‘Why would you want to be a Disability Support Worker (DSW)?’

A qualitative study of ‘long-term’ Disability Support Workers in accommodation services for people with Intellectual Disabilities.

A Thesis submitted to fulfil the requirements
for the Degree of Doctor of Philosophy

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Abstract

For many years, a major challenge in the provision of support services to people with disabilities has been the difficulty in recruiting and retaining sufficient numbers of Disability Support Workers (DSWs). The research literature has consistently reported high turn-over rates with many DSWs leaving during their first year of service. The average length of service of DSWs has also been reported as being relatively short with several studies reporting average lengths of service of between two and five years. With an increasingly aging population and a decreasing available workforce, the provision of adequate support to people with disabilities is expected to become even more difficult in the next decades.

Without direct, ‘hands-on’ support services provided by DSWs, it is unlikely there will ever be appropriate levels of support for people with disabilities apart from that provided by family and friends. Unfortunately, there has been very little research on those support services, the role of support staff and the problems they face in their work.

In 2008, a survey seeking demographic information, opinions on aspects of their work and a call for volunteers to be interviewed about their work was distributed to over 800 DSWs working in accommodation services for people with an intellectual disability in ten agencies across metropolitan Adelaide, South Australia. This study analysed the responses from the 188 DSWs who completed the survey. A series of interviews over a 14 month period from February 2009 were conducted with 15 of the respondents who volunteered.

Analysis of the data sets demonstrated that, while several characteristics such as the distribution of DSWs by age and gender were similar to those regularly reported in the literature, the average length of service was considerably longer than previously reported. In this study, the length of service ranged from 1 month to 39.7 years with a median length of 8.3 years. This service was usually in a number of different agencies and more than half of the respondents had worked for between two and five agencies. The number of DSWs with specific qualifications in disability was also higher than reported in previous research.

Key issues identified by the qualitative analysis of the DSWs' responses raised two major areas of concern. The majority of respondents commented on the lack of adequate government funding to provide all necessary and appropriate support services to the people with disability they supported. Even more respondents were very concerned about the failure of management to involve the DSWs, many of whom had worked with a particular person for many years, in the discussion, planning and decision making of support plans for the people they supported. Many DSWs reported that this lack of recognition of their skills and the work they performed reflected an undervaluing of their role by management. More than a third of the 'long-term' DSWs reported that, if their discussions of issues in an individual's support plan with supervisors and management were not seriously considered, their final coping strategy was simply to resign and move to another agency.

The limited opportunities for staff training, the need to develop new support models and approaches, the regular reduction of available support time due to staff and funding shortages and the increasing 'business' focus within the disability sector rather than a caring person-centred approach were also raised.

The DSWs in this study also suggested changes in the way support services are provided which may improve the provision of these services.

Key words: intellectual disability, support services, support workers, demographics, turn-over, job-satisfaction, coping

Statement of Authorship

I certify that this work does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any University; and to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in the text.

Peter G. Cookson

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List of abbreviations

AIHW	Australian Institute of Health and Welfare
ASSID	Australasian Society for the Study of Intellectual Disability
ASID	Australasian Society for Intellectual Disability (ASSID name change)
CEO	Chief Executive Officer
CIDA	Council of Intellectual Disability Agencies, Australia
CSTDA	Commonwealth, State & Territory Disability Agreement, Australia
DEST	Department of Education Science and Training, Australia
DFC	Department for Families and Communities, South Australia
DSP	Disability Support Policy, (South Australian Dept. Of Disability)
DSW	Disability Support Worker
FaCSIA	Department of Families, Community Services and Indigenous Affairs
HCA/SW	Health Care Assistant/Support Worker, (UK, National Health Service)
KPMG	Member of a network of firms affiliated with 'KPMG International'
MBI	Maslach Burnout Inventory
MoHNZ	Ministry of Health, New Zealand
NATSEM	National Centre for Social and Economic Modelling, (Uni. of Canberra)
NZASID	New Zealand Branch, Australasian Society for Intellectual Disability
ODACS	Office of Disability and Client Services, South Australia
PWD	People with disability
PWID	People with Intellectual Disability
SACOSS	South Australian Council of Social Services
SPCQ	Staff Positive Contribution Questionnaire, (Hastings and Horne, 2004)
SRV	Social Role Valorisation, (Wolfensberger, 1983)
TAFE	Technical and Further Education
UK	United Kingdom
US	United States
VICRAID	Victorian Regional Associations for the Intellectually Disabled
Vic. Govt.	Victorian Government
VRRI	The Vocational and Rehabilitation Research Institute, Canada
WHO	World Health Organisation

1. Introduction

Across the millennia, human communities have responded in many different ways to their members with disabilities. But, for most of the past 200 years in Western societies, families and large institutions have been the primary focus of community caring for people with disabilities (Scheerenberger, 1983).

In the 1960s and 1970s however, evidence of poor treatment and abuse of residents in institutions raised concerns about the well-being of residents and the manner in which services were being provided (Blatt & Kaplan, 1966; Ryan & Thomas, 1987; Scheerenberger, 1983). Subsequently, by the late 1960s, Bank-Mikkelson (1980) and Nirje (1980; 1985) in Scandinavia developed the concept of ‘Normalisation’. Normalisation did not suggest that services should try to ‘make people normal’ (Cocks, 2001, p. 12) but rather, that people with a disability should be ‘given access to the “normal rhythms of life”’ (p. 12) by allowing and encouraging people with disabilities to do normal things at normal times. Normalisation also stressed the need for people with disabilities to have a range of choices so that they might live in one place but go to school or work in another and spend leisure time in a diverse range of places and activities with a range of friends or groups (Nirje, 1999; Perske, 2004).

These ideas were widely promulgated, generally accepted and quickly popularised in the United States and other Western industrialised countries (Perske, 2004; Wolfensberger, 1980; 1983). The implementation of Normalisation principles led to the dismantling of large institutions (deinstitutionalisation) and the development of a range of community living options including private and group homes for people with disabilities (Janicki, Krauss & Seltzer, 1988). The deinstitutionalisation movement resulted in a major philosophical paradigm shift in which individuals with disabilities were now seen as ‘people’ rather than ‘patients’ (Hewitt & Lakin, 2001). This change created a need for community based support workers to supply services to people with disabilities that had been previously provided by institutions, hospitals or families (Baines et al, 2002; George & Baumeister 1981; Hewitt & Lakin, 2001).

During the past 50 years, the deinstitutionalisation movement has provided a catalyst for research and practice that has produced a variety of approaches to support for people with disabilities. This has, in many ways, significantly improved their quality of life (e.g. Brown & Brown, 2003; Dempsey & Nankervis, 2006). But this continued improvement cannot be taken for granted. As will be shown in Chapter 2, there are still many problems that governments, the community and the disability sector need to address.

The role of the Disability Support Workers (DSWs) has been critical in the success of that deinstitutionalisation process (e.g. Dempsey & Nankervis, 2006; Hewitt & Lakin, 2001). The DSW has been the person especially responsible for the daily care of people with more severe disabilities. As well as often bathing, dressing, feeding and managing the person's daily activities and carrying out all necessary domestic duties, the DSW has been required 'to cook, dispense medication, deal with illness, fulfil emotional needs, and on and on' (McCord, 1981, p 124).

During those 50 years, the research literature has consistently stressed the importance of DSWs as a major factor in the success of programs for people with a disability.

- 'Staff play a major role in the creation and maintenance of a high quality of life in a community residence.' (McCord, 1981, p. 111).
- '[Staff issues are] the most crucial factors determining the success of the program' (Bersani & Heifetz, 1985, p. 209).
- 'Direct care staff are arguably the most valuable resource of any agency supporting people with a … disability' (McVilly, 1997, p. 18).
- '[Disability Support Workers are] crucial determinants ... of the quality of life of the residents [and it is a] critical role' (Ford & Honor, 2000, p. 344).

But during those 50 years, the research literature has also consistently reported the difficulty in recruiting and retaining skilled Disability Support Workers (DSWs) in residential settings.

> *The ability to find, train and keep direct support staff is one of the biggest barriers to continued efforts to expand … and sustain community supports* (Test, Flowers, Hewitt & Solow, 2004, p. 328).

A crisis in the recruitment of DSWs (e.g. Hewitt & Lakin, 2001) has been predicted due to an aging population and the consequent reduced numbers of potential workers in the available general workforce (e.g. AIHW, 2007a; Fujiura & Parish, 2007;

Larson & Hewitt, 2005; KPMG, 2006). This difficulty has been reported as a major concern and problem in most countries including Australia (e.g. Ford & Honnor, 2000), the United States (e.g. Hewitt & Lakin, 2001), England (e.g. Felce, Lowe & Beswick, 1993) and Japan (Ito, Kurita & Shiiya, 1999) and in all areas of disability support including education (e.g. Howard & Ford, 2007), employment (e.g. Cookson, 2010a), aged care nursing (e.g. Castle, 2006; Parsons, Simmons, Penn & Furlough, 2003) and rural mental health services (Wolfenden, Blanchard & Probst, 1996). Similar difficulties in recruiting suitably qualified and experienced staff in other areas of human services such as childcare and correctional services have also been experienced (e.g. Lambert, 2001; Minor, Wells, Angel & Matz, 2011; Thorpe, Boyd, Ailwood & Brownlee, 2011).

With increasing human longevity, there is likely to also be an increase in the number of people requiring support services because of disabilities developing with age. The incidence of dementia in Australia is expected to increase from 298,000 in 2011 to 900,000 in 2050 (AIHW, 2012). The incidence of Acquired Brain Injury due to the increasing number of strokes in an aging population is also predicted to increase (AIHW, 2007b).

It is the DSWs who provide the necessary, direct ‘hands–on’ support for people with disabilities living in the community. Yet little is known regarding successful strategies for the recruitment and retention of DSWs or the most efficient and effective ways of managing support services (e.g. Larson & Hewitt, 2005). If the disability sector cannot recruit sufficient DSWs, already over-stretched and largely ‘underfunded ... and inefficient services’ (Productivity Commission, 2011, p. 5) will be even less able to meet the needs of people with disabilities. And as McCord (1981, p 124) wrote over thirty years ago,

> *Perhaps if we directed more attention toward comprehensive analyses of staff’s perceptions of residential life, we would do less speculating and develop more effective and efficient ways of dealing with runaway turnover rates.*

Hastings (2010) has more recently argued,

> *that an important question is why support staff stay in their roles when aspects of their work are clearly stressful, they are poorly paid, and often*

> *poorly supported ... Having some answers to this question might lead us down very different roots for practice than questions that are more negatively focussed, such as why staff become stressed at work and why they leave their roles* (p. 210).

The recruitment and retention of DSWs is reported as a major problem in the literature. In particular, large numbers of DSWs are reported to leave the disability sector workforce after a very short time. A study of 110 group homes in the US by Larson and Lakin (1999) showed 68% of DSWs leaving within the first year and similar findings are reported from most countries. Nevertheless, this researcher's personal experiences in working in the disability sector for more than 40 years suggests that a large number of DSWs also stay working in the area for a long period of time. But there is considerable disagreement and variation in the literature as to what constitutes the average length of service of DSWs. Taking just two estimates, a range from an average length of service of 2.37 years (range 3 months to 14 years) in a UK study (Rose, 1999) compares with 4.3 years (with almost half (47%) of the total workforce having between six and 15 years of service) for DSWs in Victoria (Vic. Govt., 2005).

Even from these two studies, it can be seen that at least some DSWs continue to work with people with disability for periods up to 15 years. These 'long-term' workers have worked alongside those DSWs who left within one year. Therefore, it is likely that both groups have faced and had to deal with similar problems and issues in their work – the same client groups, the same rates of pay and work conditions, the same sorts of supervisory and agency issues. Although the research literature, in considering DSW job satisfaction, describes many reasons why some workers are dissatisfied and leave the field, there is no real discussion of why other DSWs stay. Perhaps these 'long-term' DSWs have found ways of dealing with and coping with the recognised negative issues in the field.

Identifying the perceptions, coping strategies and perceived problems and rewards these 'long-term' DSWs have developed in order to deal with the pressures of the job could provide valuable insights and help in developing new practices and improving current procedures to reduce the high DSW turnover rate. Any insights that may enable Agencies to maximize benefits to their clients by retaining good support staff would be worthwhile.

In a study reported by Hewitt and Lakin (2001), the cost to replace a single DSW was estimated at $(US) 2,341. These authors argue, if turnover rates are 50%, the ‘annualized cost of [DSW] turnover in the United States [and other countries] is astronomical’ (p. 7). The ability to retain DSWs would significantly reduce the on-going costs to service providers of recruitment and replacement of staff.

1.1 Aims

The recruitment and retention of DSWs is a major problem in the provision of services to people with disabilities. This study, therefore, aims to examine the perceptions and experiences of DSWs working, for the ‘long-term’, with people with intellectual disabilities. Why do many DSWs stay working in the sector? What are the strategies that keep them working in the sector?

People with intellectual disability as their principal disability are the largest group of individuals receiving support in the disability sector in Australia (AIHW, 2001). There also exists a substantial body of research on the supports provided to this group, particularly in the area of residential and accommodation services. For these reasons, this study will focus on DSWs working with people with intellectual disability in community based residential settings.

1.2 Overview

This Thesis has been divided into the following Chapters.

- Chapter 2 provides a review of the literature which has examined many of the issues and problems found in the disability support sector.
- Chapter 3 details the research design, theoretical perspectives on which this study is based and the methods and procedures used to gather and analyse data.
- Chapter 4 examines the findings from the responses by the participating DSWs to the closed questions of the survey.
- Chapter 5 examines the findings from the responses by the participating DSWs to the open-ended questions in the survey.

- Chapter 6 examines the information and data from the interviews with 19 long serving DSWs conducted over a 14 month period.
- Chapter 7 presents a detailed analysis and discussion of the findings described in the previous chapters and develops a series of conclusions and recommendations for future actions in the disability sector.
- Chapter 8 summarises the key issues identified in this study.

2. Review of the literature

In Australia, the Productivity Commission (2011) described the disability support ‘system’ overall as

> *inequitable, underfunded, fragmented, and inefficient and gives people with a disability little choice. It provides no certainty that people will be able to access appropriate supports when needed. ... [and] that a real system for people with a disability is required* (p. 5)

Although there is a substantial body of research into DSWs and their work supporting people with intellectual disabilities, this research has failed to explain or resolve these problems in the delivery of adequate support services. There still remains significant confusion about the role and expectations of DSWs in service provision (Hastings, 2010). A wide range of definitions and parameters are used to describe their role and in the discussion of their work.

This review will, therefore, seek to define and describe, in terms related to the proposed study:

- issues related to the development of the disability service sector and the role DSWs play in that system;
- the on-going debate about exactly what a DSW is and what work they do;
- the characteristics of the current DSW workforce; and
- challenges experienced by that workforce.

2.1 Development of the DSW role

In the first half of the 20th century, residents of institutions largely came from those people with disabilities whose ‘families ... could not cope’ or ‘those whose behaviour, personal or social, presented such problems that maintenance at home or in the community was inadvisable’ (Scheerenberger, 1983, p. 193). But the definitions of what constituted an intellectual disability were broad and covered a wide range of ‘extremely different conditions’ (Ryan & Thomas, 1987, p 12). Indeed, in England until the Report of a Royal Commission in 1957 and the subsequent new Mental Health Act (1959), any authorised officer of a local health authority or any police officer could, if he believed a person was ‘defective’, take that person ‘to a place of safety’ (an institution) where the person could be ‘compulsorily detained’ sometimes for years (Hilliard & Kirman, 1965, p 11). After the passing of the Act, the status and classification of institution residents was reviewed and by 1961 only 28% of ‘subnormal’ people in institutions were compulsorily detained compared with almost 100% in 1958 (Hilliard & Kirman, 1965, p. 27). The 1959 Act also emphasised a focus ‘away from segregated institutional care and towards integration into the community’ (Adams & Lovejoy, 1972, p 13).

At this time, most institutions were organised and operated under the ‘Medical Model’ where all programs and activities were controlled and supervised by medical staff who were responsible for all decisions and ‘treatments’ for the residents and saw intellectual disabilities simply as an illness (McCord, 1981; Scheerenberger, 1983). While mental retardation nurses ensured basic health needs were met and social workers liaised with families and the community (Iacono, 2010), domestics and aides carried out many of the basic daily activities within the institution (personal care, meals, cleaning, laundry). It was not uncommon for some of the residents themselves to be involved in these daily chores and most staff members were held in very low regard (Scheerenberger, 1983). The recruitment and retention of qualified staff was also a major problem with ‘turnover rates of 200 per cent per year ... not uncommon’ (Scheerenberger, 1983, p 197).

With the break-up of large institutions and the placement of people with intellectual disabilities into community residences which occurred from the 1960s onward, it was necessary to develop new procedures, practices and staffing models. More than 40 different terms and descriptions of community residence types were still common in the late 1970s. These included hostels, family care homes, group homes and residential villages (Bruininks, Thurlow, Thurman & Fiorelli, 1980). Group homes could house from two to over 60 residents (McCord, 1981). In each of these residence types, differing staffing models, from live-in house parents, shift work staff to irregular visiting staff, could be used and the perceived benefits of each of these were regularly debated in the literature (Adams & Lovejoy, 1972; Bruininks et al., 1980; McCord, 1981; Scheerenberger, 1983). George and Baumeister (1981) wrote, that from the viewpoint of employee stability and morale in community residential facilities, these facilities were ‘dysfunctional organisations unlikely to fulfil [their] roles properly' [and] ... 'attention must be directed to improvements in pay, working conditions, career advancement opportunities, and management practices' (p. 647).

This lack of clear descriptions of service models created a huge ambiguity about the job title and job description of these new and developing staff roles (McCord, 1981). This ambiguity is still a major issue. The expected and designated roles and responsibilities of the DSW vary greatly across agencies and across the disability sector. Several studies have found that at least 150 job titles and job descriptions are used to cover this direct, 'hands-on' support work (Hewitt & Lakin, 2001; MoHNZ, 2004; Test, Flowers, Hewitt & Solow, 2003). This lack of any clear definition of the role of a 'direct care worker' and what they are expected to achieve in their work (role ambiguity) has remained a major and very confusing issue (Hall & Hall, 2002).

Exactly what skills this new community based DSW required were also ambiguous. Much of their work included the completion of all domestic chores as well as being 'able to cook, dispense medication, deal with illness, fulfil emotional needs, and on and on' (McCord, 1981, p 124). 'Overall, staff [saw] themselves as teachers, counselors, advisors and substitute parents' (McCord, 1981, p 123).

For the people with disabilities supported, co-workers in the provision of that support and management in the disability sector, difficulties may occur if DSWs are uncertain of the job responsibilities and expectations placed upon them. Being unsure about how their work is evaluated, feeling undervalued by their employer and not being included in any planning or decision making roles may have significant impacts on the quality and provision of services by DSWs (e.g. Larson & Hewitt, 2005). These impacts may directly affect the person with a disability and their family as well as creating major issues for the agency or service provider. Many recent studies have found that role ambiguity and role conflict are major determinants of staff dissatisfaction, stress and intentions to leave the disability sector (e.g. Baines et al., 2002; Blumenthal, Lavender & Hewson, 1998; Parsons, Reid, & Crow, 2003; Skirrow & Hatton, 2007). Indeed, Mansell and Elliott (2001) asked if DSWs work in an environment where 'no-one notices whether they do a good job or not' (p. 444).

During the past 20 years in particular, with the larger number of people with more complex disabilities and challenging behaviours moving to community residences (e.g. Hewitt & Lakin, 2001), a wider range of specialist skills have been expected of DSWs (e.g. Dempsey & Arthur, 1998; Dempsey & Nankervis, 2006; Mitchell & Hastings, 2001). However, as Hall and Hall (2002) found in their review of recruitment of DSWs, there has been a failure to clearly define the characteristics and attributes of a ‘good’ DSW. In the 1950s, the two main criteria used to evaluate DSW performance were their length of service and their rating by supervisors. Supervisor ratings were unreliable and did not always remain constant even over short periods of time. The unreliability and ‘questionable validity’ of supervisor ratings of DSWs followed from the common use of just 18 criteria for assessing staff performance, only one of which related to client care and welfare (Hall & Hall, 2002, p. 204). Almost half of the criteria supervisors used to assess DSWs ‘measured the attendants’ compliance with institutional regulations and procedures’ (Hall & Hall, 2002, p. 204). The ideal staff members were ‘stayers’ who were also ‘neat, compliant and punctual’ (p. 204). Unfortunately, these authors believed that the problems of recruiting and evaluating DSWs that prompted their research ‘still exist[ed]’ and that there was still a ‘need to develop a reliable tool for assessing the impact of direct-care staff on the well-being of persons with developmental disabilities’ (p. 207).

The deinstitutionalisation movement still continues. In the US, the number of people with intellectual disabilities living in state institutions decreased by 74% between 1977 and 2005. In that same period, the number of people with intellectual disability living in community housing settings of three or fewer residents increased from 8,700 to 184,000. Across all states in the US between 2002 and 2005, the number of people living in institutions had reduced by over 80% indicating an increasing rate of deinstitutionalisation (Lakin, Prouty & Coucouvanis, 2006).

In Australia, the movement of people with disabilities from large institutions to smaller community residential settings began considerably later than in the US and Europe and has continued to progress at a slower rate (Stancliffe, 2002; Young, Sigafoos, Suttie, Ashman & Grevell, 1998; Young & Ashman, 2004). In 2001-2002, $A1.5 billion in funding was provided to States by the Federal Government for accommodation support. At that time, 51% of people with a disability were living in group homes, 29% in institutions and 20% in their own individual community homes (AIHW, 2005). Estimates indicated that the 2001-2002 funding for accommodation support services would have needed to increase by 49% to meet the then unmet accommodation needs for people with intellectual disabilities (AIHW, 2007a; Stancliffe, Lakin & Prouty, 2005).

