up. Some individuals are tired of the same old routine and do not want to go to day program, they want to stay home or "take a vacation from work" as they say."

"[In a perfect world, there would be] One-on-one staffing, both male and female staff."

Those who do not have shared staffing models may need more support than they get as well.

"More funding for those who live independently to help in different areas of life. One day a week is not enough in most cases."

A number of front-line workers indicated the importance of providing support flexibly when it was needed and indicated that they were happy to be able to do so. However, the capacity to do so on a system-wide basis is a challenge because of the human resource crisis caused by low wages.

Adversarial relationships

An atmosphere of scarce resources has led to adversarial relations between PDD and disability services. Funding is not infinite and it is the government's role to ensure that public funds are used wisely and effectively. It is the responsibility of disability workers at various levels of their organizations to make a case for the funding needed to fulfill responsibilities to individuals and their families and ensure needs and desired outcomes are met. Although PDD's mission is to ensure that individuals with disabilities can be as independent and engaged in their communities as possible—a mission shared by disability workers and their organizations—they are often put in the unenviable position of preventing that outcome through underfunding of supports.

Disability workers who responded to the survey often commented on the important role that PDD representatives play in the lives of individuals and the effectiveness of the service system. A few

individuals praised the PDD representative they worked with and recognized the important role played by that person.

“The contact we have with a PDD rep has been amazing. I truly enjoy the individual’s meetings that we hold every 6 months. When all stakeholders (guardian, natural supports, individual, PDD and service provider) are on the same page working for the same goals and outcomes, that is when a persons with disabilities will be the most successful.”

“I think that having a clear definition of what PDD does and how they support not only the individuals but also the service providers would be amazing.”

Others expressed concerns. These concerns included a lack of accountability in PDD for their share in creating problems. A more significant concern is short-sightedness in favouring crisis-funding (which tends to be expensive) over funding prevention of crisis (which can be less costly per person, but may be needed by more individuals overall).

“You cannot schedule crisis, but you can prevent it with the right supports from the beginning. PDD would be a partner and not an enemy that you need to fight with over every nickel and dime. Resources for holistic wellness and administrative hours funded so that more preventive measures can be developed and utilized.”

“It would also be great if they did not worry about being blamed when things go sideways while working with complex folks because when things hit the media and PDD responds, it always comes back to the lack of trained staff and what the staff did wrong instead of owning the shortcomings all around and stating that we should have protected the staff better because after 28 years in this field I have yet to figure out why one person’s life is valued over another person’s. (Too many times I have heard management and PDD caseworkers respond with, ‘You knew what you signed up for, it’s in their risk assessment.’)”

“Be real with the agencies and the public - we all know there is only so much money to go around so stop advertising your great successes and give us all a real picture of where we are at; when placing this sector in the public eye in the face of disaster take responsibility for government shortcomings when it comes to funding - we have amazing, qualified, competent staff who work hard and avert crisis 99% of the time, but that is never acknowledged.”

While disability workers at all levels recognize the importance of making decisions for and with individuals on the basis of a personal knowledge of the individual, they feel that many decisions are made by PDD representatives who have little or no contact with the individual. This is especially true in large urban regions with high caseloads for PDD representatives and constant turnover as the system tries to keep caseloads balanced across staff. As a result, PDD representatives may promote options that those who know the individual recognize as being disruptive to the individual’s life, and which may be more expensive but the expense is in a different part of government.

“Just ensure that PDD representatives are not promoting Long Term Care when the professional staff that have supported clients through their lives have made a commitment to them to be their support to the end of life.”

“[In a perfect world] PDD would support the agency we work for, when we say that an individual needs 1/1 staffing supports or need extra staffing hours in a home, or need sleepover staff.”

“Fitting people into categories for the purpose of tracking money and government mandates makes the supports seem impersonal and contrived to fit the department rather than the department fitting the services needed.”

“Most agencies like AADL and PDD are often frustrating to deal with all the ‘red tape ‘.”

“This also includes getting consistent workers with PDD. In the 3 years I have worked with the current agency I am with, there has not been a consistent PDD worker. In these three years, we had an identified PDD worker for only a few months but other than that it is coverage. The citizens I support and their families are extremely frustrated as they are not sure who to contact through PDD and not even know their PDD worker or time to establish a relationship with their PDD worker.”

The PDD review opens the door to further collaboration between government and the community. Both “sides” are committed to having a system that works and produces good outcomes for individuals with disabilities. This is an opportunity to re-build relationships and work together toward solutions.

Wage levels appropriate to the work

Other positive changes to the service system cannot be expected if wages stay at the current level. Respondents consistently pointed to the fact that skilled workers are currently drawn away to jobs with either better pay or less stress or both, despite their dedication to the individuals they support. Or they work multiple jobs or extra shifts in the field in order to make ends meet. They resent the fact that they sacrifice family time and self-care. They put themselves and others at risk when they do not have the time or resources needed to educate themselves on complex need issues. With too few post-secondary education programs graduating disability workers and managers, and insufficient wages to pay back student loans, the result is that the field must rely on current staff working overtime. The sector needs to have more people in it and cannot get them because of current wage levels.

Seven years ago, the government recognized that low wage levels and discrepancies between government and community wages for the same work had created a human resource crisis in the field. They acted to raise community wages 25% over several years, which had a positive impact on turnover and workforce stability. Since then, there have been no increases for wages in the community disability services sector; however, government wages and the cost of living have both increased. The result is that the crisis averted seven years ago has returned. Given that, it would be fruitful to include a community discussion of how to resource an increase in wages to a livable level while achieving the other outcomes that disability workers and other stakeholders identify as important.