As deinstitutionalisation has continued, the number of people with more complex disabilities and challenging behaviours placed into community residential options has increased in all western developed societies (e.g. MoHNZ, 2004). This has meant that the expected role of DSWs has changed from basic care giving in highly structured and supervised group programs to a more complex, challenging and responsible position. Disability Support Workers, working individually, must often make complex decisions to maintain the well-being and quality of life of the people they support (e.g. Brown & Brown, 2003; Dempsey & Nankervis, 2006; Hewitt & Lakin, 2001) and assist them to become active members of their communities (McConkey & Collins, 2010).

2.2. Consequences of support changes

From the early days of this change to community residential accommodation, issues related to support staff have been a major concern (e.g. Felce, Lowe & Beswick 1993; Holborn & Jacobson, 2006). The research literature has repeatedly stressed the importance of the DSW as a major factor in the success of programs for people with disability. More than 30 years ago McCord (1981, p. 111) wrote ‘staff play a major role in the creation and maintenance of a high quality of life in a community residence.’ More recently, it has been stressed that ‘direct care staff are arguably the most valuable resource of any agency supporting people with a … disability’ (McVilly, 1997, p. 18).

But the difficulties in recruiting and retaining DSWs have created problems for disability services and management to ensure that adequate supports are provided. For example, Hewitt (2001, p. 12) reported that in the US, ‘approximately 30% of authorised [support] hours for in-home services were not provided’ because of a lack of direct support staff. In Australia, the Federal government argued that they ‘are dealing with a crisis driven, patchwork of systems which are simply not enough to meet demand ... [and] services are rationed according to budgets, not to the growing need’ (Shorten, 2009).

In spite of the high turnover rates, many DSWs do continue working in the disability field for extended periods of time (e.g. Larson & Hewitt, 2005). However, there have been few studies exploring how these long serving DSWs perceive their work (Hastings, 2010; Test et al., 2003). The current author found only one reference to a detailed examination of the positive perceptions of their work by DSWs, (Hastings & Horne, 2004), and these authors also stated that they had been unable to find any other research on DSW perceptions of their work. Several researchers have argued that the sector has learned very little about the crucial aspects and perceptions of DSWs about their support for people with disabilities (Dempsey and Arthur, 2002; Rice & Rosen, (1991); Test et al., 2003). Indeed, Hastings (2010) argues that understanding the role of DSWs has been seen as a very low priority and has been ‘neglected as a focus for research’ (p. 207). He also suggests that what research on DSWs has been done has focused on the problems and deficiencies in the support provided by poorly trained DSWs or that ‘support staff under stress may not provide the best quality of care’ (Hastings, 2010, p. 208). An Australian study by Hudson Global Resources (2007) found that the community generally held a poor image of the sector and had little knowledge or understanding and poor perceptions of disability support work. It has also been suggested that agencies may simply blame their DSW staff for the poor outcomes achieved for the people they support (Hatton et al., 1999).

A detailed examination of the research literature during the past 30 years reveals some negativity in the view of some researchers and public policy makers towards both people with disability and their support workers. McClimens (2010) describes the dissatisfaction with research on the institutional care of people with physical disabilities in the 1980s. He suggests that researchers in this study ‘adopted a detached approach ... [and] their final product was politically biased and methodologically insensitive’ (p. 64). Throughout the research literature there are repeated suggestions that DSWs are simply unable to provide high-level support (e.g. Ager & O’May, 2001; Grey, Hastings & McLean, 2007).

Helff and Glidden (1998) surveyed twenty peer reviewed papers from each of the periods 1971-75, 1983 and 1993 and found that there seemed to be a failure to seek or report positive perceptions in the majority of papers. These authors argued that, although there has been a shift in community attitudes to a generally more positive view of disability issues over this time, the basic underlying assumptions had not necessarily changed. They further argued that if research designs are largely based on negative assumptions or hypotheses, positive outcomes are likely to be viewed with scepticism. They also argued that this negative focus may unduly influence ‘practitioners … to expect these [negative] results [and] view them as inevitable’ (p. 461) and so reduce their expectations of the real potential of people with a disability.

Western medicine’s experience over the past 50 or more years with the Placebo Effect on expected medical outcomes and drug trials (e.g. Brody, 2000; Brown, 1998; Wampold, Minami, Tierney, Baskin & Bhati, 2005), clearly demonstrates that peoples’ expectations can have dramatic effects on outcomes. The past 20 years of research in neurophysiology show clear connections between the brain and bodily immune responses (Sternberg, 2001, p. xi). It would seem that our expectations and beliefs may, at times, be truly self-fulfilling prophecies (Sternberg, 2009).

As an example of this possible self-fulfilling prophecy idea, Hastings and Taunt (2002) questioned the accepted belief that having a child with a disability *must* be a stressor on families (my italic). They argue that many families report positive perceptions of their child with a disability and that these children may provide positive benefits to the family. Studies by Hastings and Horne (2004) and Rapanaro, Bartu and Lee (2008) have also found positive family outcomes including personal growth, increased family closeness, increased sensitivity to others and a less materialistic focus as potential benefits of having a child with a disability in the family. Indeed, a study by Dura-Vila, Dein and Hodes (2010) found that parents with strong religious beliefs could see the birth of a child with an intellectual disability ‘not as a loss but as a gain’ (p. 171).

The research literature also provides examples of professionals working in the disability sector, often at high levels of responsibility, ‘talking down’ the value of support work (Owen & Standen, 2007). In this British study on intellectual disability nursing, the researchers found that a principal reason for trainee nurses’ decisions to transfer to other areas of nursing was the ‘negative talk’ by tutors and practitioners about the work. One tutor was quoted as advising that mental health nursing was a ‘more useful branch [of nursing]’ (Owen & Standen, 2007, p. 265).

2.2.1 How could such views have developed?

The beginnings of the Normalisation and Deinstitutionalisation movements coincided with a period of dramatic social and political reforms. In Australia and the US, the 1960s saw persistent, strong and, at times, violent opposition to the Vietnam War. If a person could be conscripted to be sent to war this was perhaps understandable. But in Australia during this period, demonstrations against racial prejudice with violent protests at rugby matches against South Africa. In 1967, one of the few successful Australian referendums granted Aboriginal Australians full citizenship rights for the first time (Cathcart, 1995).

Government policies showed significant changes in a broad range of social areas during this period including the beginnings of legislation on gay rights and the Women's Movement. The passing of equal opportunity legislation in several Australian states and the parent and disability advocacy movements caused governments to undertake reforms in policy and practice for other disadvantaged groups including people with disabilities. The Commonwealth Government passed the *Handicapped Persons Assistance Act 1974* and *The International Year of Disabled Persons* in 1981 increased activity in the disability sector. This was followed by a most significant piece of legislation when the *Disability Services Act 1986* was passed. Greater funding and increases in the number and use of non-government service organisations to provide support services over this period also led to reforms. And these reforms were largely focussed on people's needs and built on ideas from within the disability field – people with disabilities, their families and workers, academics and public policy makers in Disability Services (Cocks & Stehlic, 1996; Cocks 1998).

This was the early days of deinstitutionalisation when predominantly people with often very mild disabilities were moving into the community. It was believed that DSWs would not need any significant training to assist these people with disabilities to follow an 'ordinary life' (Felce, 2005). It was also

> *assumed that staff would not need to learn how to give people with intellectual disabilities effective support once they were freed from the medical model and institutionalisation* (Felce, 2005, p. 12).

Because of the high staff turnover rates, some authors, in an attempt to stabilise the disability support workforce, suggested that middle aged women whose children were at school and who preferably had difficulty in competing for alternative work made the ‘best’ DSWs (e.g. Felce et al., 1993; Lakin, 1988). There also seems to have been no agreement on who made the ‘best’ DSWs. Some argued that the ‘best’ were by definition the most competent, but others believed that the ‘stayers’ were the best (Hall & Hall, 2002). And this issue has still not yet been fully resolved across the human services as was demonstrated by Bronwyn Bishop, an Australian Government Minister for Aged Care, who in defending the abuse of Nursing Home residents was quoted as having said that the only standard of training required in a nursing home was ‘middle-aged women providing tender loving care’ (Hodge, 2000).

2.2.2 Economic rationalism

> *One lesson that can surely be learned from the history of 200 years of capitalism is that ... it is singularly incapable of meeting human needs and of providing adequately for the many disadvantaged victims of the competitive market place* (Ife, 1997, p. 16).

By the mid 1980s, the views of society and how it should function had begun to change dramatically. Prime Minister Thatcher in the United Kingdom (UK) and President Reagan in the US argued that it would be impossible for the state to support and maintain measures to redress inequalities and so the welfare, or ‘nanny state’, must change (Ife, 1997). The doctrine of economic rationalism they espoused has gradually taken over and has been enthusiastically supported by both major political parties in Australia (Bryson, 1992; Disney, 2004; Malin & Race, 2010; Quiggin, 2004). ‘Nugget’ Coombs, Australia’s most distinguished public servant and a former Governor of the Reserve Bank of Australia is quoted as saying in the early 1990s

> *The intellectual and moral basis of Australian society is being corrupted ... [and] the driving force behind this ... [is a] ... view of the economy as a machine independent of social purposes* (Pusey, 1993, p. 1)

As Phillips and Taylor (2010) wrote, ‘[the] great paradox of modern capitalism ... is that it undermines the very social institutions on which it once relied – family, career, community (p. 106).

Economic rationalism argues that the only reliable way to measure human well-being is in terms of wealth because all people must buy the things that give them satisfaction (Ife, 1997). So, all government policy must be secondary to economic policy to maximise personal economic freedom and minimise government regulation and taxation. Government must not decide what is best for people and impose it on them (Ife, 1997). Since people make their own spending choices, the market, which is subject to forces of supply and demand, must be the best way to manage the economy because markets are the only way to place a reliable monetary value on a service (Cocks, 1998: Ife, 1997; Pusey, 1993). This has led to massive privatisation and corporatisation of government instrumentalities, increased regulatory controls, outcome-based funding and major organisational restructuring (Bryson, 1992; Cocks, 1998; Ife, 1996; Pusey, 1993; Pusey, 2003). This philosophy and approach has produced a profound shift away from people towards systems and ‘the dehumanisation of human services’ (Cocks, 1998, p. 2). It has also been argued that, together with ‘New Managerialism’, this approach has undermined the value base of traditional nursing practice (Lawler, 1999) and even medicine and has begun to encourage the ‘making of diseases’ and the ‘selling of sickness’ (Halasz, 2004).

Since the assumptions about markets are not easily applied to human services, economic rationalism has led to the development of ‘quasi-markets’ where welfare services are put out to tender and contracts awarded (Johnson, Jenkinson, Kendall, Bradshaw & Blackmore, 1998; Williams, 2010). This focus on the services destroys the personal aspects of disability services by simply turning people with disabilities into commodities to be traded in human service markets where profit and accountability are the key drivers (Cocks, 1998; McKnight, 1995). Often the most profitable, or the least costly, clients gain preference (Johnson et al., 1998). Also ‘Competition erodes the willingness to collaborate’ (Schmuttermaier, Schmidt, King & Gwynne, 2011, p. 41). Indeed, Swenson (2008) argues that the needs of people with disabilities and their frequent lack of financial ability to act as consumers means that they cannot constitute a market and so economic rationalist assumptions should not apply.

Economic rationalism does not treat all sections of the population, and especially the members of vulnerable groups, equally. Between 1977 and 1988, family incomes declined across all groups in society except for the wealthiest top 10% of the population where incomes increased by almost 20% (Pusey, 1993). With the economic policy changes during the last 30 years, the redistribution of wealth from the poor to the rich has been maintained and even enhanced with the inequality between the top and bottom 10% of the distribution increasing by 17% (Bryson, 1992; Pusey, 2003; Saunders, 1994). At its worst in the US, ‘between 60% and 70% of the increase in national wealth during the Reagan years went to the richest 1% of families’ (Pusey, 1993, p. 7). A large majority of Australians feel the gap between rich and poor is too wide (Pusey, 2003). Indeed, ‘the ‘Matthew Principle’,

> *For those who have, more will be given and they will have an abundance; but from those who have nothing, even what they have will be taken away*
> (King James Bible, Matthew, 13:12),

is well entrenched in the Australian welfare state’ (McMahon Thomson & Williams, 2000, p. 169).

It has long been accepted that, even in the richest countries, the wealthier members of the society will generally live longer and have fewer health and illness issues than the poor (Marmot & Wilkinson, 1999; WHO, 1998). But, during the past 20 years, there has been growing evidence that it is the inequalities in income across the society which are largely responsible for a society’s overall health status (Brown & Nepal, 2010; Marmot & Wilkinson 2001; Wilkinson, 2006; Wilkinson & Pickert, 2009). Just as importantly, it seems that these income inequalities are also largely responsible for the lack of social cohesion and therefore feelings of insecurity, anxiety and social isolation (Marmot & Wilkinson, 1999; Wilkinson, 2006). The latest research shows that there are demonstrable psychosocial pathways, including neuro-endocrine mechanisms, which are associated with a person’s reactions to this relative economic disadvantage and which add to the person’s feelings of a lack of social cohesion. It is also argued that these inequalities across society may help explain even the prevalence of issues such as homicide and suicide rates (Wilkinson & Pickert, 2009). Other studies have shown that improvement in child well-being (Pickert & Wilkinson, 2007) and even dental health (Bernabe, Sheiham & Sabbah, 2009) may depend on reduction of economic inequalities rather than increases in economic growth. It would seem that an economic rationalist regime which increases inequalities across society, particularly for disadvantaged groups, may increase the difficulties experienced by people with a disability and other disadvantaged groups.

2.2.3 'New Managerialism'

During this same period, we have seen the doctrine of 'New Managerialism' complicate human services administration and further distance the values of social justice and human rights from the field of support for disadvantaged groups (e.g. Cocks, 1998; Mintzberg, 1989). Although advocates of this doctrine argue that the only way to solve problems in human services is by appointing 'good' managers to key positions (Hogan, 2004; Ife, 1997), they fail to define clearly what 'good' management is. The argument seems to be simply that anyone who has managed a manufacturing plant, a tourism operation or any other form of business and has trained as a 'professional manager' will be an excellent manager in human services even though they have no knowledge or understanding of the people who will unfortunately become their clients (Ife, 1997; Mintzberg, 1989; Sarason, 2007).

A study of 21 supported employment program managers in South Australia by Ford and Ford (1998) found that less than one fifth (19%) of managers had ever been employed as DSWs. Although more than half (52%) had tertiary qualifications, almost three quarters of these (73%) did not feel that their training had prepared them for their current work. More importantly, their list of the five most important areas of training they reported feeling they needed were 'bidding for job contracts, generating funds, using standardised vocational assessments, and techniques for program evaluation and staff supervision' (p. 177). Their list of lowest priority needs included the characteristics of service models, case management, encouraging family support and knowledge of initiatives in transitional employment disability services. Surely understanding support models and encouraging family support are just as important as bidding for job contracts?

A study of Community Case Management in home health care services in Australia, a service sharing many similarities with the disability sector (Schmuttermaier et al., 2011), has argued that current practices in management and policy have resulted in the 'whole of client focus [being] marginalized' (p. 36) and workers having to adopt a 'working for' rather than a 'working with' approach to their clients (p. 39). The authors also argue that current managerialism philosophy 'emphasize[s] ...

“efficiency and cost effectiveness”’ and that ‘managerialism often conflicts with client needs and can undermine appropriate service delivery’ (p. 38). The introduction of competition has also further reduced the effectiveness and client focus of services by increasing ‘funding pressures, turf wars, territorialism and organizationally induced gridlocked systems’ (p. 36). These findings are supported in a UK study of the current policy approaches which have ‘resulted in assessments of needs being based on ‘service hours’ rather than service quality and qualifications’ (Race & Malin, 2011, p. 289).

Don Watson (2003), a well respected Australian political speech writer and commentator, also argues that, in part because of their lack of understanding, many managers and politicians make use of ‘cliché, and of cant and jargon’ (p. 5) and other forms of mechanical language for even simple messages. And this public language ‘is moulded and constrained by opinion polls and media spin’ (p. 8).

> *In the British public sector, “care providers” deliver “care packages” according to fixed criteria applied by “care assessors” ... In 2007 Blair’s government issued an instruction to NHS [National Health Service] nurses to smile. A Cabinet spokesman explained “One of the things that came out of the focus group discussions was that they didn’t feel nurses gave the impression that they cared enough. They felt, for example, that they should smile more”. This was followed by the announcement that nurses’ “smileyness (“emphatic care”) would be measured and the scores published on an online “compassion index”* (Phillips & Taylor, 2010, pp. 104 - 105).

In the aged care industry, Sarason (2007, p. 22), describing his personal experiences, writes

> *Any organisation ... is bureaucratic and stratified, power flows from the top of the organisational pyramid in decreasing amounts to the lower strata. The larger the organisation, the less the top strata know about the lower strata.*

He also describes the lack of understanding of the real issues which can occur so easily when dealing with real people rather than commodities. In a major dispute in the Nursing Home where he was a resident, the Board of Management decided to invite all residents to a ‘Cocktail Party’ to discuss the issues. Because they expected a large number of residents and their families to attend, they set up the room and removed the chairs to provide additional space. The residents arrived, had a drink and then left after about ten or fifteen minutes. The Board were furious because the residents clearly were not willing to even discuss the dispute. The residents were furious because the Board was so uncaring of their needs that they had not even provided seats for them to sit and most of them could only stand for a short while.

The advocates also argue that ‘New Managerialism’ will make the human services more effective and efficient (Ife, 1997). Many academics and business practitioners have argued for the past 50 years that this is not the case. Mintzberg (1989) argues rather that ‘management ... may prove to be the problem, not the solution’ (p. 330). Efficiency can only be assessed by criteria that are simply ‘measurable’ so costs are more easily measured than benefits and the direct costs (e.g. staff wages) are measurable while the social costs usually aren’t (Mintzberg, 1989). So, there has been a progressive increase in the formulation of rules, regulations, standards, benchmarks, unit costs and standardised forms of accounting and accountability (DiRita, Parmenter & Stancliffe, 2008; Mintzberg, 1989; Pusey, 1993). It has been argued that this leads to the constant ‘surveillance’ of human services and financial auditing as the only allowable measure of accountability (Clegg, 2008). When dealing with people with disabilities, improvement in the person’s quality of life is the only true measure of success and this may involve long-term on-going commitment. ‘New Managerialism’ simply ‘drives the organisation toward an economic morality which can amount to a social immorality’ (Mintzberg, 1989, p. 332).

While every organisation begins with high aspirations, enthusiasm and a clear vision, ‘New Managerialism’ leads to complacency and lack of innovation because a contract system reduces competition and encourages the offering of only well tried programs and not necessarily what the clients need or want (Bruggemann, 2010). It also often causes a loss of commitment by its workers (Mintzberg, 1989; Reinders, 2008a). In the disability sector, this may mean DSWs simply comply with rules and regulations (Gaventa, 2008), or feel in conflict with and distrust management because of their perceived differing values (Reinders, 2008b) or simply continue with their work and relationships to achieve client outcomes in spite of management (Buntinx, 2008). All of these and especially the

> *focus on compliance [diminish] professional competence and commitment and [contribute] both to staff disillusionment and to the rapid turnover* (Gaventa, 2008, p. 598).

2.3 Why people become Disability Support Workers

There has been little specific research on why people choose to work in the disability sector (e.g. Dempsey & Arthur, 2002; Kobe & Hammer, 1993). An early study found that the most satisfied DSWs were women who were older, had been employed for longer periods of time and were practising a religion (Bersani & Heifetz, 1985). Burchard and Thousand (1988, p. 255) stressed the need to ‘examine the characteristics of that group of “stayers” who are quality care-givers’ to help determine the variables that contribute to people having an interest in working in the disability sector.

The most consistent finding has been that people who have had experience with people with a disability, either as family members or as volunteer or paid workers, are highly represented in the DSW workforce. In their study of 104 providers of home support, Stoneham and Crapps (1988) found that 23% of DSWs had a family member with a disability and 44% had previously worked with people with a disability. Kobe and Hammer (1993) found that 85% of the 92 undergraduate students involved in a ten week disability training program had previous experience of people with disabilities (20% with a relative) and showed an interest in working in the sector. In a study of 15 Disability Nursing students, Owen and Standen (2007) found that only four (27%) had no previous experience with people with disability while 11 (73%) had previously been in paid disability employment.

Several other studies have suggested reasons why DSWs have decided to work in the disability sector. These include a specific interest in intellectual disability, the commitment to a particular philosophy, the sense of personal satisfaction (Ford & Honnor, 2000), and a desire to make a difference in people’s lives (VRRI (The Vocational and Rehabilitation Research Institute), 2005). In a New Zealand survey (MoHNZ (Ministry of Health New Zealand), 2004), local worksites close to the worker’s home, availability of suitable work hours and flexibility in rosters were cited as attractive aspects of the work by DSWs. This survey also found that 22% of DSWs working in people’s homes said they were on government benefits, had been made redundant because of age or injury or had limited job prospects while 4% said they had no other work options because of age or lack of training. Owen and Standen (2007) found that some Disability Nursing students had decided to do the course because of their mature age and the fact that their children were grown-up. Others had considered courses in social work and teaching but had chosen disability because of its lower entry requirements, their rejection from other courses, the provision of a recognised qualification and the more practical work in the community rather than in a hospital setting. But several of these students also reported that they wanted to help people less fortunate than themselves. This human characteristic, altruism, the sense of wanting to help others and to do good things, has been raised as a motivation for working in the human services in other studies (e.g. Phillips & Taylor, 2010; Rogers, 2013; VRRI, 2005).

2.3.1 Altruism

Charles Darwin's theory of 'natural selection' in the late 1800s was used by economists and social scientists to develop the idea of *Homo economicus*, the human species that 'strive[s] exclusively to maximise their own advantage' (Fehr & Renninger, 2004, p. 15). This idea reinforced the belief that 'hyper-rational, self-interested individuals' do good things simply to ensure future profits, rewards or advancement (Levitt & Dubner, 2009, p. 110). But animal altruism within the family or kinship group has been long recognised (Barber, 2004; Zahavi & Zahavi, 1997) and humans are known to extend that altruism to help strangers with no expectation of personal gain (Fehr & Renninger, 2004).

The existence of altruism as a human characteristic has been debated and argued for centuries (e.g. Phillips & Taylor, 2010; Wilson & Wilson, 2007). But during the past few decades, evidence from game theory (Levitt & Dubner, 2009), neuroeconomics, neurophysiology (e.g. Sternberger, 2009) and cultural evolutionary theory in both biology and psychology (Barber, 2004) has provided strong support for the idea of an innate human caring for others. Indeed, several aspects of modern society depend on 'public altruism' (e.g. blood and organ donation, volunteer fire-fighters) and 'the universal human impulse "to help strangers"' (Phillips & Taylor, 2010, p. 102).

Michael Sandel (2009; 2012) argued that studies by Richard Titmuss on blood donation in both the US and the UK were one demonstration of the erosion of market norms and feelings of moral obligations when we turn ‘a gift into a commodity’. In the US, the buying and selling of blood as a marketable item did not improve the supply and quality of blood, but rather led to shortages in supply and a higher incidence of contaminated blood. Titmuss argued that once blood had become a commodity bought and sold in the market place, it had become degraded by the general population who no longer felt any sense of moral obligation to donate blood for use by others. Many issues in our society such as health, education, the environment and justice are also both moral and political questions and should not be made simply an economic debate in our current economic rationalist market society (Sandel, 2009).

Game theory, using volunteer participants who are given some money and are then invited to offer some of that money to an unknown person, has shown large proportions of the money are offered with 50% being the modal offer (Fehr & Fischbacher, 2003; Gintis, Bowles, Boyd & Fehr, 2003). In one form of these games, *Ultimatum*, the person receiving the offered money can refuse the offer if not satisfied and this results in both players receiving nothing. Offers of less than 25% are rejected with a very high probability indicating that making money is not the prime aim of the players (Fehr & Fischbacher, 2003; Fehr & Renninger, 2004; Levitt & Dubner, 2009). However, in games where the players have to complete some work before playing to earn the money for the game, ‘two thirds of players neither gave nor took a penny’ (Levitt & Dubner, 2009, p. 120). Anthropological and ethological studies together with cultural evolutionary theory suggest that this willingness to sacrifice some gain for a fairer outcome demonstrates a significant evolutionary advantage in the development of a cooperative human society (Fehr & Fischbacher, 2003; Fehr & Renninger, 2004).

A study by Kobe and Hammer (1993) exploring reasons for people’s interest in working with people with intellectual disabilities found that more than half of the 80 participants in their study (54%) had previous experience as a direct family member, relative, friend, neighbour or a volunteer in the disability sector. And the siblings of people with disabilities have been found to have a life goal of ‘devotion to a worthwhile cause or making a contribution to mankind’ (p. 317). Jenkinson (1998) found that a high value is placed on the altruistic aspects of workers in many of the human services, and is believed to be of critical importance in the development of positive staff attitudes. He also found that among students choosing to study an intellectual disability course, altruism was a dominant deciding factor at the beginning of their course and remained important along with self-development over the three years of their course (Jenkinson, 1998). In a recent Australian study of why men chose to work in the Human Services / Community Sector in rural Queensland, altruism was identified as a major reason. Rogers (2013) found that of the 73 respondents to her survey aged less than 45 years, almost two thirds (65%) listed altruism as their main reason for working in this type of work. In the study, altruism was defined as ‘wanting to make a difference, giving back to society, helping people and social justice’ (p. 20).

Recent studies in the Job Characteristics Theory have indicated that

> *work is not simply a means to an economic end, but a legitimate source of well-being and an extension of individual self-identity ... Individuals both young and old are now seeking employment at organizations in which they can take pride and job assignments that allow them to feel as though work has an impact on the lives of others.*
>
> (Piccolo, Greenbaum &Eissa, 2012, p. 291)

Recent evidence from neuroscience experiments using Magnetic Resonance Imaging has shown that both pure monetary rewards and charitable donations excite specific neural pathways, one of which is known to relate to social attachment and bonding in other species (e.g. Moll et al, 2006; Sternberger, 2009). It may be that altruism and the suppression of selfish urges is hard wired into the brain.

Phillips and Taylor (2010) argue that this innate altruism or kindness is necessary for people ‘to fulfil their humanity’ (p. 17) and that in modern society, where materialist gains are seen as the principal measure of success, it may be a sign that humans seek fairness and are unwilling to accept injustices. But they also argue that our altruism may be used against us and ‘kindness is the saboteur of [a] a successful life’ (p. 2).

> *women continue to find employment in the “caring professions” ... where, in defiance of budget-obsessed managers, they go on dispensing kindness for meagre wages and little recognition. In the past, women’s association with kindness was a source of some prestige, but now it is a sign of disempowerment. Kindness may be admirable, but it’s a mug’s game*

> (Phillips & Taylor, 2010, p. 108).

2.4 Current roles of the Disability Support Worker

While many people working in the disability sector perform a wide range of tasks in addition to direct, ‘hands-on’ support, the majority of DSWs studied in the research literature are those workers providing only direct support in group residential facilities or in the person with a disability’s own home (Dempsey & Nankervis, 2006; Larson & Hewitt, 2005). These DSWs can be best defined as

> *those employees whose primary responsibilities [are] to provide training, supervision, support, and personal assistance, in the home and community, to persons with … disabilities and their families* (Ford & Honnor, 2000, p. 345).

The range of tasks performed by DSWs is very broad and may include:

- personal care including hygiene and grooming;
- household chores including cleaning, laundry and gardening;
- nutrition including shopping and meal preparation;
- medication including administration and monitoring;
- recreational activities including outings and sport;
- emotional support including talking with the person; and/or
- support to families of the person with a disability. (MoHNZ, 2004)

In some support situations, expectations and tasks required of DSWs may also include being an:

- advocate;
- chauffer;
- companion;
- counsellor and life coach;
- crisis worker;
- financial planner, administrator and/or book-keeper;
- interpreter;
- mediator;
- risk manager; and
- therapist. (McVilly & Parmenter, 2006)

Iacono (2010) has suggested that long-term issues such as the aging and retirement of or the development of mental health problems (dual disabilities) in the people with disabilities DSWs support were also becoming a necessary part of the DSW role. Iacono also points out that

> *responsibilities of DSWs were often competing and contradictory, with day-to-day tasks that kept the household going taking priority over those that could contribute to functional outcomes in terms of improved quality of life for people living in the houses* (p. 291).

Although this full range of tasks and skills may rarely be required in the support of a single person with a disability, there are a range of legal and ethical requirements demanded of all DSWs in all aspects of their work. In all Australian States, Occupational Health and Safety (OH&S) legislation imposes a strict ‘Duty of Care’ on all DSWs when working with people with disabilities. Indeed, Richard Bruggemann (personal communication, 2011) has suggested that this ‘duty of care may be the new institutionalisation’. In recent years, Codes of Ethics and/or Codes of Conduct and National Disability Services Standards which reinforce the underlying values and attitudes of people working in the disability sector have been developed and introduced (ASSID, 2007; FaCSIA, 2007). On an even broader scale, various Australian Governments have ratified International Agreements and Conventions such as the United Nations Declaration on the Rights of Disabled Persons, 2006.

2.5 DSW and client relationships

O’Brien and O’Brien (1993, p. 10) point out that the practices of support for people with disabilities often tend to ‘segregate and isolate people with disabilities’. The lives of people with disabilities are often characterised by difficulty in forming friendships and a lack of opportunity to meet people other than family or paid carers (McVilly & Parmenter, 2006). A review of the literature on social supports by Newton, Horner, Ard, LeBaron and Sappington, (1994) reported research findings from the late 1950s to the 1990s which demonstrated that for people with disabilities, their residential situations and the frequent interventions of the human service industry often meant that they had regular contact only with others with disabilities, family members and paid support staff. One cited study reported that over half of the 27 people with mild intellectual disabilities surveyed named a paid staff member as their most frequent source of companionship and support and that only 7% of their community activities were carried out with friends without disabilities or with family members (Rosen & Burchard, 1990).

The interactions between paid staff and the people they support have been regularly reported to be very limited (e.g. Bambara, Gomez, Koger, Lohrmann-O'Rourke & Xin, 2001; Bersani & Heifetz, 1985; Moore, 2001). In a United Kingdom (UK) study, less than 30% of DSW time was spent in direct interactions with or attending to the needs of service users. The service users received, on average, less than ten minutes attention per hour (Felce, 2005). A recent longer-term evaluation study to assist in the closure of a major South Australian institution by Ford, Kirby, Wilson and Rillotta (2011) showed that interactions between DSWs and their clients averaged as little as 7% of total contact time.

For many years there has been a belief that in the caring professions, and in social work in particular, that practitioners must 'create [a] distance between them[selves]' and their clients (Alexander & Charles, 2009, p. 9). In the disability sector, it has long been assumed 'that such "paid relationships" are inherently bad and by definition are not really friendships' (Lutfiyya, 1993, p. 97). It has also been claimed that these relationships can be as simple as a 'lack of hostility ... or benevolent patronage' (O'Brien & O'Brien, 1993, p. 10) or a 'move beyond the staff role ... to champion the interests of the individual with a disability' (Lutfiyya, 1993, p. 100). These more complex relationships often develop in community residential services. The danger is seen as these 'dual relationships' (both service provider and friend) allowing power imbalances which may lead to abuse or dependency (Mcvilly & Parmenter, 2006). They may also lead to a conflict of interest between the DSW and their responses to the person with a disability they support and their staff role and loyalty to their employer (Lutfiyya, 1993). It is usually argued that, if DSWs behave in a professional manner, 'there is less risk of an ethical dilemma occurring' (Mcvilly & Parmenter, 2006, p. 260). Therefore, the development of Codes of Professional Conduct and Professional Ethics and attempts to enforce these codes has been seen as a way of addressing these potential ethical problems (Mcvilly & Parmenter, 2006).

But during the past few years, these assumptions have been seriously questioned. Alexander and Charles (2009) suggest that this 'over-professionalisation of social work relationships serves to dehumanise the participants by creating restrictive artificial barriers' (p. 6). Their qualitative study demonstrated that social workers can and do successfully manage their relationships with clients and that the enforcement of such codes can put

> *workers in a potentially untenable position caught between our codes of conduct and what they perceive to be a critical component of effective social work practice* (p. 20).

There are also clear differences in the motivations and approaches used in dealing with issues facing people with developmental disabilities by their advocates or 'friends' (often their DSWs), and institutional professionals and management. Table 2.1, developed by Elks in 1990 and reproduced in O'Brien and O'Brien (1993, p. 31), summarises some of these differences.

Table 2.1 Contrast of the approaches of an ally and an institution

Dimension of difference	Personally involved ally	Institution professionals
Overriding concern	Quality of life	Efficiency of operation
Involvement	Personal, daily, all hours, hands on, informal	Professional consultation, formal, day appointments only
Assessment issues and standards of proof	Open to all, informal, commonsense, anecdotal, subjective	Professionals only, formal, scientific, controlled, objective
Sources of support and power	Friends, media, courts, independent professionals	Bureaucratic and professional authority, legislation
Preferred way to Make change	Personal and direct response to needs	"Normal (official) channels"
Gender	Female	Male
Status	Low	High
Conceptualisation Of controversy	Civil rights versus institutional denial and obstruction	Professional judgement versus irrational and emotional lay opinion

From Elks, M. (1990), Lessons from Annie's coming out, *Interaction* 4(1), 7-17

In the human services, (e.g. nursing, social work) there has been a strong recommendation to maintain a professional distance with clients. However, in current educational theory, the policy and management practices stress that ‘the way that the adult [teacher] interacts with the child is essential to supporting children as active, self regulated learners’ (Verenikina, 2011, p. 7). ‘Social interactions are [also] crucial for development from the very beginnings of a child’s life’ (p. 10). The better the relationship, the better the interactions between teacher and learner and the better will be the learning.

The responses to telephone interviews by 1614 home care workers in a Californian survey showed that ‘some physical and emotional demands of the ... care relationship are unexpectedly associated with greater job satisfaction’ (Delp, Wallace, Geiger-Brown & Muntaner, 2010, p. 922). Even though there are potential dangers of both parties becoming over-dependant on each other in these DSW–Client relationships, studies have led to an acceptance ‘in the disability field that friendship [between DSWs and their clients] enriches the lives of individuals with and without disabilities’ (Lutfiyya, 1993, p. 106).

2.6 Characteristics of the current DSW workforce

In recent years, a number of surveys of the disability workforce have been commissioned. These include detailed staffing surveys of Victorian (VICRAID (Victorian Regional Associations for the Intellectually Disabled), 2003; Vic. Govt., 2005), South Australian (ODACS (Office of Disability and Client Services), 2006) and Australian disability workforces (KPMG, 2006) as well as overseas surveys (Larson & Hewitt, 2005; MoHNZ, 2004; VRRI, 2005). There are also a number of studies which describe demographic aspects of the participating disability workers (e.g. Felce et al. 1993; Ford & Honnor, 2000; Rose, 1999). These studies provide a base on which to build a picture of the general demographic characteristics of DSWs across several countries.

It is clear from the literature that, in all countries surveyed, the majority of employed DSWs are female.

- The lowest percentage of females found was 56% in an Australian study of 146 DSWs in residential accommodation (Dempsey & Arthur, 1998).
- The Victorian Survey (Vic. Govt., 2005) found 69% of all disability workers to be female.

- US surveys found over 70% of DSWs to be female (e.g. Larson & Hewitt, 2005) with the New Zealand survey recording over 95% as female (MoHNZ, 2004).

A survey of more than 1000 DSWs in Northern Ireland reported that less than 20% were male (McConkey, McAuley, Simpson and Collins, 2007). This study found that males were more likely to have worked full-time in jobs other than in the human service fields and were also far more likely to have entered the disability field after the loss of their previous employment. This reinforces the earlier suggestions by Lakin (1988) and others that high levels of unemployment in other areas of the economy help in stabilising the disability workforce.

The disability support workforce is an aging workforce. In Australian surveys, few DSWs were reported to be under 25 years of age. For this age-group, percentages of 7% (Vic. Govt., 2005), 9% (VICRAID, 2003) and 13% under age 29 years (KPMG, 2006) were reported. The highest age-group percentages were reported to be those over 40 or 45 years with 64% being over 40 years the highest reported age grouping (KPMG, 2006). The international surveys indicate a similar age profile although, since 1990 in the US, both the median and average age of DSWs has been in the mid thirties (Larson & Hewitt, 2005). In Canada, the highest age-group was between 26 and 35 years. In New Zealand, more than 75% of DSWs were aged over 40 years and, in a randomly selected telephone interview group of 1,926 DSWs, 2% were aged 70 years or over (MoHNZ, 2004).

During the past 30 years it has become progressively more difficult to recruit younger people to work in the disability area. US figures show 56% of DSWs surveyed being less than 30 years of age in 1977 (Larson & Hewitt, 2005) and a 1988 US study cited in Holborn and Jacobson (2007) reported 34% of DSWs being less than 29 years of age. Surveys since 2000 consistently report much lower numbers of DSWs under 30 or 40 years of age. For example, the New Zealand Ministry of Health (MoHNZ, 2004) survey of 1926 workers found only 22% of DSWs in New Zealand were less than 39 years of age. However, the Victorian Government survey (Vic. Govt., 2005), which used the Government HR payroll system to record basic characteristics of more than 3,750 employees in the disability sector, shows that a much higher percentage of the rural disability workforce (47%)

is aged less than 40 years compared to the numerically larger metropolitan workforce (34%). This may simply reflect the lower number of jobs of all kinds available in rural areas.

A large number of DSWs are reported to be employed in part-time and casual positions in all countries surveyed. Indeed, in the majority of the surveys, one third or less of participants were employed full-time. The increasing casualisation of the disability workforce is reported to be a major issue (Iacono, 2010). The consequent loss of continuity of support because of the high turnover of casual staff was specifically noted in the Victorian workforce study (Vic. Govt., 2005). It should also be noted that 9% of DSWs in South Australia were reported to be employed in contract positions (ODACS, 2006) and 16% across Australia (KPMG, 2006). Agencies save significant expenditure by contracting rather than directly employing workers, as the agency is not required to cover public liability insurance and some other costs such as travel for contracted workers (KPMG, 2006).

A relatively large proportion of DSWs reported working for two or more employers in the disability sector. In Victoria, 27% of non-government agency workers worked for at least two employers (VICRAID, 2003). In New Zealand, 38 % of DSWs worked for at least two employers with some working for up to five employers (MoHNZ, 2004). The need to work for several employers could be expected as a result of the small number of hours of work offered to many DSWs. For example, in New Zealand, 26% of DSWs worked for less than ten hours per week and 51% worked for less than 20 hours per week with some employers (MoHNZ, 2004).
The length of time DSWs continue to work in the area has been reported to vary greatly across different studies. Some studies have reported more than 50% of DSWs leaving before completing one year of service (Larson & Lakin, 1999; Mitchell & Braddock, 1994) while other surveys reported almost half (47%) having between six and 14 years of service (Vic. Govt., 2005). The employment status of the worker affects the length of service with base level DSWs in Victoria having average lengths of service of 6.5 years for full-time and 2.2 years for casual employees (Vic. Govt., 2005). Across different surveys and in different countries, it appears that about 20% of DSWs have less than one year of service – 17% in NZ (MoHNZ, 2004), 19% and 20% in UK (Felce et al., 1993), 24% in Australia (Dempsey & Arthur, 1998).

The movement of DSWs from one employer to another may have effects on these figures. For example, in Victoria, 37% of DSWs had been with their current employer for less than two years. It was not recorded whether they had worked in the disability sector with other employers for a longer period. There also appeared to be differences in length of service in differing areas of support with 16% of DSWs working more than ten years in accommodation support but only 8% working more than ten years in community support (Vic. Govt., 2005).

2.7 Recruitment of DSWs

The recruiting of sufficient numbers of suitable people to work in the disability sector as DSWs providing direct 'hands-on' support has been a consistent major issue and concern (e.g. KPMG, 2006; Larson & Hewitt, 2005; McConkey et al, 2007; MoHNZ, 2004; VRRI, 2005). In the US, Larson and Lakin (1999) found that 50% of all applicants for DSW positions were being appointed. In Australia, the VICRAID (2003) survey reported employed DSW's concerns about the increasing employment of new immigrants with poor English language skills. These difficulties in recruiting workers may have led to the appointment of a wider range of less experienced people to the position.

Kobe and Hammer (1993) reported that they could find no research on variables that might contribute to an interest in undertaking a career working with people with disabilities. They tested a group of 92 University students who were undertaking a course about people with intellectual disability both before and after the course. They found that 53% of the students had had previous volunteer contact with people with intellectual disability before the course and, of those, 85% indicated after the course that they had a career interest in the disability field. All of those students who had siblings with a disability (four of the group) also indicated a career interest in the field after the course. In Disability Nursing, Owen and Standen (2007) found that of the current students in their study, 79% had had prior contact with people with disability. Indeed, 58% had been in paid work in the disability field.

Sundram (1999) suggested that these DSW positions once attracted students and graduates to work in the area. However, he argues that MacDonald's restaurants now compete strongly and attract this group with higher pay rates 'as if these [DSW] positions required no more skills, competence and judgement than those required for flipping hamburgers' (p. 63). Another study showed that, while the overall number of students enrolling in post-secondary education in Alberta, Canada, was increasing, the numbers enrolling in disability and rehabilitation diploma and degree courses was falling. This meant that, at least in Alberta, Canada, very few highly trained professionals were entering the disability field (VRRI, 2005). In a 1999 Canadian survey, '47% of new hires were less qualified than the individual they were replacing' (VRRI, 2005, p. 42). Owen and Standen (2007) also found that the number of applications for Disability Nursing had fallen by almost 50% between 2001 and 2003.

Attempts to develop a 'paper-and-pencil test' to identify those applicants who would make the best DSWs have been unsuccessful. Commonly used assessment instruments, personality inventories and mental ability tests have all failed to provide a valid and reliable assessment instrument to predict either length of service or satisfactory supervisor ratings (Hall & Hall, 2002). Fogarty et al., (1999) have also found that personality measures have little predictive value in identifying workers who are more likely to suffer from work stress across a range of other jobs.

The most commonly used strategy in Australia for recruiting DSWs is still newspaper advertisements (85%) with personal recommendations (70%) and word of mouth (70%) following a close second (ODACS, 2006). Using employment agencies (37%) or direct marketing to schools (15%) are low on the list of options (ODACS, 2006). The Kobe and Hammer (1993) results suggest that involving younger people in work experience or volunteering may produce better results in the recruitment of DSWs. Larson and Hewitt (2005) cite several studies which demonstrate that people recruited through recommendations or offers from staff within an agency produce what they describe as more successful, long serving and competent DSWs.

Hall and Hall (2002) have suggested that in the employment interview, questions which present real situations and require the applicant to comment and so reveal their values, skills and their 'unique pattern of strengths and weaknesses' are very useful and reliable (p. 207). Larson and Hewitt (2005) stress the importance of complete job previews and ensuring that prospective employees, no matter how they are sourced, are provided with accurate and complete information about the job so that they can develop realistic expectations. A 'mismatch between what the person wants and what the organisation offers may ... lead the person to quit his or her job' (p. 24). Ford and Honnor (2000) also reported that DSWs found the information about the work provided by agencies to be poor and this was among the most important determinants of job dissatisfaction.

In Australia, it has been reported that all our communities have very high levels of un-met needs for the support of people with disabilities (AIHW, 2007a; Brayley, 2009). Current projections suggest that between 2005 and 2042, the number of people aged 55 years or more will grow faster than those aged less than 55 years causing a fall in the labour participation rate and a dramatic fall in labour supply (KPMG, 2006). The aging of the baby boomer generation will have a significant effect on the available workforce during the next two or three decades. Figures and projections from most countries demonstrate that, while the number of potential workers in each age group is already decreasing, the number of positions for DSWs needed is increasing (e.g. Larson & Hewitt, 2005; VRRI, 2005). Moreover, this need for support workers is also projected to apply across other human service areas such as aged care nursing (DEST, 2002; Hayes et al. 2006; KPMG, 2006; Stack, 2002).

2.8 Retention of DSWs

High turn-over rates of direct care staff have been a major concern for many years in all human services including nursing (e.g. De Gieter, Hofmans & Pepermans, 2011) in many countries and cultures including South Korea (e.g. Kwak, Chung, Xu & Eun-Jung, 2010) and the Middle-East (e.g. Hamaideh, 2011). Across the disability sector in Australia and in other Western industrialised countries, the consistently high turnover rates recorded for DSWs is the major issue effecting the costs and quality of care for people with disabilities (Carson, Mahar & King, 2007; Larson & Lakin, 1999; Mitchell& Braddock, 1994). However, care needs to be taken when comparing turnover rates reported in studies and surveys because there are several methods of calculating turnover rates and these are not always specified in the study.

The most commonly used method for calculating turnover rates is the 'Crude Separation/Turnover Rate' which measures the total movement of staff out of the organisation. However, this measure does not differentiate between all staff leaving within a year or 50% of staff having to be replaced twice in a year (Larson & Lakin, 1999; Mitchell & Braddock, 1994). An 'Average Annual Turn-Over Rate', an

‘Average Annual Attrition Rate’ (Felce et al., 1993), and an ‘Instability Rate’ (Mitchell & Braddock, 1994) have all been reported to provide more useful statistics for comparison. For example, in a study, by Felce and others (1993), conducted in 13 residential houses in two locations, the Average Annual Turnover rates for each location were 20% and 21% respectively but the individual house Crude Turnover rates ranged from 17% to 184%.

‘[By] the standards of virtually any industry, crude separation rates for DSWs ... are very high’ (Larson & Lakin, 1999, p. 275) whatever the method used. While the research suggests that Australia has slightly lower average turnover rates ranging from around 18% (Vic. Govt., 2005) to 26% (VICRAID, 2003), in England the average annual turnover rates are reported as ‘between a third to a half of staff ... changing per year’ (Felce et al., 1993, p. 148). In the United States, turnover rates have consistently been between 50% and 70% since the mid 1970s (e.g. Hatton et al. 2001; Larson & Hewitt, 2005). Similar high turnover rates confront other health and human service areas. Reviews of nursing in England have found a 27% turnover rate with 44% of nurses reporting an intention to leave the service and more than 5% of hospital operating budgets being required to deal with turnover and recruitment costs (Hayes et al., 2006). Castle (2006) also reported Crude Turnover rates for Registered Nurses of up to 64% and for Nurses Aides of up to 346%.

For other areas of work, the turnover rates are consistently lower. Average annual turnover rates in manufacturing in England were 21% in 1984 and in the US were 16% in 1980 (Felce et al., 1993). Even Call Centres in Australia, considered to be one of the jobs with a very high turnover rate, recorded only an 18% rate (Dollard, Dormann, Boyd, Winefield & Winefield, 2003).

Several studies report very high turnover rates for DSWs in their first year. Mitchell and Braddock (1994) report almost a quarter (22%) of DSWs leaving in the first three months with 56% leaving before completing one year. Larson and Lakin (1999) also report 45% leaving before 6 months and 77% leaving before one year.

The current researcher, while employed as a Co-ordinator of Support by an Agency employing approximately 25 DSWs in the suburban Adelaide, South Australia, analysed DSW turnover within the Agency (Cookson, 2006). Payroll lists, for the three calendar year period 2003 to 2005 inclusive, which recorded the employment start and finish dates of DSWs were analysed. Where possible, exit interviews and other descriptors of reasons for DSW leaving were also examined. The Average Annual Turnover Rate from the raw data was 33%. Of the 45 DSWs who left during this period, 31% left within six months and almost two thirds (62%) left before completing their first year. More than a quarter (28%) left to move to other unspecified jobs. Further, of those DSWs who left, 83% worked less than 20 hours per week with 44% of them working less than 10 hours per week for the Agency.

The 'Average Length of Service or Tenure' is perhaps the best method of comparing turnover rates in various organisations or situations (Larson & Hewitt, 2005). But the 'Average Length of Service' figures are at best confusing. Estimates range from an average tenure in a study of small US community agencies of 19.6 months (Larson & Lakin, 1999), 2.37 years in an English study (Rose, 1999) to 6.5 years for full-time DSWs in Australia (Vic. Govt., 2005). However, the range of average DSW tenure reported also varies widely with Rose (1999) reporting a range of three months to 14 years while in the Victorian Government survey (Vic. Govt., 2005), almost half (47%) of the total disability workforce had served for between six and 15 years. A survey of 490 DSW conference delegates, from Australia and New Zealand found 53% of the respondents had worked in the disability area for more than seven years (Ramcharan et al. 2007).

Apart from the DSW Conference average tenure figure of more than seven years (Ramcharan et al, 2007), all of the studies and surveys reviewed calculated their Average Length of Staff Tenure within the one Agency. In every case, the annual turnover and average tenure figures were calculated on the time DSWs spent working at just that one Agency. Although several studies reported data on DSW's reasons for leaving, no study reported where the DSWs were going to be employed when they left a particular Agency. Few studies sought this data or used exit interviews. While 'exit' or 'separation' interviews are often undertaken, it has been reported that agencies rarely seem to make use of the information collected in their approach to staff turnover issues (Garretson & Teel, 1982; Waldmann, Kelly, Aurora & Smith, 2004). Moreover, in a range of health and other business areas, there is clear evidence that 'exit interviews' are most often unreliable and the data collected are at best suspect (Feinberg & Jeppeson, 2000; Fottler, Crawford, Quintana & White, 1995; Wilkinson, 1992). It is possible that DSWs may have simply left one

Agency and moved to another disability agency and there is strong evidence that many DSWs have worked for more than one Agency in the disability sector (e.g. MoHNZ, 2004).

These reported estimates of average staff tenure should, therefore, really be described as the *‘average length of staff tenure with this Agency only’*. This interpretation would help to explain the wide variation in these estimates across various studies and surveys. Indeed, these estimates would be expected to show nothing about the overall total length of DSW service in the disability sector, but may be simply providing a measure of differing Agency characteristics across the sector.

It would seem that the majority of DSWs leave Agency employment within their first year, but the research has failed to indicate if they are moving to similar positions in other disability agencies, other roles within the disability sector, or leaving the area altogether.

2.9 Reasons for DSWs leaving

2.9.1 Rates of pay

Although low pay rates may have been appropriate for the limited support role of aides in institutions 50 years ago, the continually increasing skill requirements and overall responsibilities of community based DSWs have made low pay rates a major concern to both DSWs and researchers throughout the literature (e.g. Felce et al., 1993; Hall & Hall, 2002; Hewitt & Lakin, 2001; MoHNZ, 2004; ODACS, 2006; VRRI, 2005). In one US study, the wages of 66% of the DSWs did not meet the basic living expenses for the worker (Test et al., 2003). Other studies have also shown that DSWs ‘earn less than the poverty rate for a family of four’ (Larson & Hewitt, 2005, p. 9). A detailed UK study of the wages of Health Care Assistants/ Support Workers (HCAs/SWs) in the labour-intensive health care sector highlights the difficulties in reducing costs while trying to maintain the quantity and quality of services (Thornley, 2007). This study showed that these HCAs/SWs, who had taken over many professional tasks in health care (e.g. liaison with client families, medication, taking specimens, assisting in developing care plans), ‘are amongst the poorest workers in the economy ... [and] most earn just half the current national average [wage]’ (Thornley, 2007, p. 153).

In Australia, the increasing casualisation of the disability workforce has been raised as a concern for the future recruitment and retention of DSWs (ODACS, 2006; Vic. Govt, 2005). In a study by Ford and Honnor (2000), 42% of the 115 DSWs participating were employed as casuals and a further 32% were employed part-time. Other issues identified included wage inconsistencies where DSWs working for government agencies were often paid higher wages than those working for private agencies (e.g. Carson et al, 2007; Larson & Hewitt, 2005; VICRAID, 2003) and the seemingly regular requirement for DSWs to work unpaid overtime (e.g. Dyer & Quine, 1998; MoHNZ, 2004). This poor pay rate and the often low number of work hours offered may also help to explain why many DSWs work for multiple employers. Some studies have shown that poor wages was the factor most consistently linked to high levels of staff turnover (e.g. Mitchell & Braddock, 1994).

In South Australia in 2006, 67% of the 1,652 disability staff members in the ODACS (2006) survey were employed under the Disability Services Award (Business SA, 2003). The ODACS (2006) survey found that 70% of disability services staff were employed at Levels 1 or 2 of that Award earning a maximum hourly rate of $16.1875 (AUS). At the time of the ODACS (2006) survey, 26% of DSWs earned less than $15.00 (AUS) per hour. By comparison, in August 2006, the South Australian Average Weekly Total Earnings (ie. payments including overtime, travel etc.) for females working full-time were $983.40 (AUS) which was equivalent to an hourly rate of $24.59 (AUS) (ABS, 2008).

The Disability Services Award also provides for a ‘passive’ sleepover shift of up to nine hours between 8.00 pm and 8.00 am. Although the Award states that ‘the period of sleepover should, where possible, be attached to a shift or shifts’ (Business SA, 2003, Schedule 3, p. 1) there is no requirement for this to occur. For this sleepover shift, the worker was paid $6.58 per hour as at May, 2009. The worker may, therefore, be required to work a 12-hour shift followed immediately by a nine-hour sleepover, a total of 21 hours continuously, for the additional payment of $59.22 (Business SA, 2003). The ‘passive’ sleepover shift is also considered to meet the required eight-hour break between shifts, so the DSW may be rostered to continue working a new shift immediately following the ‘passive’ shift (Business SA, 2003). Also, if a DSW accompanies a person with disabilities on a holiday or activity that requires staying away from home for a period of several days, a negotiated daily rate is paid to the DSW. This daily rate excludes all wage clauses and conditions of the Award (Business SA, 2003, Clause 16, p. 1).

Fortunately, a recent study by Judge, Piccolo, Podsakoff, Shaw and Rich (2010) suggested that ‘despite the popular theorizing, ... pay level is only marginally related to [job] satisfaction’ (p. 157). As stated above, in South Australia in 2006, DSWs were paid less than two thirds of the average weekly earnings of females in the workforce. In the UK, Thornley (2007, p. 153) reported that most DSWs received ‘just half the current national average [wage]’. And in the US, Sundram (1999, p. 63) wrote,

> *We have required of direct-care staff the wisdom of Solomon, the patience of Job, and the caring of Florence Nightingale all for the wages of a janitor.*

2.9.2 Conditions of employment

The lack of career pathways to provide increased financial rewards or promotion positions has commonly been cited as a reason for DSWs leaving the disability sector (e.g. Hewitt & Lakin, 2001; MoHNZ, 2004). The majority of non-government agencies providing services to people with disabilities are small and employ small numbers of staff. In the South Australian Workforce Survey (ODACS, 2006), of the total of 27 agencies taking part, seven (26%) employed less than 25 staff and 11 (41%) less than 50 staff. Only ten of 26 agencies (38%) claimed to provide any career pathways and one agency commented that, for many DSWs, the only method of promotion was to move out of direct support into other areas of disability work (e.g. case management) or other jobs altogether (e.g. nursing) (ODACS, 2006).

Many DSWs are reported to work alone and this has raised concerns about their personal safety, particularly when providing support in the person’s own home (e.g. Hewitt & Lakin, 2001). Over half (55%) of DSWs interviewed in the New Zealand survey (MoHNZ, 2004) reported feeling they may be hurt or injured at work. The most common fears were about lifting in personal care regimes (e.g. back injury), infections, physical assault by the person they supported or general accidents from the ‘clutter’ of the person’s home. There was a clear tension between the occupational health and safety (OH&S) issues and the rights of people with disabilities to maintain their home to their own wishes. Suggestions by DSWs for improvements included removal of mats, carpets, other furniture items, personal items and even pets. Half (50%) of the 1926 residential DSWs participating in the survey reported that the people they supported had physically injured them. These injuries included being punched, pinched and smacked. Verbal abuse and even sexual harassment by the person’s family members were also reported. DSWs reported feeling that agencies should provide mobile phones and supervisory staff should be available to respond to emergency calls. These supports were particularly important for those DSWs working at night (MoHNZ, 2004).

With the high turnover of staff and the increasing number of people requiring 24 hour, seven day support, rostering to balance reasonable and sociable hours between home and work has been reported as a major issue for some DSWs. Many DSWs are also often called on to cover extra shifts or work more overtime (e.g. Dyer & Quine, 1998; Hewitt & Lakin, 2001). DSWs required to work ‘large amounts of overtime, are susceptible to exhaustion, increased mistakes and decreasing quality of performance’ (Hewitt & Lakin, 2001, p 6). For many DSWs, the short shifts offered meant that they had to work split shifts or for several employers at different sites and times and this often involved extra, unpaid travelling costs (Cookson, 2006; VICRAID, 2003).

2.9.3 Poor staff training

Despite earlier arguments to the contrary (e.g. Bruininks et al., 1980), it was long assumed that DSWs did not require training to provide effective support (Felce, 2005). Indeed, a major criticism by DSWs themselves has long been the lack of provision of even basic induction and orientation courses by agencies (Dempsey & Arthur, 2002; Ford & Honnor, 2000; Hewitt, 2001; KPMG, 2006; Larson & Hewitt, 2005; MoHNZ, 2004; Stack, 2002; VRRI, 2005). The literature now strongly suggests that DSWs must receive appropriate training about the attitudes, values and ethical issues involved in their work (e.g. Dempsey & Nankervis, 2006; Larson & Hewitt, 2005). In Australia, most states have no mandatory training requirements for DSWs (Iacono, 2010; KPMG, 2006).

Consistently across the research literature are reports that the majority of new DSWs have very limited experience or qualifications in working with people with disability. A survey of 146 Australian DSWs found that 94% had no educational qualification in disability and had no prior experience in working with people with a disability

(Dempsey & Arthur, 1998). In their South Australian study, Ford and Honnor (2000) reported that 41% of 115 DSWs participating in the survey had not matriculated from high school. This finding was supported by the South Australian Government Workforce Survey which found that 45% of DSWs were unqualified (ODACS, 2006).

Studies also consistently show that DSWs are generally dis-satisfied with the training provided. Felce, Lowe and Beswick (1993) found that 40%, and Dyer and Quine (1998) found that 45% of DSWs were dis-satisfied with their training. Other studies clearly showed a desire by DSWs to improve their skills with more than 60% of DSWs in one study wanting more training across all areas of their work (Test et al., 2004). This is perhaps not surprising when it is reported that only 50% of staff participating in one study had received any training in the past three years (Dempsey & Arthur, 2002). The New Zealand survey (MoHNZ, 2004) reported that 21% of DSWs listed training opportunities as far more important than promotion positions in their decisions about staying in the disability sector.

Even the initial induction training and orientation programs for new staff have been highly criticised in the research literature as often being too short and based on regulatory requirements rather than the specific needs of the people with disabilities they will support (e.g. Burchard & Thousand, 1988; Hall & Hall, 2002; Hewitt & Lakin, 2001; Iacono, 2010). In a survey of disability agencies, 64% of the 108 administrators responding reported that newly hired DSWs received less than one week of training with 25% of agencies providing only one to eight hours training before the new DSWs commenced work with a person with a disability (Test et al., 2004). Stack (2002, p. 213) quotes the frustrations of one new worker with no experience being employed midweek and when asked, agreeing to work with a quadriplegic client on the following Sunday. The new worker said

> *I ... expected someone to give me a rundown [on what would be required]. Instead they gave me a name and address and the time to be there. That was my training for a quadriplegic. I had never touched a quad in my life.*

Other workers in that study reported having to empty a catheter or administer drugs without any training or instruction by their supervisors.

A large proportion of staff training has traditionally been, and is currently, provided by in-service sessions run within the agency itself. This presents problems in staff being unable to attend because of roster commitments or travel difficulties (Hewitt & Lakin, 2001). The training provided often focuses on OH&S issues or reporting and accountability requirements (Leidy, 2004; Test et al., 2004). Many DSWs describe this training as 'too repetitive and boring' for experienced employees or 'too fast and not comprehensive enough' for new staff (Hewitt & Lakin, 2001, p 10). And there are reportedly significant differences in what managers and DSWs consider relevant training. For example, in two studies, managers expressed a need for training in communication, documentation (Test et al., 2004), accountability, program evaluation and tendering for contracts (Ford & Ford, 1998). In contrast, DSWs see a need for training in advocacy, crisis intervention (Test et al., 2004), support models and family support training (Ford & Ford, 1998).

A number of research papers focus on the complex support required for people with challenging behaviours (e.g. Allen, 2000; Bambara et al., 2001; Hastings & Brown, 2002). There is some evidence that DSW behaviours may lead to the development of those challenging behaviours (Allen, 2000; Hastings, 2002). It has also been suggested that, given the poor conditions under which many people with intellectual disabilities are required to live, aggression may be 'a legitimate response to unacceptable conditions' (Allen, 2000, p. 52) and 'exhibiting inappropriate behaviours [may be] the resident's only manner to gain attention from direct-care staff in some situations' (Seys, Duker, Salemink & Franken-Wijnhoven, 1998, p. 270). A large number of studies link the stress of dealing with these challenging behaviours to DSW burnout and turnover (e.g. Allen, 2000; Blumenthal et al., 1998; Hastings, 2002; Hatton et al., 2001). Several studies have recommended the need for increased training of DSWs in methods to improve their skills in coping with these stresses (Hastings & Brown, 2002; Mitchell & Hastings, 2001).

There is a growing body of research that supports the effectiveness of behaviour management as a successful intervention in dealing with challenging behaviours in the support of people with intellectual disability (e.g. Ager & O'May, 2001). However, these authors stressed the need for reliance on external expert professionals or researchers in the assessment, analysis and program design. This highlighted the need for specific and specialised training for DSWs. They found that in programs left to operate with only DSWs or families, the results of the interventions often deteriorated. Similar results have also been reported in other studies (e.g. Brown, 2012). It has been argued that the training and development of DSWs' skills in areas such as Positive Behaviour Support (Jahr, 1998; McVilly, 2002) and Active Support (Felce, 2005) are of critical importance in the provision of quality support, especially to people with more complex disabilities and difficult behaviours. However, in a discussion on staff training, Grey et al. (2007, p 3) reported that 'several authors have questioned whether or not it is possible for care staff to acquire the range of sophisticated principles of applied behaviour analysis'.

It has been recommended that, to provide more training to meet the skill needs of DSWs, governments need to increase the available funding. Employers must also make training more attractive to DSWs by making training available during normal working hours and paying DSWs while they attend training (MoHNZ, 2004).

The South Australian Workforce Survey (ODACS, 2006) reported the training budgets allocated by 16 of the participating 27 agencies. The median annual budget allocation, expressed as a dollar value per staff member, was $339.50 (AUS) (range $111.00 to $1,577.00 (AUS)). Assuming unrealistically that there are no other costs except staff wages for attending training, this represents an average of about 21 hours per year available for training and, for staff at one agency, only 7.5 hours per year. This funding paradox where disability agencies constantly report a chronic shortage of DSWs but, when they do employ a DSW, they are unable to offer or guarantee a minimum number of hours of work or even appropriate induction and basic training is of major concern (MoHNZ, 2004). As Iacono (2010) writes,

> *Continued neglect of the needs of existing DSWs carries the risk that people with [intellectual disability] will continue to be reliant on, at best, well-meaning but poorly supported staff or, at worst, unengaged and poorly trained DSWs* (p. 293).

2.9.4 Poor supervision and recognition by senior staff

As stated previously, job satisfaction has been repeatedly described in studies of job retention in all cultures and in a range of human services (e.g. De Gieter et al, 2011; Kwak et al, 2010) as a major factor in encouraging job retention. Similar findings have been reported in studies exploring the relationship of organisational supervision and workers' intention to leave their job (e.g. Delp et al, 2010; Fakunmoju, Woodruff, Kim, LeFevre & Hong, 2010; Kwak et al, 2010). A study of 176 social workers in the US found that ‘lower income, higher job tension and lower supervisory support are related to higher intention to leave’ with men showing a ‘much higher intention to leave’ when provided low supervisor support (Fakunmoju et al, 2010, p. 313).

The poor supervision and recognition of DSWs by management and direct supervisors has also been suggested as another reason for DSWs leaving commonly cited in the disability literature (e.g. Dyer & Quine, 1998; Gray & Muramatsu, 2013; Hatton & Emerson, 1993; Holborn & Jacobson, 2006; Iacono, 2010). The particular problems with supervisors and managers cited by DSWs include poor communication and support, lack of understanding of DSWs and the people they support (MoHNZ, 2004), unrealistic expectations of support staff (Blumenthal et al., 1998) and a failure to invite and involve DSWs in the decision making process (e.g. Blumenthal et al., 1998; Dyer & Quine, 1998; Larson & Hewitt, 2005).

‘The burden of ongoing crisis management’ takes up much of supervisors’ and managers’ time (Kormann & Petronko, 2004, p. 224). This may mean DSWs undertake periods of intense support followed by little contact or feedback from supervisors. More than a quarter of DSWs (27%) in a New Zealand survey reported having to initiate contact by phoning their supervisors themselves. This group also commented that policies and procedures developed by management often did not address the needs of the people with disabilities or the DSWs (MoHNZ, 2004). In Victoria, DSWs reported feeling that their skills were no longer valued by management and that there was a growing gap between management and staff because of the increasing need to focus on funding issues (VICRAID, 2003). The lack of adequate supports to DSWs by their supervisors has been shown to lead to low staff morale and higher levels of turnover (e.g. Dyer & Quine, 2002).

Despite research findings that the involvement of DSWs in the planning and decision making process in successful positive behaviour support programs is essential (Bambara et al., 2001), the perceived lack of involvement in decision making is perhaps the most frequently cited reason for dissatisfaction with supervisors. One study found that 75% of DSWs reported their views were not sought or listened to and that the expectations of management were unrealistic (Blumenthal et al., 1998). In several studies, it was not the supervisory staff but rather the more experienced

DSWs who had to take responsibility for the on-site training and induction of new staff. This often meant that DSWs had to spend more time working with these new staff members than with the people with disabilities they were employed to support (Baines et al., 2002; Lakin, 1988).

This perceived lack of involvement by DSWs in the development of plans for each individual receiving support may contribute to poor outcomes in Person-Centred-Planning programs. In South Australia, the movement of residents from a government institution into community based small group housing was monitored and evaluated over a three year period (Ford et al., 2011). DSWs in the study complained about their lack of involvement in the development of Individual Lifestyle Plans. Although Lifestyle Plans were considered necessary as a guide to monitoring the services provided and establishing responsible and consistent service provision, in one community house these individual plans had not been updated since before the people moved from the institution three years previously. For those residents with updated Lifestyle Plans, most of the goals were focused on leisure activities (e.g. sailing, visit to zoo) or physical comfort (e.g. buying new shoes). For DSWs seeking advice in determining the priorities and focus of their support, these plans failed because

> *None of the documented goals were focussed on the development of adaptive behaviours or the reduction of challenging behaviours, nor did they address important lifestyle domains such as personal care, domestic activity or social interaction. ... [there was] no reference to active engagement or participation from the residents. The goal plans also lacked descriptive information regarding the procedures that would be employed to operationalise the goals (i.e. training methods and/or the use of adaptive equipment)* (Ford et al., 2011, p. 19).

Managers and supervisors have also reported that they find their role and responsibilities to be difficult. Ford and Ford (1998) found that only 19.1% of the managers surveyed had been employed as DSWs and 72.2% reported feeling their tertiary training had not prepared them for the job. Hall and Hall (2002) found that supervisor’s performance ratings of their DSWs were at best questionable and often unreliable. Mansell and Elliott (2001) similarly found that DSWs predicted they would receive greater disciplinary action from management for failing to complete administrative tasks rather than failing to support or work with the people they supported. This study also found that supervisory staff were largely untrained and almost 50% had been in their position for less than one year.

Supervisors have been found to be more at risk of work stress than the DSWs they supervise (Skirrow and Hatton, 2007). One study reported front line supervisors describing their position as ‘being impossible, chaotic, overwhelming, and extremely stressful’ (Hewitt et al., 2004, p. 132). Indeed, the turnover rate of front line supervisors is also high with studies finding turnover rates between 14% and 34% per year (Larson & Hewitt, 2005).

A recent study has shown that the provision of adequate training and support of new staff in the first 90 days of their employment is important in organisational socialisation and future work outcomes in most areas of work. A survey of 264 new staff beginning jobs found that the ‘support of newcomers from co-workers and supervisors declines within the first 90 days of employment’ and this was ‘uniquely associated’ with the risk of higher turn-over (Kammeyer-Mueller, Wanberg, Rubenstein & Song, 2013, p. 1104).

2.10 Stress and frustration - complexity of the role

As more people with more severe disabilities have moved into community residential accommodation, the responsibilities and expectations demanded of DSWs have become increasingly complex (e.g. Dempsey & Nankervis, 2006; Hewitt & Lakin, 2001; MoHNZ, 2004). The influence of this increased level of complexity on the incidence of stress and burnout in workers, particularly in human service fields, has long been acknowledged (Maslach, 1982a; Payne, 1980). Indeed, it has been found that up to 33% of DSWs working with people with intellectual disabilities reported high levels of stress and/or psychiatric problems (Hastings and Horne 2004; Hatton et al., 1999).

In Australia in recent years, there has been an increase in stress-related Workers Compensation claims across the workforce (Fogarty et al., 1999). Although the percentage of stress claims is lower than most other claims, the cost per claim is significantly higher (Dollard & Winefield, 2002). The length of worker time off with stress claims is about 30% longer than any other claims. And Health and Community Service industries have the highest incidence of stress claims (Miller, 2003).

2.10.1 Job satisfaction and job stress

There is a rich research literature in both organisational psychology and disability studies that has examined key aspects of job stress in relation to job satisfaction and staff turnover. From this literature, several personal and organisational factors have been identified as being important in contributing to job dis-satisfaction. These include the poor understanding that staff often have of the requirements of their job (e.g. role conflict, role ambiguity), their level of involvement and ability to participate in setting job parameters and the lack of acknowledgement of their skills and expertise. And the satisfactory provision of these factors to DSWs by their employing agencies has been seriously questioned by research findings in the disability sector (e.g. Dyer & Quine, 1998; Ford & Honnor, 2000; Larson & Hewitt, 2005; Maslach, 1982a; Payne, 1980; Shaddock, Hill & van Limbeek, 1998).

Payne (1980) argues that the demands and constraints of the job and the support provided to the worker are critical in determining the levels of psychological effort required to make work choices and hence the levels of stress experienced by the worker. A DSW position generally has high demands and expectations by the service user, the employing agency and the worker themselves (e.g. Larson & Hewitt, 2005). The responsibilities and constraints around the work are also ethically high and, as has been discussed, the levels of support by supervisory staff are often considered to be low. Under Payne's theory, these conditions will lead to the high levels of job stress and the low levels of job satisfaction reported in some studies (e.g. Dyer & Quine, 1998; Hastings & Horne, 2004; Hatton et al., 1999).

A large body of research in the disability sector has focussed on stress and burnout as major factors in causing DSWs to leave the sector (e.g. Blumenthal et al., 1998; Mitchell & Hastings, 2001). Helff and Glidden, (1998, p 458) argue that if stress is seen as a major cause of DSW turnover and studies are designed on the basis of that hypothesis, 'researchers can only detect stress or fail to detect it'. Such studies may not detect positive perceptions or benefits, as these are not being sought or considered. And, as Hastings (2010) suggests, these positive aspects of support work have largely been 'neglected in the intellectual disability research' (p. 208).

Although there is some evidence indicating that violent and challenging behaviours may increase job stress (Howard & Hegarty, 2003), there seem to be little or no differences in the stress and satisfaction levels of DSWs working with people with either mild or severe disabilities indicating that service user characteristics may not be a significant factor in DSW work stress (Bersani & Heifitz, 1985; Hatton et al., 1999; Shaddock et al., 1998). Indeed, there seems to be a growing consensus in the literature suggesting that organisational characteristics, especially those relating to clear job descriptions, adequate induction and training, involvement of staff in decision making, recognition of staff skills and the provision of high quality support are significant in reducing DSW stress and increasing job satisfaction (e.g. Ford & Honnor, 2000; Hatton et al., 1999, Larson & Hewitt, 2005; Nankervis, 2010). Several studies also indicate that the support of other DSW staff is a significant positive factor in the job satisfaction of DSWs (e.g. Dyer & Quine, 1998; Ford & Honnor, 2000; Kormann & Petronko, 2004).

All theories of job satisfaction claim that job stress is ultimately related to either personal factors and/or pathology to job environment factors. The overwhelming dominant view is that work stresses are firmly related to the way jobs are ‘constructed, constituted and managed ... [and] are socially determined’ (Dollard & Winefield, 2002, p. 13). Indeed, these authors suggest that the reliance on theories that claim individual personality and difference as a major factor in work stress blame the worker and do not suggest that the workplace may require change (Dollard and Winefield, 2002).

2.10.2 Burnout

Despite earlier controversy over its definition and parameters, burnout has become a generally accepted concept to describe the internal psychological experience which often causes personal exhaustion, negative attitudes to others and negative feelings about oneself (e.g. Mitchell & Hastings, 2001; Skirrow and Hatton, 2007). These feelings may lead to deterioration in the quality of work performance because of physical (e.g. absenteeism, drug use) and/or psychological factors (e.g. depression, irritability, inappropriate attitudes to others) (Maslach, 1982b).

Maslach (1982a) describes the key areas of burnout as Emotional Exhaustion (EE), Depersonalisation (Dp, i.e. treating other people as objects) and Personal

Accomplishment (PA, i.e. achieving worthwhile things in one's work). The Maslach Burnout Inventory (MBI) has become a standard measure of burnout. High scores on the Emotional Exhaustion and Depersonalisation subscales and low scores on the Personal Accomplishment subscale indicate a major burnout problem (Maslach, 1982b). It is clear that workers suffering from burnout are unlikely to be able to provide high quality care and support to others, especially to those with challenging behaviours (Maslach, 1982a; Mitchell & Hastings, 2001)

Workers generally develop a series of coping strategies to deal with the perceived problems in their work (Maslach, 1982a). However, while some coping strategies may be adaptive and help in controlling stress, many are maladaptive and allow stress and emotional exhaustion to continue to build (Maslach, 1982a). Mitchell and Hastings (2001) found that the three most significant coping strategies used by DSWs working with people with challenging behaviours were positive adaptive strategies (e.g. problem solving, discussion of issues), maladaptive disengagement strategies (e.g. absenteeism, illness, drugs) and denial of the work situation and its stresses and demands. Hastings and Brown (2002) have suggested that there is a need to train DSW staff in the use of appropriate coping strategies.

Research has also examined a range of other factors which may have influences on job satisfaction and stress. Personality measures seem to have little predictive value in determining stress (Fogarty et al., 1999; Shinn, 1982). Significant differences in stress level scores have not been found for gender, hours worked or length of time in the job (Shaddock et al., 1998). A rigorous review of 15 studies of burnout among direct care staff by Skirrow and Hatton (2007) questioned the underlying assumption that working with people with disabilities leads to increased job stress and burnout. Their review found no evidence to support that view. Indeed, Skirrow and Hatton (2007) found that role conflict, the level of DSW education and their perceived need for training, poor relationships with their clients, feeling in need of support and negative feelings about the agency were predictors of burnout. They also reported that non-DSW staff (e.g. supervisors) suffered more burnout than the DSW staff working directly with people with disabilities. Sixty percent of the studies reviewed found a relationship between organisational factors (e.g. poor supervisor support, lack of involvement in decision making, unrealistic expectations of staff) and staff burnout. Skirrow and Hatton (2007) suggested that there is a need for further studies that examine both the emotional demands and the perceived benefits of the role by DSWs to better understand this relationship. Hastings (2010) has also suggested that the positive perceptions that DSWs have about their work may ‘act to moderate the impact of work stressors on support staff well-being’ (p. 209). This hypothesis has been supported by a survey of more than 1600 Home Care workers in California which found that, if given adequate support and resources, these workers changed some job stressors into satisfying work and that ‘control and support may exert direct positive effects on job satisfaction’ (Delp et al, 2010, p. 922)

A New Zealand study (Evans-Turner, 2010) on the relationship of Maslach Burnout Inventory scores to the movement of DSWs in and out of the disability workforce found that less than 1% of participating DSWs had a high degree of burnout. Male staff and lower aged staff showed a higher risk of burnout. Length of service showed a gradually increasing risk of burnout during the first five years of employment and then a gradual decreasing risk after five years in employment. They also reported that, despite pay and work conditions, many staff continued in their DSW role because of their enjoyment of, and commitment to, the people they support. It was also stated that a ‘deeper understanding of the internal characteristics of support workers that make them stay or leave’ was needed (p. 25).

A more recent study by Vassos and Nankervis (2011) showed that role ambiguity, linked to unrealistic expectations of DSWs by management, was highly significant and accounted for 49% of the variance for Emotional Exhaustion. Job feedback and the overall workload were also identified as significant factors in all areas of burnout (i.e. EE, Dp and PA). These predictors of DSW burnout were likely to be even more important when DSWs perceived that they were receiving little support from supervisors and managers. The authors concluded that organisations and agencies wanting to reduce DSW burnout may need to begin by changing the organisational structures and job-related factors directly affecting their DSW staff.

2.10.3 Job stress as a major cause of DSW turnover

As stated previously, agency managers and supervisors regularly cite the problem of recruiting and retaining DSWs as the most difficult issue in the support of people with disabilities (e.g. Carson, Maher & King, 2007; Hewitt & Lakin, 2001; MoHNZ, 2004). And the research literature has argued that job stress is a major cause of that turnover (e.g. Hastings, 2002; Hatton et al, 1999). Several authors have argued the need to professionalise disability support work to make it a more attractive career option for younger workers (e.g. Larson & Hewitt, 2005; Leidy, 2004).

Although theories of both job stress and burnout are supported by some research discussed earlier, perhaps some of these assumptions and suggestions may be too simplistic. Devereax, Hastings and Noone (2009), in their review of five major stress theories as they had been applied to research into why DSWs left the disability sector, found ‘no comprehensive theoretical framework to explain staff stress in intellectual disability’ (p. 561). The theories examined were Person-environment; Demand-support-control; Cognitive-behavioural; Emotional overload; and Equity theory. Disley, Hatton and Dagnan, (2009) carried out a similar study and also found that most studies did not explore clear links to key psychological or organizational theories and many were ‘atheoretical’ (p. 56). There appears to be no agreed single specific theoretical model which has been applied to, or explains how, job stress relates to disability support work and the high turn-over rate of DSWs. Indeed, there may be a number of other factors related to disability work which may better explain this high DSW turn-over.

There have also been suggestions in the research literature that job satisfaction is a serious factor in the rate of job turnover (e.g. Holborn & Jacobson, 2006) and that strong support by both co-workers and supervisors is critical in helping DSWs cope with work stress (e.g. Dyer & Quine, 1998; Gray & Muramatsu, (2013); Kormann & Petronko, 2004).

2.11 Job satisfaction models and DSW turnover

The relationship between job satisfaction and turnover has been consistently raised in the literature. Recent research has also identified altruism and people’s feelings of doing something worthwhile as a significant reason for people to choose to work in the disability and human service sectors (e.g. Rogers, 2013). And it has long been assumed that satisfied DSWs will stay in their job (Shinn, 1982, p 62). However, studies and survey results have shown that, while many satisfied DSWs do leave their jobs, they don’t necessarily leave the disability sector. Some simply move to other disability employers who offer more hours of work, better work conditions or a slightly higher pay rate (e.g. Holborn & Jacobson, 2006; MoHNZ, 2004; Vic. Govt., 2005). Predictors of job satisfaction are often different to those of work stress (Hastings & Horne, 2004). Ford and Honnor, (2000) in their study reported that older staff members were more satisfied than younger staff, fulltime staff members were more satisfied than casual staff and staff members with lower educational standards were more satisfied than those with higher qualifications. ‘Even satisfied workers [are] more likely to leave their jobs if they [can] not make ends meet [with their level of pay]’ (Shinn, 1982, p. 62). Moreover, this turn-over is surely more likely to occur when DSWs also do not feel appreciated, are not encouraged to use their skills and experience and are not involved in decision making for people they often feel they know far more intimately than do the case managers and supervisors (e.g. Hewitt, 2001).

Many different models and theories about reasons for staff turnover have been proposed, many focusing on differing interpretations of causes and emphasis on appropriate methods of intervention to improve worker job satisfaction. Those theories include Person-Environment Fit, Effort-Reward Imbalance models and many more (Dollard & Winefield, 2002).

The Job Characteristics Theory or Model (Hackman & Oldham, 1975), as described by Piccolo, Greenbaum and Eissa (2012), focuses on increasing employee job satisfaction and work performance by improving the job’s characteristics and demands. The major characteristics which may increase job satisfaction and provide the rewards to keep people working in their job include:

- Skill variety – a variety of tasks which use the worker’s skills and talents;
- Task identity – the worker able to identify tasks providing visible outcomes;
- Task significance – the way the work impacts on other people’s lives;
- Autonomy – the way in which the work provides the worker with some freedom and discretion to plan the work and therefore take responsibility for the success or failure of the work;
- Feedback – the need for clear and direct feedback from supervisors on the effectiveness of their work;
- The meaningfulness of the work – the greater the meaningfulness of the work, the more workers can view their work as a ‘source of self-esteem and well-being’; and

- Responsibility for the work – the worker feeling accountable and responsible for the outcomes of the work.

These job characteristics include long held findings from a range of disciplines such as the ability to use one’s skills (skill utilisation) being among the strongest predictors of job satisfaction (O’Brien, 1986). They also address many of the previously discussed major difficulties to be considered in the recruitment and retention of DSWs such as poor pay rates, the need to provide sufficient hours of work at acceptable rostered times (e.g. family friendly times, reasonable shift length, less unpaid overtime) and employer funding of access to quality training (e.g. Dyer & Quine, 1998; MoHNZ, 2004; ODACS, 2006). A growing consensus has been reported in the human services literature that the need for support of health care workers by their peers and supervisors is of critical importance (e.g. Hastings, 2002; Iacono, 2010; Minor et al., 2011; Lim, Bogossian & Ahern, 2010).

Providing opportunities and encouraging DSWs, who often work alone, to meet with their co-workers both professionally (e.g. training sessions, debriefing and staff and planning meetings) and socially may significantly improve DSW’s job satisfaction (e.g. Kormann & Petronko, 2004; Leidy, 2004; Mansell, Beadle-Brown, Whelton, Beckett & Hutchinson 2007). A survey by Parsons, Reid and Crow (2003) of managers of 224 agencies in five US states found that 88% of respondents reported it was extremely important to motivate DSW staff but only 16% reported feeling that supervisors did this well. The strategies recommended by these managers to motivate and help retain DSWs were positive interaction and feedback with staff (38% of responses), assisting with the staff’s work and demonstrating an understanding of their role (20%), participative management and involving staff in decision making (17%) and ensuring that staff understood their role and job requirements (15%). These findings support a range of other studies which have found the need for support, for appreciation of the DSW role and involvement of DSWs in decision making as important factors in enhancing job satisfaction (e.g. Kormann & Petronko, 2004; Larson & Hewitt, 2005; Leidy, 2004).

Agencies have generally adopted formal staff performance and disciplinary measures rather than consultative, problem-solving processes and this style of management tends to generate doubt and apprehension among staff (Larson & Hewit, 2005).

Mansell and Elliott (2001) reported in their study that the task ‘most [DSW] staff ... [reported feeling] would matter ... was administration’ (p. 442). A later study found that DSWs were spending less than 10% of their time (i.e. six minutes per hour) in engagement with their clients and that this engagement time was reduced to one minute per hour for people with severe disabilities (Mansell et al, 2007). These feelings, if not monitored and addressed, may lead to increased work stress. It may also encourage the development of intimidation and bullying of staff in the workplace (Baines et al., 2002). Indeed, Hewitt and Lakin (2001) argue that ongoing monitoring of staff issues and turnover rates should be a required aspect of agency accountability and Quality Assurance programs.

2.12 Consequences of high turnover of DSWs

For DSWs, the high turnover of support staff may lead to:

- lowering of staff morale which often increases the stress levels experienced by workers (Test et al., 2003). Stress levels are already of major concern with up to one third of DSWs reporting high levels of stress (Hatton et al., 1999);
- expectations that individual DSWs will take up extra workloads and work long periods of overtime (Hewitt & Lakin, 2001; Toon, 2001) for which, in many cases, they are not paid (Dyer & Quine, 1998; MoHNZ, 2004);
- concerns about the quality of new support staff. In one study, 54% of DSWs surveyed were concerned about new staff not having appropriate skills and some staff showing both verbal and physical abusive behaviours toward the people they supported (MoHNZ, 2004). Moore (2001) suggests that staff who abuse the people they support are often found to be inexperienced and lacking in training; and
- trained and experienced staff leaving the disability field. Many DSWs leaving the field may have demonstrated a wide range of skills and quality in their work performance (Burchard & Thousand, 1988). In one US study, 28% of DSWs leaving their job were considered to be ‘above average’ workers and 41% ‘average’ workers although the definition of ‘average’ was not provided. In this study, 72% of those leaving their job were lost to disability services altogether (Holborn & Jacobson, 2006).

For people with intellectual disabilities, the high turnover and low skill levels of new support staff may cause:

- poorer quality of services (e.g. Hewitt & Lakin, 2001; Test et al., 2003) and the need to continuously develop trusting relationships with new staff. Some people with disabilities reported sadness, nervousness and even fear when having to learn new ways of doing familiar things with new staff (Test et al., 2003);
- less interaction between DSWs and the people with disabilities whom they supposedly support (Felce, 2005; Ford et al., 2011; Hile & Walbran, 1991; Howard & Hegarty, 2003; Mansell & Elliott, 2001); and
- significant changes in the behaviours of the people being supported. The behaviour, attitudes and poor skill levels of some DSWs have been suggested as significant factors in the development and reinforcement of aggressive and challenging behaviours in the people they support (Allen, 2000; Hastings 2002).

For the families of people with a disability, the inability of disability services to provide sufficient in-home and respite support may also cause:

- a reduction in the time available to spend with other children and family members (e.g. Hastings and Taunt, 2002).
- greater levels of parental stress which may lead to significant health and behaviour problems. In South Australia in 2009, a lack of adequate levels of support and respite care caused a desperate mother to kill her son (Fewster & Robertson, 2009; Nisbet & Hagner, 2000).
- an increase in the costs required to provide for adequate supports and other family activities (e.g. Dura-Vila, Dein and Hodes, 2010; Hastings and Taunt, 2002)

The financial costs to both individual agencies and the community in the recruitment, induction and training of new staff are considerable. As reported earlier, a study by Hewitt and Lakin (2001), found the cost to replace a single worker was estimated at $(US) 2,341. In Australia in 2006, it was estimated that there were more than 100,000 workers employed in disability and aged care and that the number of care workers had increased by about 50% over the previous decade (AIHW, 2009). Even with only a 10% turnover rate, the basic staff replacement costs in Australia, on these estimates, could be in the order of $20 million annually. And, if the disability sector fails to address these staffing issues, it could be expected that already stretched funding models will simply increase the pressures to reduce the level of support provided. There is already some pressure to increase the number of people with disabilities living in larger group homes, cluster sites and village living arrangements (Bigby & Ozanne, 2001).

2.13 Positive perceptions of disability support

Hastings and Taunt (2002) used a two-factor model of caring in their report on studies of families with children with disabilities. This model supports the idea that positive and negative well-being are not necessarily opposite ends of the same dimension of caring. The authors suggest that care giving may lead to unrelated positive and negative outcomes for the caregiver. Difficult or problematic behaviours or aspects of the person cared for may lead to increased demands and stresses on the caregiver while their positive characteristics may increase the caregiver's satisfaction. Their study showed families often experience a range of both negative and positive experiences from their interactions with the family member with a disability and that the positive experiences may be a significant part of successful coping strategies.

Hastings and Horne (2004) suggest that this model may also predict a range of positive experiences for DSWs and that these may be important in the worker's motivations and job satisfaction. As reported above, these authors were unable to find any 'published research exploring whether support staff indeed perceive a range of positive contributions related to their work' (p. 54). They therefore developed a Staff Positive Contribution Questionnaire (SPCQ) with which they surveyed the perceptions of 101 support staff working with adults with intellectual disabilities living in 29 small community group homes. The survey clearly demonstrated that the DSWs perceived a range of positive aspects of their work which they reported included positive improvements in their own personality, improvements in the staff team and consequently their own social and work interactions. The authors argue that these positive perceptions may be significant in reducing staff stress and increasing DSWs feelings of job satisfaction. Organisational practices, which encourage the development of these positive perceptions, may contribute to the retention of staff.

2.14 Summary

The recruitment and retention of DSWs is seen as a major problem across all countries and all service models surveyed (e.g. Felce et al., 1993; Larson & Hewitt, 2005; MoHNZ, 2004; ODACS, 2006; VRRI, 2005). But, the need for DSWs to provide ‘hands-on’ direct support to people with disabilities is seen as being of critical importance to the improvement in the quality of life of people with a disability (e.g. Ford & Honnor, 2000; McCord, 1981; McVilly, 1997).

The research literature has consistently highlighted that the often relatively high turn-over rates for DSWs has led to an inability by disability services to provide adequate support. There is an increasing unmet need across the disability sector (e.g. Brayley, 2012). The reported on-going shortage and high turn-over of DSWs may be related to poorer quality and lower amounts of the services provided resulting in a poorer quality of life and increased problems and concerns for the people with a disability and their families (e.g. Ford et al, 2011; Hastings, 2002; Test et al, 2003). Although the average length of service by DSWs is low, studies have shown that many DSWs do stay working in the disability sector for longer periods of time (e.g. Vic. Govt., 2005). The reasons why DSWs leave may be due to

- personal reasons
  e.g. high stress levels, ‘burn-out’ (e.g. Hastings & Horne, 2004).
- organisational reasons
  poor rates of pay, poor work conditions, lack of training, poor supervision, lack of involvement in decision making etc (e.g. Larson & Hewitt, 2005).

2.14.1 Research Questions

In order to provide information on the issues discussed in this review of the literature, the principal research questions to be addressed in this study are:

- What initially motivated ‘long-term’ DSWs to begin working in the disability field?
- What is the nature of their work?
- What perceptions do ‘long-term’ DSWs have about disability support work?
- What challenges and problems do ‘long-term’ DSWs face in their work?
- What rewards do ‘long-term’ DSWs feel they receive from their work?
- Why have ‘long-term’ DSWs decided to stay working in the area?

- What strategies have ‘long-term’ DSWs developed to enable them to cope with the pressures associated with disability support work?
- Are there any aspects of the way support services are currently provided which ‘long-term’ DSWs would like to change?

3. Methodology

This chapter describes the theoretical basis and research design of the study. Ethical issues in this type of research are also discussed.

This study drew upon the growing use of mixed methods and phenomenological approaches, especially in health care research (Gilbert, 2006; Grbich, 1999), to identify reasons why some people choose to work as DSWs with people with an intellectual disability and why they continue to work in the disability sector for long periods of time.

Hastings (2010) has argued that, in the research literature, support worker behaviour has usually been described ‘potentially as a “problem” to be remediated’ (p. 207). He also suggested that these arguments have focused on the supposed importance placed on the stressors inherent in the work (Devereax, Hastings & Noone, 2009; Disley, Hatton & Dagnan, 2009) or the lack of adequate training (e.g. Grey, et al. 2007). While staff stress has long been considered as a major reason for the high turn-over rate of DSWs, recent studies have suggested a range of theories and models which may better explain the issue of poor support worker retention. Indeed, there seems to be little agreement in the literature about a general theoretical position to explain the high turnover rates of DSWs (e.g. Devereax, Hastings & Noone, 2009; Hastings, 2010).

3.1 Theoretical perspectives of this study

The research literature has demonstrated the increasingly complex role of the DSWs who provide the daily, ‘hands-on’ support for people with an intellectual disability and the critical part they play in providing quality services (e.g. Ford & Honnor, 2000; Larson & Hewitt, 2005; McVilly, 1997). Much of that research has examined the role of job stress as a major factor in the high staff turn-over rates in the disability sector (e.g. Dyer & Quine, 1998; Evans-Turner, 2010; Hatton, et al., 1999; Mitchell & Hastings, 2001; Rose, 1999; Vassos & Nankervis, 2011).

In their review of five major stress theories applied in the disability sector, Devereax, Hastings and Noone 2009 (p. 561) found ‘no comprehensive theoretical framework to explain staff stress in intellectual disability’. The theories examined were Person-environment; Demand-support-control; Cognitive-behavioural; Emotional overload; and Equity theory. Disley, Hatton and Dagnan (2009) carried out a similar study and also found that most studies did not explore clear links to key psychological or organizational theories and many were ‘atheoretical’ (p. 56).

A review of 21 papers examining the ‘relationship between organisational variables and staff burnout ... [found that] an organisational climate that has a better ‘person-environment fit’ promotes greater job satisfaction and reduced burnout (Thompson & Rose, 2011, p. 177). These authors also suggest that ‘future research could focus upon the social and therapeutic aspects of the environment within services ... an area of research which appears to have been overlooked’ (p. 177). This concept of ‘person-environment fit’ relates to the ‘individual’s personal perception of [their] compatibility with the work environment [and] influences factors such as organisational commitment, career success, stability and job satisfaction’ (Ehrhart & Makransky, 2007, p. 206).

The researcher’s main responsibility is to identify the factors and issues which DSWs themselves see as important in making their work decisions and attempting to fit these into their own personal and environmental perceptions of their work and their job-satisfaction in that work. For this reason, exploratory research ‘which simply aims to find out more about a particular problem or phenomenon rather than to test specific predictions’ (Dyer, 1995, p. 43) has been adopted in this study. Dyer argues that where there is no relevant theory on which clear and precise hypotheses can be based, ‘an exploratory approach is indicated’ (1995 p. 44).

There appears to be no agreed single specific theoretical model which explains how job stress relates to disability support work and the high turn-over rate of DSWs. Issues involving the worker’s level of job satisfaction and involvement in their work may also have a major impact on their intentions to continue working in a particular area. Nurses, despite the stresses of their work, may become dedicated to their work because of the altruistic feelings that care work raises and are most likely to leave the work because of poor wages and work conditions (Hayes, et al. 2006). Indeed, there may be a number of other factors related to disability work which may better explain this high DSW turn-over.

Although job stress and ‘burn-out’ may be contributing factors in why DSWs leave the sector, perhaps a more general theory related to the range of issues which are likely to affect all workers’ job satisfaction and work decisions may be more appropriate. Piccolo, Greenbaum and Eissa (2012) have argued that the Job Characteristics Theory (Hackman & Oldham, 1975; Oldham & Hackman, 2010) is appropriate to all work situations. This theory focuses on the worker’s level of job satisfaction based on the variety and interest of the work, the worker’s skills, their perceived significance and importance of the work, their involvement, their ability to take responsibility for aspects of the job and recognition by others which can all be the motivating factors which keep individuals working in a wide variety of jobs. These jobs include nursing and other human services (e.g. Griffen, Hogan & Lambert, 2012; Murrells, Robinson & Griffiths, 2009).

Piccolo Greenbaum and Eissa (2012) particularly argue that workers in all types of industries are now seeking jobs that are ethical and impact on the lives of others. They also argue that workers now ‘pursue not only economic and social rewards in challenging jobs, but also ideological rewards including the experience of meaning and significance in their work’ (p. 291). The Job Characteristics Theory focuses on enriching the work experience by increasing worker job satisfaction, work performance and their motivation and commitment. Because of this focus, the Job Characteristics Theory may provide a better explanation of DSW turnover.

According to the Job Characteristics Theory, the major job characteristics which increase job satisfaction and provide the rewards to keep people working in their job include:

- skill variety – activities which make use of the worker’s skills and talents;
- task identity – the worker’s need to identify tasks providing visible outcomes;
- task significance – the way in which the work impacts on other people’s life;
- autonomy – the way in which the work provides the worker with some involvement, freedom and discretion in planning out the work; and
- feedback – the need for clear and direct feedback from supervisors on the effectiveness of their work.

These core job characteristics lead to improvements in the worker’s psychological state and their favourable view of their personal and job outcomes;

- the meaningfulness of the work – the greater the meaningfulness of the work, the more workers can view their work as a 'source of self-esteem and well-being' (Piccolo, Greenbaum & Eissa, 2012, p. 291);
- responsibility for the work – the worker feels accountable and responsible for the outcomes of the work; and
- knowledge of the results and outcomes of the work – the degree to which the worker knows how well they are performing.

If DSWs continue working in the support area for the 'long-term', it is possible that their commitment to the work is encouraged by the enjoyment of high levels of both personal and job satisfaction. These key factors of the Job Characteristics Theory could be expected to have contributed to those feelings.

3.2 The Research Design

Several authors (e.g. Craig, 2005; Stove, 1998) argue that Karl Popper's theory of scientific method, where developing clear, meaningful hypotheses from previous research and for these hypotheses to be tested experimentally, is the best approach to research. Popper's views are considered by many to be

> *still the touchstone of whether one's ideas are scientifically meaningful, or just a jumble of ingenious and perhaps satisfying thoughts* (Bondi, 1992, p. 363).

By applying a qualitative approach, the researcher may be able to identify factors and issues which DSWs themselves see as important in their work (e.g. Grbich, 1999; Lester, 1999; Silverman, 2006). An approach to seeking information about DSWs' perceptions of disability support work by surveying and interviewing a number of DSWs aims to 'gain control over a phenomenon of interest by measuring variables that could provide *competing explanations*' for that phenomenon (Pelham, 1999, p. 133). And, the easiest way 'to gather information about people's thoughts, feelings, and behaviours is simply to ask [them]' (Pelham, 1999, p. 133). Encouraging DSWs to talk about their motivations, their work and the stresses resulting from their own perceptions and the more practical issues, such as pay rates and work conditions, may help to provide new insights into why some DSWs stay working in the disability sector for long periods of time.

Qualitative research provides methods to explore these types of concepts (e.g. Banister, Burman, Parker, Taylor & Tindall, 1999; Grbich, 1999: Priest, 2002; Silverman, 2006). By asking individuals to relate their own unique experiences, a qualitative approach aims to ‘find out more about a particular problem ... rather than to test specific predictions’ (Dyer, 1995, p. 43). It may also highlight issues and information that are ‘difficult or impossible to express by quantitative means’ (Dyer, 1995, p. 261). Although there are many types of qualitative methods, a phenomenological approach which asks participants the basic question ‘What is it like to ... ?’ and then seeks to interpret the meaning of their responses may best provide data for this study (e.g. Finlay, 2009; Krasner, 2001b). Grbich (1999) supports this view by suggesting that ‘the foundation of knowledge should be placed upon *reality* as it could be consciously experienced’ (p. 167). Grbich also confirms that phenomenology has ‘enjoyed a resurgence in the health area’ (p. 179). Krasner (2001a, p. 72) also suggests that the stories of people’s experiences ‘touch most of us in ways that raw data cannot ... and illuminate meaning, [and] meaning stimulates interpretation’. Priest (2002) also argues that a phenomenological approach which seeks to find out the lived experiences of the participants better explores these more ‘complex and nebulous concepts’ (Priest, 2002, p. 50).

In recent years, there has been an increasing concern in the literature that in health care and human services research, funding and acceptability of results depend on the use of a Randomised Control Trial, ‘the “Gold Standard” in a hierarchy of evidence’ (Gilbert, 2006, p. 206). Gilbert (2006) argues that the use of mixed-method approaches combining both qualitative and quantitative procedures is becoming more common in research in health care. Gilbert also argues that at times, ‘notions of objectivity … [may] reinforce discriminatory, oppressive and marginalizing structures and processes’ (Gilbert, 2006, p. 206). Collection of data by several methods or from several sources also allows triangulation for the comparison and corroboration of the data collected and adds to the accuracy and reliability of that data (Banister et al., 1994; Gilbert, 2006; Priest, 2002). This study will use this mixed-method approach.

3.3 The study

The study was designed in three Phases:

- Phase 1: Survey preparation, trial, circulation and recording of data;

- Phase 2: Analysis of length of service data and the selection of volunteer DSWs to take part in ongoing interviews; and
- Phase 3: The interview procedures and the analysis of the interview data.

3.3.1 Phase 1:

Since this study aimed to examine the reasons and strategies that keep some DSWs working in the disability sector for long periods of time, it was essential that each DSW's total length of service in the disability sector be determined. Therefore, it was necessary to begin by surveying the current DSW population working with people with intellectual disabilities in metropolitan Adelaide agencies and asking them to record the number of employers in the disability sector they had worked for, the length of time spent with each of those employers and the total length of time they had worked in the disability sector. The study was limited to DSWs working in accommodation support for people with intellectual disability because this is the largest group receiving disability support services (AIHW, 2001) and, as discussed in Chapter 2, a large proportion of the research literature has focused on staffing issues related to accommodation support.

3.3.1.1 Survey development

A draft survey, based on the research questions, was developed and the format and relevance of the questions asked were reviewed and modified in discussions with a reference group including supervisors, four university academics, a fellow PhD student and a DSW, all of whom had extensive experience in the field. The survey was designed to be quick and easy to complete and contained both closed and open-ended questions requiring a combination of simple (tick the box or a single word/number) and more complex written responses (Appendix A). The survey sought the following information:

- demographic details of the DSW (e.g. age, gender, training);
- reasons for becoming a DSW;
- number of agencies worked for;
- length of service with the current agency;
- total length of service as a DSW in the disability sector;
- aspects of their work conditions (e.g. hours worked, pay rates, on-site support, training opportunities).

The collection of this data allowed the researcher to calculate the actual length of time each DSW had been working in the disability sector. This data enabled the researcher to calculate a mean (‘average’) and median length of service.

A request for DSWs to volunteer to be involved in a series of interviews after completing the survey was also distributed (Appendix A). In order to examine DSWs’ attitudes and perceptions of their work and the reasons they were continuing to work in the sector, a series of on-going interviews with selected volunteers from ‘long-term’ DSWs were also conducted.

3.3.1.2 The survey

In September 2008, from the approximately 120 Agencies on the 2007 Approved Provider Panel List of Disability SA (Disability SA, 2008), only 14 Agencies provided accommodation support services to people with intellectual disability in metropolitan Adelaide. The managers of these 14 Agencies were contacted. A letter of introduction outlining the research project and inviting participation in the project from the researcher’s Principal Supervisor (Appendix B) and a copy of the Research Proposal were posted to the selected Agency Managers. The researcher followed up this initial contact with the managers during the next three weeks by phoning and arranging personal visits, where appropriate, to discuss their agencies’ involvement in this study.

One agency did not respond. The Manager of another agency reported that he believed the project would take too much time and therefore declined to participate. One agency Manager described their business as ‘emergency’ placement where staff simply moved into a home to perform a specific service and so there was very little on-going contact between support staff and their clients. The manager believed this was not an appropriate service for this research and therefore declined to participate although she did ask to be informed of the results. Two agencies reported that their clients were principally people with high need physical disabilities. One agency had only about 10% of clients with an intellectual disability and the other only one client with an intellectual disability as their principal disability. Because the type of support provided by their staff was more focussed on personal care areas, and therefore different to that for staff working with people with intellectual disabilities, they reported feeling it was not appropriate for their agencies to participate. Both managers requested to be kept informed of the results. In all, nine smaller agencies agreed to participate in the study.

A package for distribution to DSWs employed by the participating agencies was developed containing a *Letter of introduction* summarising the aims and procedures of the study, an *Outline of Details* regarding the survey, the eight page *Draft questionnaire*, previously prepared and seeking responses to 39 questions, and a *Reply Paid addressed envelope*. An *Invitation Form* seeking DSWs to volunteer to be involved in a series of ongoing interviews about their work and, for those willing to volunteer, a *Contact Form* requesting personal contact details were also included (Appendix A). The researcher felt that DSWs may not respond at all or may not respond honestly if there was a possibility that their responses could be available for examination by agency management. To ensure confidentiality, the survey and volunteer Contact Forms were to be returned directly to the researcher at Flinders University via the Reply Paid addressed envelope provided.

3.3.1.3 Trial distribution

In September 2008, the Chief Executive Officer (CEO) of a participating agency, where the researcher had previously worked, was contacted to ask if the agency was willing to trial the Survey and distribution procedures. It was important to determine the ease of understanding of the questions, an accurate time estimate for participant's responses and whether or not the survey package could be easily distributed by the agency to ensure DSW confidentiality and anonymity. In the distribution and the returning of responses, confidentiality and anonymity were critical.

The agency management agreed that they would distribute the Draft Trial Survey package, together with a *Feedback Sheet* recording the time taken to complete the survey and comments on the survey to five DSWs selected from their staff of less than 50 DSWs. The researcher attended a meeting of management and supervisory staff at the agency office and explained the aims, procedures and confidentiality assurances of the research project. The senior staff agreed to select five DSWs representing different genders, length of service with the agency and levels of qualification as soon as possible after the meeting. Along with a small box of chocolates as an incentive to complete the survey and as a token of thanks from the researcher, the five Draft Trial Survey packages were distributed to the five chosen DSWs.

The researcher received the first survey within two days of the initial meeting. The other four surveys were received during the next two weeks. All *Feedback Sheets* were completed and returned. Two of the participants volunteered to take part in the interview phase of the research. The average time taken by the participants to complete the *Draft Questionnaire* was 33 minutes (range 20 minutes to 45 minutes). The median time for completion was 30 minutes. Although all participants responded to all of the open-ended questions, the two participants who took 45 minute made extensive comments in all of the survey questions (including responses to the 'Any Other Comments' question). On the *Feedback Sheet*, all of the respondents reported that they had no difficulty in understanding any question, that there were no questions they were unwilling to answer and that there were no questions that they would like to change. Although an *'Any other comments'* question was included and comments were invited, only one respondent replied and commented that the survey was *'easy to complete'*.

On review, the researcher found that one question (Question 17 - Do you work providing 'hands-on' support directly to people with disabilities? Yes ☐ No ☐) did not provide sufficient information on the percentage of the respondent's work time spent in providing direct support. This question was modified to include two sub-questions seeking information about time spent in and the type of 'other roles' carried out by the respondent. The purpose of this amendment was to provide unambiguous, simple and clear responses to identify those DSWs who spent most of their work time in a direct support role. The amended survey was then used in the first full agency distribution with the same trialling agency in September 2008. The five trial respondents' surveys were included in this agency's data.

3.3.1.4 Survey distribution

The researcher hand delivered a number of surveys to each of the agencies for distribution (for distribution details, see 3.3.1.5). In all, 842 surveys were distributed by agency management to all DSWs employed in ten agencies (nine small and one larger agency). Three weeks after the survey distribution, each agency circulated a follow-up letter to all their DSWs requesting the return of the survey, with an apology if they had already done so (Appendix C).

Responses to the survey were received until early December 2008. Surveys were returned by 199 support staff (including the five trial surveys). Of these, 11 surveys were returned blank. Two further responses were received in January 2009 but these were not included in the data analysis because the selection of the volunteers for interview had already been completed. In all, 188 completed surveys were available for analysis, giving a final response rate of 22.3%.

3.3.1.5 Smaller agencies

In order to accurately record the number of surveys distributed to DSWs, the researcher hand delivered survey packages to seven of the nine smaller participating agencies. In the case of four agencies, the researcher then visited the agency after the distribution had been completed and retrieved any remaining packages allowing an accurate number of distributed surveys to be calculated. With two of the remaining agencies, the number of support staff was 20 or less and the actual number of packages required was delivered to the agency managers. In one of the remaining agencies, the Manager recorded the number of survey packages distributed. Another of the smaller agencies invited the researcher to attend a regular staff meeting to talk the DSWs and discuss the survey requirements before distributing the survey directly to the DSWs. At least one agency also distributed surveys to all their staff at regular staff meetings where the Manager was able to talk directly to staff about the project. At least two agencies posted the survey package direct to all their DSWs.

The number of DSWs employed by the smaller agencies varied greatly (Table 3.1).

Table 3.1: Number of DSWs employed by the nine Smaller Agencies

Number of staff	Number of Agencies
1 to 20	2
21 to 50	3
51 to 100	3
101 to 150	0
151 to 200	1

At five agencies, the researcher was able to meet with management and senior staff to outline the research, to answer any queries and to motivate these senior staff to try to encourage their DSWs to respond. Two of these agencies also requested that the survey packages be left open so that the Manager's own letter supporting the research and encouraging their support staff to respond could be included before the surveys were distributed. By attending several staff meetings and reading the manager's enclosed letters, the researcher was unable to detect any sense of coercion being placed on DSWs. With all responses being sent directly to the researcher, any such suggestions could be ignored by respondents as it was clear that participation was voluntary and their decision to participate or not would not be known to the management of their agency.

One agency made their own photocopies of the survey and other documents and circulated these directly to the 25 members of their support staff. Management also followed up with staff and encouraged them to respond and complete the survey.

The final agency Manager sent an email to all his Team Leaders and DSWs giving a brief outline of the research and asking anyone interested in being involved in the project to email the researcher directly at Flinders University to request a copy of the survey. The researcher then posted Survey packages to the five DSWs, all working in country accommodation facilities, who requested a copy of the survey.

3.3.1.6 Larger agency

In September 2008, the researcher met with a senior manager at the largest agency to finalise the distribution of the survey to support staff. It was agreed that the large agency would photocopy the survey and all documents and prepare the survey package for posting to all disability support staff members. The researcher provided master copies of documents and several hundred Reply-Paid envelopes for this mail-out. A short article describing the research project was prepared and published in the agency Newsletter distributed to all staff. The researcher also spoke to a meeting of staff representatives and was able to answer queries. A mail-out of the survey package to the 414 support workers employed in hands-on support roles was carried out in the last week of September 2008.

3.3.2 Phase 2:

The purpose of Phase 2 of the study was to select a group of long-serving DSWs who volunteered to be interviewed. Selection was based principally on their length of service but also included the maximum possible variation of personal characteristics. Of the 188 completed responses to the survey, 65 respondents (35%) volunteered to be involved in on-going interviews about their work. Due to the additional funding provided by the large agency, it was decided by the researcher to interview two small groups of DSWs, one from volunteers chosen from the smaller agencies and one from the large agency.

Because of the need to select ‘long-serving’ DSWs to participate in these interviews, it was essential to define the respondents’ total length of service with all employers in the disability sector. This total length of service determined if a respondent was ‘long-serving’ within the parameters of this study. Therefore, it was necessary to calculate the mean and median length of service data from the survey results. The median length of service then allowed the researcher to identify the ‘longest serving’ half of the interview volunteers. In order to select the widest diversity of DSW characteristics from this group, a purposeful sampling process (Paton, 2002) using basic demographic data and work condition details from the survey was used.

3.3.2.1. Length of service

The mean (average) and the median are two methods used to calculate the centre-point of a distribution such as the length of service. However, the mean calculates the central point of the total length of service of all respondents while the median, as the 50th percentile of the respondents, is the length of time that half of the sample of respondents had served in their work in the disability sector. Therefore, the mean and median total length of service, in years, was calculated for all respondents and these results are presented in Table 3.2.

The fact that the median is consistently lower than the mean length of service in each group of respondents indicates that this sample is skewed and represents a group with a higher proportion of longer serving DSW respondents. The median, therefore, allows identification of those volunteers whose length of service is in the upper half of the range for ‘long-serving’ DSWs. For this reason, interview volunteers whose length of service was less than the median (8.3 years) were excluded from the selection process.

Table 3.2: DSWs length of service, in years, with current employer and with all employers since commencing as a support worker (n = 188)

Group	Gender	Current employer			All employers		
		Range	Mean	Median	Range	Mean	Median
All respondents	**Female**	0.25 – 39.7	7.0	5.0	0.25 – 39.7	10.3	7.9
	Male	0.08 – 34.0	8.9	5.4	0.08 – 34.0	12.5	9.8
	Total	0.08 – 39.7	7.6	5.0	0.08 – 39.7	11.0	8.3

3.3.2.2 Purposeful selection of interview participants

In making the final selection of volunteers to be interviewed, the researcher used a maximum variation (heterogeneity) method of purposeful sampling (Patton, 2002). This allowed the selection of a wide diversity of personal and work related characteristics to be represented in the interview group. This approach also strengthened the analysis of the interview data because it has been suggested that ‘any common patterns that emerge from [this level of] ... diversity are of particular interest and value in capturing the core experiences and central, shared dimensions of a ... phenomenon’ (Patton, 2002, p. 235).

Personal characteristics which might impact on the perceptions of DSW’s support work include gender, age, qualifications, length of tenure and experience (e.g. Larson & Hewitt, 2005). Since the major focus of this study was the exploration of the perceptions and motivations of DSWs who continue working in the disability field, the length of service was the first characteristic used in the selection process. The approach and philosophy of individual agencies and the number of agencies that respondents had worked for during their service may also provide an indication of the level of job satisfaction felt by those employers.

The key selection characteristics chosen, in order to try to reflect the demographics of the survey respondents, were:

- Length of service;

- Gender;
- Age;
- Qualifications; and
- Other (Agency, Number of employers, Hours worked per week).

3.3.2.3 Exclusions

Sixteen of the volunteers reported that they spent up to 50% or more of their time involved in other supervisory or management roles rather than full-time direct support. Although they still provided some direct support, this support was not regular or consistently with the same clients or at the same sites. For that reason, these volunteers were not included in the selection process.

Seven volunteers were excluded from the selection process because they reported that their principal work was in respite care (5) or day options (2) rather than residential support. A lack of resources meant that a further two volunteers were excluded from the selection process because they worked in country towns and not the Adelaide metropolitan area.

The exclusion of interview volunteers who had served less than the median 8.3 years further reduced the number of interview volunteers available for selection to represent the broadest range of DSWs in the study (e.g. there were only eight volunteers available from the large agency and three of these were male). The number of interview volunteers from small agencies compared with the large agency was 43 (66%) to 22 (34%). For this reason, it was decided to select the number of interview participants on that same ratio (2:1).

When the characteristics of the eight interview volunteers from the large agency were examined, it was found that the number of suitable interview participants was only five. Ten interview participants from smaller agencies were then chosen giving a total of 15 interviewees.

3.3.2.4 Gender

The overall gender distribution was also a significant factor in selecting a group of interview participants who represented the characteristics of the overall sample.

Gender ratios were calculated on the total sample distribution where the ratio of females to males was approximately 7:3. Therefore, it was decided to select 11 female (73%) and four male (27%) interview participants.

3.3.2.5 Age

In order to select the required number of female and male interview participants, the age groupings of the potential interview participants were also important in reflecting the overall sample characteristics. It was not possible to precisely represent the age distribution of the total sample because many of the volunteers in the younger age groups had not worked in the sector for the median length of time. However, the age distribution of selected interview volunteers ranged from the ‘31 – 35 years’ age group for females and the ‘46 – 50 years’ age group for males, to the ‘61 – 65 years’ age group for both genders.

3.3.2.6 Qualifications

A further factor used in the selection of the interview participants were the DSWs’ qualifications in the disability area. Of the 15 interview participants finally selected, five had no specific qualifications in disability, eight had a tertiary Certificate III or IV in Disability awarded by TAFE, one had a nursing qualification and one had a Bachelor degree in Disability Studies.

3.3.2.7 Other selection criteria

Finally, the following characteristics were used to provide the maximum diversity in the final selection decisions.

- To maximise the representation of the agencies participating in the study, where possible, if two interview volunteers had similar profiles but worked for different agencies, the one who would increase the number of agencies in the sample was chosen. Seven of the ten participating agencies were represented among the selected interview participants.
- The hours worked per week were also considered and the selected interview participants ranged from working ‘11 – 15 hours’ per week to ‘more than 40 hours’ per week. The majority worked between ‘21 – 30 hours’ per week (5) and between ‘31 – 35 hours’ per week (6).

- The number of employers during their career was also used to separate two possible selections with the only interview volunteer who had worked for ‘more than ten’ employers selected to be interviewed.

3.3.2.8 Summary of selected interviewees

The final group of 15 interview participants then consisted of 11 women and four men. All had worked in the disability sector for between 7.9 and 34.0 years at the time of the commencement of the interviews (mean of 17.1 years and a median of 14.5 years). Two of the DSWs had worked for only one employer and 11 had worked for more than three. The hours worked/week ranged from a minimum of 11-15 hours for one DSW to a maximum of 36-40 hours for one other DSW. The majority worked between 31-35 hours/week. The participant characteristics used in the selection process are summarised in Table 3.3.

3.3.2.9 Contacting volunteers

The researcher contacted the 15 selected interview participants by telephone in December 2008, and all agreed to be involved in the on-going interview phase of the study. The initial interviews were arranged to take place in mid-January 2009. Seven volunteers could not begin the interview phase of the study until February 2009 because of leave and holiday arrangements during the Christmas period.

The researcher contacted the volunteers who had not been selected before the end of 2008, by telephone or email, and informed of the selection and thanked for their willingness to be involved. Three of the volunteers contacted by phone commented that DSWs were rarely asked for their opinions or listened to if they spoke out. But they said strongly that DSWs have things to say and so they were not surprised that so many workers had volunteered and that the survey had received such generally expansive responses. Two of the volunteers thanked the researcher for the opportunity to express their thoughts and supporting the need for this research.

Table 3.3: Characteristics of the 15 DSWs selected to participate in on-going interviews

Gender	**Age (years)**	**Qualification**	**Subject area**	**Number of employers**	**Total service length (years)**	**Hours worked per week**
F	31-35	Cert III & IV	Disability	1	13.9	16-20
F	31-35	BA; (Cert III)	(Com. Services)	3 – 5	12.0	21-25
F	31-35	Cert III	Community Services	3 – 5	9.6	31-35
F	41-45	BA	*History; Psychology*	6 – 8	10.0	31-35
F	46-50	B App Sc	Disability	3 – 5	14.0	21-25
F	46-50	*Not specified*	Disability	3 – 5	15.0	36-40
F	46-50	*Not specified*	Disability	3 – 5	18.0	21-25
F	51-55	*Not specified*	*Accounting; Counselling*	2	12.0	31-35
F	51-55	*Not specified*	Disability	1	21.5	26-30
F	56-60	Cert III	Disability *(student)*	3 – 5	7.9	16-20
F	56-60	*Not specified*	Disability	3 – 5	28.0	31-35
M	46-50	RMDN	Disability Nursing	3 – 5	32.6	11-15
M	56-60	Cert IV	Disability	3 – 5	20.0	31-35
M	61-65	Cert IV	Disability	2	8.5	26-30
M	61-65	*Not specified*	*Survey; Planning*	> 10	34.0	31-35

3.3.2.10 Additional interviews

Four of the 16 excluded interview volunteers still worked in direct, ‘hands-on’ support but reported that they spent more than 75% of their time in senior supervisory or management roles. Because four of these volunteers came from four different agencies and had long experience working as DSWs in the sector (length of service ranged from 15.3 to 25.8 years) and working with people with intellectual disabilities, the researcher felt that their ideas and reflections could add to the final study findings. It was also felt that the perceptions from senior or management roles could provide useful data for the triangulation with, and corroboration of, some interview participant data. Therefore, these four interview volunteers, three females and one male, were approached by the researcher and asked to meet with the researcher for a single one hour interview. All four agreed to an interview in early 2009.

3.4 Phase 3

The purpose of Phase 3 was to carry out a series of interviews with the 15 selected volunteer DSWs over a 12 month period.

3.4.1 The interview procedure

The qualitative semi-structured interview is a powerful technique to encourage interview participants to provide new and subjective responses rather than simply repeating preconceived ideas (Broom, 2005). Despite many criticisms including the loss of anonymity, potential bias in responses and the greater time commitment required, the interview remains a standard method of assessing the participant's views and perceptions (Antaki, Young & Finlay, 2002). Using a semi-structured interview also ensures that key areas of information are explored with all interview participants whilst allowing the interview to follow and develop particular relevant and unique areas that the interview participant may introduce (Dyer, 1995). A detailed interview schedule or pro-forma can help to ensure that this is achieved (Banister et al., 1994). However, open-ended questions inviting a more expansive response and sequenced according to the context of the interview may promote a more relaxed and conversational interaction and rapport (Broom, 2005; Mactavish, Mahon & Lutfiyya, 2000). This technique was preferred in this study to the rigid following of scheduled, carefully worded questions in a standard order.

A pro-forma for the initial interview, including issues raised by DSW responses to the survey open-ended questions, was developed listing key questions addressing the research topics and specific related points which then formed the basis of follow-up questions or prompts. The pro-forma was checked for content validity and discussed with a reference group of people with extensive experience in the area including the supervisors, a fellow PhD student in the Department of Disability and Community Inclusion and an experienced DSW. Based on the recommendations of this group, minor modifications were made and a final pro-forma was developed (Appendix E).

The researcher arranged a mutually convenient time and place to conduct the first face-to-face interview with each worker individually. Eight of the DSWs chose to be interviewed in their home and six chose a neutral place such as a coffee shop. Only one DSW who worked a lone afternoon shift where the residents did not arrive home from their work or day activities until 4.00 pm asked to be interviewed at her workplace in the early afternoon. Three of the additional interviews with DSWs in largely management roles took place in a private office at the person's workplace and one at a coffee shop. All initial interviews were conducted face-to-face and lasted from one hour to almost two and a half hours.

Before commencing the interview, the researcher attempted to establish rapport and trust with the interview participant by discussing the purpose of the research, explaining the procedures to ensure the confidentiality of the interview data, stressing the interview participant's right to withdraw from the interview at any time and indicating that the research findings would be made available to the interview participant for checking and comment. Each interview participant was also asked to sign a Consent Form (Appendix D) allowing the interview to be audio-recorded for later transcription. Although the transcription added significant time to the data collection process, the researcher did not have to focus on writing detailed notes during the interview and could maintain eye contact and convey his interest in the interview participant's responses. The transcripts also provided a complete record of the interview and did not simply record the interpretations and paraphrasing of information by the researcher. Where possible, the researcher corroborated the information gathered by comparing the worker's descriptions of their job and other comments with the basic documentary information provided in their survey responses. More general information on the operation of particular agencies was obtained in the additional interviews with the four more senior staff and this was also used to corroborate some aspects of the interview data in appropriate cases. This comparison and triangulation of data has been shown to increase confidence in the validity of the interview data (Banister et al., 1994; Mactavish et al., 2000).

After the initial interview, each DSW was contacted by phone several times over the following 14 months to arrange follow-up interviews. Several of the DSWs reported that nothing had changed in their work and did not want to have another full face-to-face interview at that time. In this case, the researcher usually asked a few questions and the responses were noted. On some occasions, the phone interview resulted in a lengthy conversation about issues of concern to the DSW and these were recorded and later transcribed. On other occasions, the DSW and researcher arranged to meet for a full follow-up interview following the same procedures as described above.

The original recordings, notes and, when completed, transcriptions of all interviews and conversations were securely stored in a locked filing cabinet at the researcher’s home or in his office at Flinders University to ensure the confidentiality of all participants at all times.

3.4.2 Transcription of interview recordings

The researcher employed a small private business to transcribe all interview recordings. Before any transcriptions were commenced, the researcher outlined the research and the necessary procedures to the two people involved in the interview transcriptions. Both individuals were also required to sign a Confidentiality Agreement in which they and the business guaranteed complete confidentiality of all information, security of all computers and other electronic records used and the removal of all data from their records, both paper and electronic, at the end of the interview phase. At the end of the study, the researcher supervised the removal of all data from the transcribers’ computers and office records.

On completion of each transcription, a paper copy, with a Reply-Paid envelope, was posted to the interview participant for their correction and comment. Only two interview participants made changes before approving and returning the transcript to the researcher. One corrected typographic and spelling errors and the other deleted a response which she believed could be used to identify her to her employer.

3.5 Data analysis

3.5.1 Survey data

The responses to all closed questions were entered into a *Microsoft Office Access* ® database. Analysis of this data was then used to tabulate a series of findings on key demographic characteristics of the DSWs who responded to the survey and on the aspects of their work which they described (Appendix F).

Responses to all open-ended questions were recorded in a *Microsoft Word 2007* ® document and then imported into the *QSR NVivo 8* ® program. Using this program, the researcher initiated the analysis of each written response and identified key issues and points raised by the DSWs. Each of these issues was then grouped (coded) under a more general heading (theme/node). Some segments of responses could be interpreted in several ways and were therefore coded into each appropriate and relevant developing theme. As individual respondent's data were analysed, these developing themes were constantly reviewed, modified and combined or developed into new themes until the researcher was satisfied that they accurately represented that data (Bogdan & Biklen, 2003; Grbich, 1999; Patton, 2002). In their response to the final 'Any other comments' question, several respondents included comments relevant to earlier questions and these responses were then coded into the themes related to the relevant question.

3.5.2 Interview data

Although the interview process allows for the collection of large amounts of rich data reflecting the unique views and perceptions of each participant,

> *the problem of analysing interview data is to find a way to organise what you have collected, so as to be able to discuss the information you have acquired and to draw some valid inferences* (Dyer, 1995, p. 81).

The transcriptions of all interviews were also imported into the *QSR NVivo 8* ® program and again major themes were identified and developed by the researcher. The themes and issues raised by each interview participant were of importance in his or her perceived work situation. Some of these themes or issues were expected and could be predicted by examination of prior research findings (e.g. poor pay rates). Other issues were related to the unique circumstances of a particular interview participant alone. As more interview data highlighted new and important issues, these issues were coded into an increasing list of themes as described above. Series of these themes and issues were identified and it became clear that many of these were common to several or all interview participants. After coding all interview data, the researcher was able to recode these major themes to a summary related and relevant to each of the research questions. Each of these themes and the issues developed and described in them are detailed in Chapters 4 and 5.

3.5.3 Reliability and Validity of interview data

These concepts are under serious question in qualitative research (Grbich, 1999). Reliability is a term generally used to refer to the consistency, dependability and reproducibility of results and is usually associated with the use of measurement or test devices (Banister et al., 1994; Dyer, 1995). Tindall, (in Banister et al, 1994), argues that, in qualitative research, the concept of reliability is inappropriate because such research focuses on the personal interpretations of experiences and realities by both the participants and the researcher. As each participant and their situation are unique, we should not expect consistent and exactly similar accounts of each participant's experiences. In qualitative research, reliability and validity are more about 'the ability of the researcher to convince the reader that the data collected is accurate and credible' (Lobban, 2002, p. 34).

To increase the credibility of the interpretation of such data it is important if two people independently agree on the assignation of data to particular themes (Wolery, Bailey & Sugai, 1988). In this study, a fellow PhD student in the Disability and Community Inclusion Unit who had not been involved in the study, independently read two randomly selected transcripts and assigned comments from the interview participants to the themes and categories developed by the researcher. The independent rater indicated that it would require several more readings of the transcripts before being sure that all relevant comments had been assigned. On examination, the independent rater had identified and assigned most of the same comments by the interview participants to the same relevant themes and issues as described by the researcher. After discussion of the different interpretations related to the research literature and the researcher's theoretical perspective made by the researcher and the independent rater, both agreed on the assignation of all of the different interpretations to the same appropriate theme. A further assigning of comments from another randomly selected interview transcript by the researcher and independently by the fellow student rater, when compared using a standard technique (Wolery, Bailey and Sugai, 1988), produced an inter-rater reliability score of 94%.

The content validity of the interview questions and process 'concerns the extent to which [they are] actually capable of providing the information which [they claim] to provide' (Dyer, 1995, p. 127). It is also important to know 'what purpose the data obtained … are intended to serve' (p. 127). In this study, the interview data provided a description of DSWs' work experiences, their perceptions of those experiences, the concerns that these experiences raised, their methods of dealing with these issues and their satisfaction with their role. In this study, having others with experience in the area examine and modify the interview question pro-forma, ensuring that the research was conducted in an ethical manner and that the consent of all participants was given freely, improved the validity of the data.

Triangulation (Banister et al., 1994), comparing data collected from different sources and by different methods to ensure that there is corroboration of key elements, added to the accuracy of the data. In this study, interview data were compared with basic documented details from the individual's survey responses. The additional interviews with four respondents with a high level of agency management involvement also added to the corroboration of DSW inputs in the case of four agencies.

3.6 Ethical considerations

The Research Proposal received full approval from the Flinders University Social and Behavioural Research Ethics Committee in July 2008 (Appendix G).
Ethical issues considered in planning and conducting this study included:

- Confidentiality of all DSW information was ensured by the initial survey and request for interview participants being forwarded to DSWs by agency management so that the researcher was not directly involved in the distribution**;**
- Responses were returned direct to the researcher in a Reply-Paid envelope;
- Confidentiality of all information provided by participants to the researcher was guaranteed by the undertaking that no identifying information would be passed on to any other person or would be included in this dissertation or any other report or publication;
- Confidentiality of participant data was assured by ensuring that all survey and interview data were securely stored and managed separately from personal information;
- All participants who volunteered for the interview phase did so of their own accord and freely signed and returned their Contact Details directly to the researcher;
- All participants had the aims of this research and their involvement in the study explained to them before giving their informed consent to participate;

- All interview participants freely signed a Consent Form before the interview;
- All interview participants were made aware that they could withdraw from the interview or the study at any time or decide not to answer any question if they so chose without prejudice and without having to provide a reason;
- As stated above, the transcribing of interviews was completed by a professional service able to guarantee privacy and confidentiality of contents; and
- All interviewees were supplied with a copy of the transcript of their interviews and invited to correct, change or remove any part of that transcript if they so wished. This occurred before any of the interview data was analysed.

3.7 Summary

This study used a phenomenological, qualitative approach seeking responses from DSWs from the completion of a survey containing several open-ended questions where DSWs could record their own perceptions, experiences and motivations. A purposefully selected sample of ‘long-term’ volunteer DSWs then took part in a series of in-depth semi-structured interviews over a period of 14 months. Because of the funding and resources available, the study focused only on DSWs working with agencies in metropolitan Adelaide, South Australia, and providing accommodation support to people with intellectual disabilities. Because there has been little research in this area of the recruitment and retention of support staff in the disability sector, it was essential to collect as large and varied range of data as possible to allow the identification of key issues.

Data collected consisted of the basic demographic details of 188 DSWs and their perceptions and experiences of their work. A series of interviews with 15 of these DSWs over a 14 month period provided more in-depth data about the perceptions, experiences and motivations of the DSWs. Four DSWs who worked for more that 75% of their time in senior management or training positions were also interviewed, but on one occasion only.

The following Chapter will present the findings from the closed questions of the survey providing demographic data regarding the DSWs responding to the survey.

4. Findings: Survey – Closed Questions

This Chapter presents the data from responses to the first 33 questions in the survey, questions which required only a tick in a box or simple word or single numerical answer for each question. This data provides basic demographic and workplace information. Detailed data on all responses to these 33 questions are presented in tabular form in Appendix F.

Surveys were distributed to 842 DSWs working in ten agencies across metropolitan Adelaide. Of these, 201 responses were received representing a final response rate of 24%. Eleven surveys were returned blank and two surveys were not returned until more than three months after the distribution. These 13 surveys were not included in this data and left 188 surveys to be analysed. All respondents did not answer all questions.

4.1 Age and gender of DSWs in the study

Figure 4.1 shows that the majority of all respondents, 132, were female (70%). Only one quarter of respondents (25%) were aged 40 years or less and sixteen respondents (9%) were aged more than 60 years with the majority (41%) aged between 41 and 56 years.

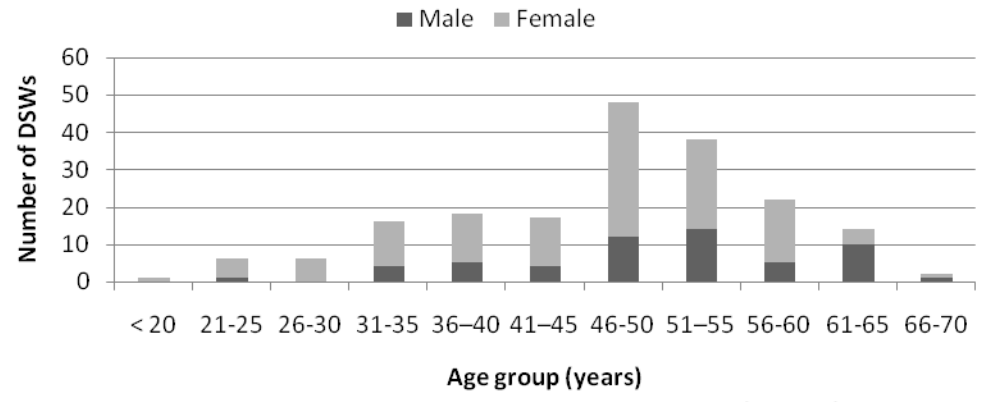

Figure 4.1: Age and gender of DSWs in the study (n=188)

4.2 DSW qualifications

Only 182 respondents listed their qualifications. Of these, 93% had post secondary qualifications but only about half of these respondents (57%) had a specific qualification in disability. Half of these qualifications (50%) were TAFE Certificates III or IV, 6% were University degrees and 1% were post-graduate qualifications.

Of the 72 respondents currently enrolled in studies, 38 (53%) reported they were undertaking disability specific post secondary level studies at the time of the survey. This meant that more than three quarters (77%) of the182 respondents held or were studying towards a disability qualification at the time of the survey. Figure 4.2 shows the number of educational qualifications held by the respondents.

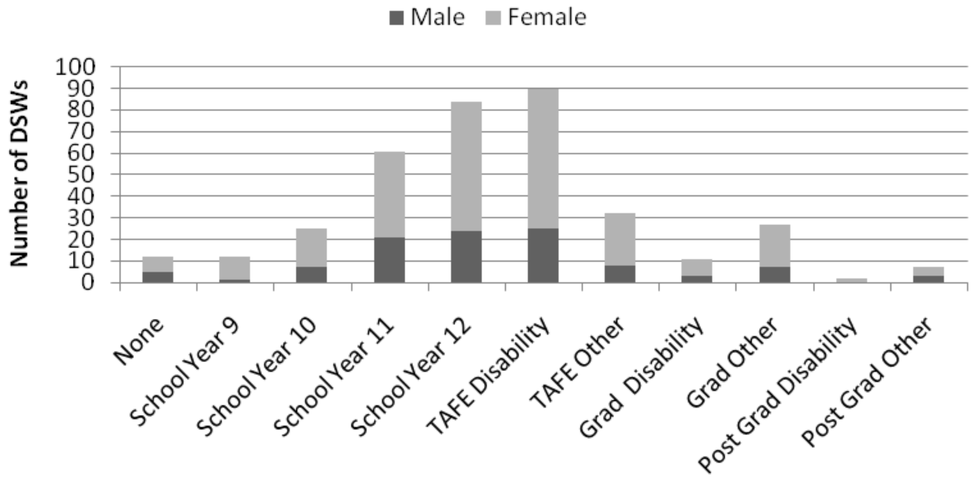

Figure 4.2: Educational qualifications of DSWs in the study (n=182)

4.3 Why begin working as a DSW?

4.3.1 Prior experience with people with disabilities

In response to the question about having prior experience with someone with a disability other than at work, most, 145, respondents (78%, n=187) reported ‘Yes’. Twenty-seven of these DSWs (19%) cited relationships with more than one category of family member, relative or friend.

Of those who responded positively, more than one third (35%) reported that a member of their immediate family and almost one quarter (24%) reported a relative as having a disability. Contact with friends and acquaintances with disabilities were also common with more than two thirds of these respondents (68%) citing prior experience with people with a disability.

One respondent did not indicate if this relationship was a factor in his decision to work in the disability sector. However, more than one third of respondents (36%, n=144) with previous experience with a person with disability reported that this was a factor in them deciding to work in the disability sector. Of the 50 respondents with a direct family member with a disability, almost two-thirds (62%) reported that this was a factor in their decision to work in the disability sector.

4.3.2 Other reasons for choosing to be a DSW

The general categories of reasons why people chose to work as DSWs given by the 180 respondents to this question are summarised in Figure 4.3.

Thirty four respondents (19%) responded that they chose to work as a DSW because they ‘needed a job’. Of these, three were widows and had needed some form of work and one who, following a work injury, had to change from his previous occupation. Almost half (46%) stated that they ‘wanted to do this sort of work’, that they needed ‘a career change’ or that they enjoyed the interest and challenge of this work. Eighteen respondents (10%) had been referred by family or friends who were already working in the area and 15 (8%) had originally begun working with people with a disability through volunteer work.

4.3.3 Previous employment or work

The general categories of work before commencing in the disability sector given by the 185 respondents are summarised in Figure 4.4. Fifteen respondents (8%) reported that they had moved directly into disability work after spending several years at home as a mother and performing home duties.

The specific jobs and occupations previously held by DSWs cover a huge variety. The largest reported category of previous jobs (18%) were those in community services such as aged care, child care, youth work and other welfare areas. Another five respondents (3%) reported nursing as their previous work indicating more than one fifth of respondents (21%) had previously worked in the human service and/or caring sectors.

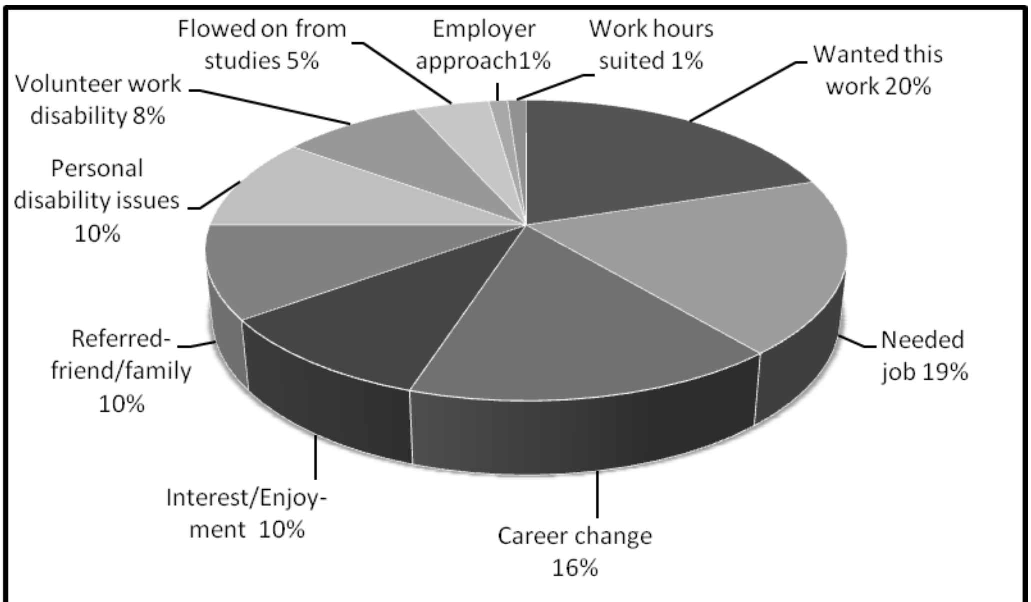

Figure 4.3: Reasons for choosing disability support work (n=180)

Of the respondents to this question, 21 (11%) described their previous work as 'students' and the majority of these worked only part-time. More than one in ten (11%) cited previous work in senior management, professional or artistic areas of work. These included a veterinary nurse, bank manager, church pastor, kindergarten and school teachers, a surveyor and a function manager. One respondent described his previous, and still principal, profession as a 'casual musician' who only worked as a DSW when not performing. A further 12 respondents (7%) listed 'self-employed' in areas such as a farming, second-hand dealing, milk delivery and landscape gardening.

Other prior occupations of the remaining respondents ranged from cleaner, waitress and labourer to two respondents (1%) who listed 'retrenchment from the motor industry' as their previous job. Four respondents (2%) described their previous work as 'varied', 'casual' or 'lots of unsatisfying jobs'.

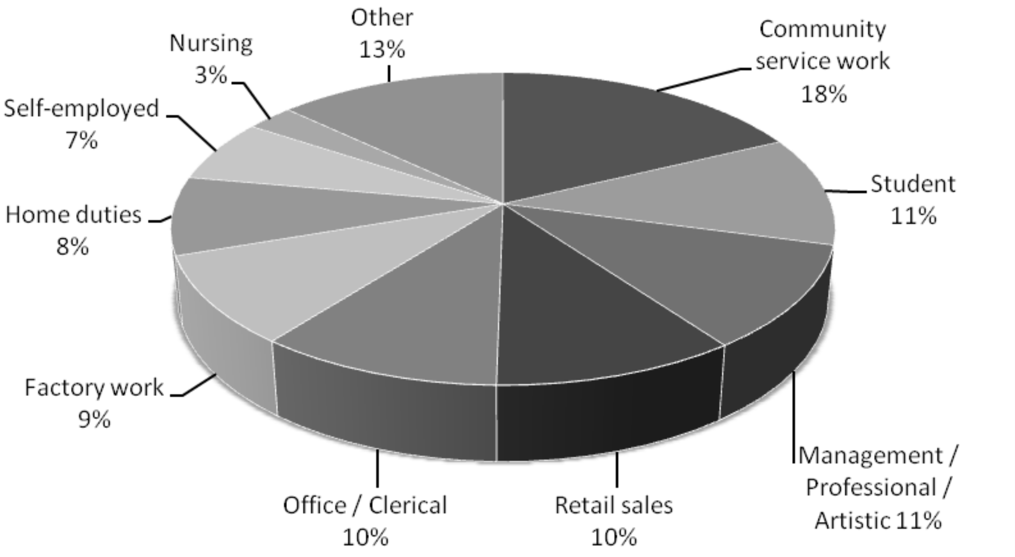

Figure 4.4: **Previous employment type before commencing disability support work (n=185)**

4.4 Age on commencing work as a DSW

Figure 4.5 shows that more than one quarter (27%, n=187) of DSWs commenced working in the disability sector at 25 years of age or less. More than half (53%) commenced when over the age of 35 years and 10% commenced over the age of 55 years. Males commenced work as DSWs at an older age than females with more than half of the 56 males (52%) beginning at more than 35 years of age (Appendix F, Table 8).

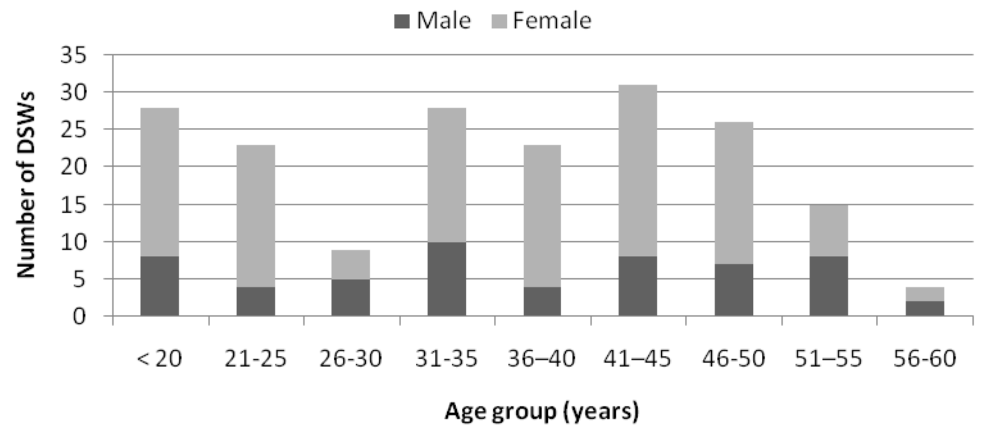

Figure 4.5: **DSW age group at commencement of disability support work (n=187)**

4.5 Number of employers

4.5.1 Current employers

The majority of the 187 respondents (85%) to this question were employed by only one agency at the time of the survey. One respondent reported working for four different agencies and 27 (14%) reported that they were working for two or three agencies at the time of the survey. Slightly more males (20%, n=56) were working for more than one agency.

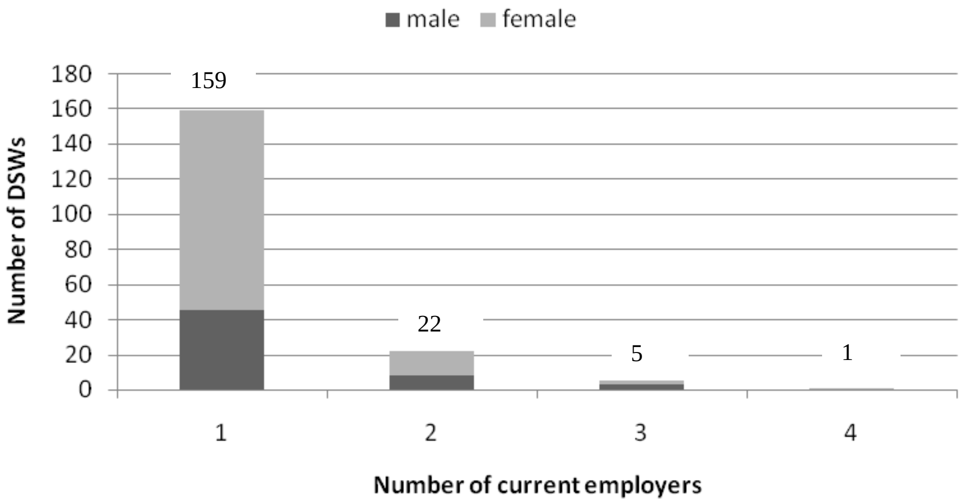

Figure 4.6: Number of employers for whom DSWs are currently working (n=187)

4.5.2 Total employers during their career as a DSW

Figure 4.7 shows the number of employers for whom both male and female respondents had worked since commencing as DSWS. Less than half (43%, n=187) of the respondents reported that they had worked for only one employer during their entire career as a DSW. A quarter of respondents (25%) had worked for two employers and a quarter (25%) for between three and five employers during their careers. Therefore, half of the respondents in this survey (50%) had worked for between two and five different agencies during their career in the disability sector. Two male respondents (1%) had worked for more than ten different employers during their careers in disability support.

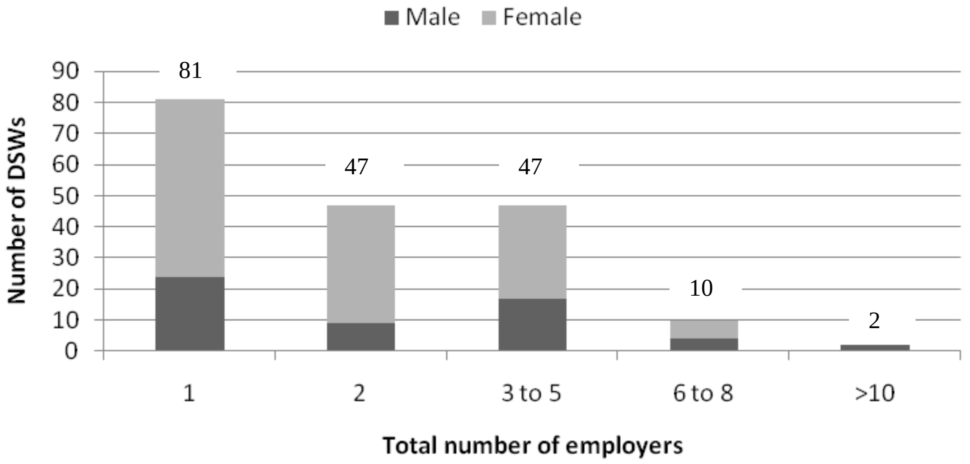

Figure 4.7: Total number of employers since commencing disabilty support work (n=187)

4.6 Work conditions

Twenty three of the 184 respondents to this question (12%) were casual, 106 (58%) were part-time and 55 (30%) were employed full-time (Appendix F, Table 11). Those respondents employed as casual staff were all employed in the smaller agencies.

More than a quarter of the 186 respondents (26%) regularly worked unpaid overtime and (29%) sometimes worked unpaid overtime (Appendix F, Table 16). Almost one in five respondents (19%) at least sometimes provided unpaid voluntary time to their work (Appendix F, Table 17).

Table 4.1: Frequency of DSWs needing to cover shifts in small agencies (n=113) and a large agency (n=67)

Frequency	Large Agency	Small Agencies
Never	15 (22.7%)	10 (8.8%)
Occasionally	35 (52.2%)	61 (54.0%)
Once/week or more	9 (13.7%)	7 (6.2%)
Once/month or more	8 (12.1%)	35 (31.0%)

A quarter of the 180 responding DSWs (25%) reported that they regularly needed to work extra shifts to cover the absence of co-workers with 9% covering these shifts once/week or more and 25% covering once/month or more. This need to cover shifts where staff were absent was more frequent in the smaller agencies (Table 4.1).

The reported rostered hours worked per week varied greatly. Twenty six of the 180 respondents (15%, n=180) worked only 20 hours or less per week and 77 (43%) worked 30 hours or less per week (Appendix F, Table 15). More than two thirds of the respondents (67%, n=186) indicated that they were satisfied with the financial earnings from their rostered hours and three quarters (75%, n=186) were satisfied with the number of hours worked. Half (50%, n=186) sought no change in their rostered hours while just over a quarter of respondents (26%, n=186) wanted an increase and a quarter (25%) wanted a decrease in their current hours. The main reason stated for a preferred increase in rostered hours was to earn more wages to meet financial needs (64%, n=42). For those respondents wishing for a decrease in hours, the main reason was to spend more time with their family (47%, n=45). Full details of respondent reasons for changes to work hours are summarised in Appendix F, Tables 20, 21 and 22.

4.7 Type of work

4.7.1 Proportion of time spent in direct support

Figure 4.8 shows that almost two thirds (61%) of the 186 respondents worked solely in providing direct, ‘hands-on’ support. The other respondents spent a portion of their time in other roles including supervision, training new staff, team management (e. g. roster preparation) and general management duties. Eleven respondents (6.0%) worked more than three quarters of their time in more senior management and/or training roles within their agency.

4.7.2 Client group and type of support provided

The majority of 187 respondents (86%) worked in providing residential support services. Sixteen respondents (9%) worked in respite services and therefore did not work consistently with a single group of clients. Four respondents (2%) worked in employment support, two in sheltered and two in supported work situations. Four (2%) also worked in Day Options while three others (2%) worked in a combination of these or other types of support (Appendix F, Table 25).

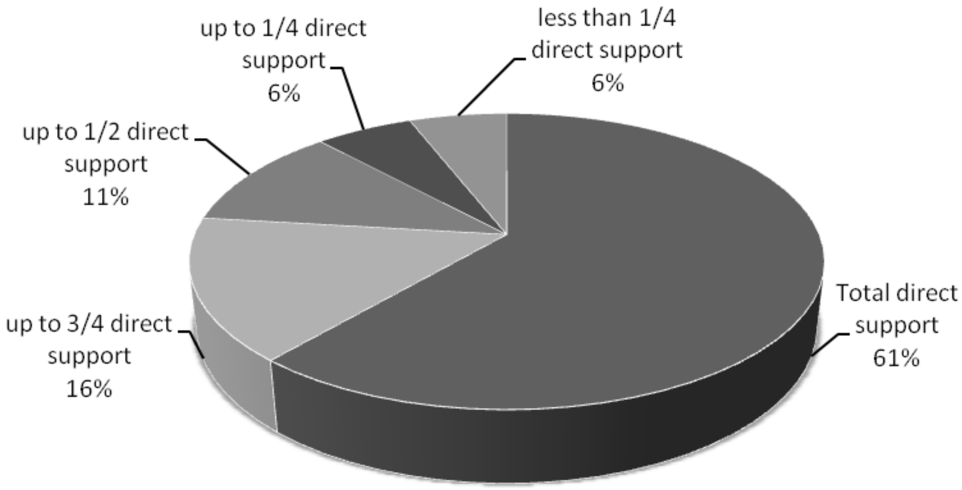

Figure 4.8: DSWs time spent in direct, 'hands-on' support (n=186)

The age groups of clients receiving support from the respondents are shown in Figure 4.9 and more than two thirds of these DSWs (67%) worked with adults with an intellectual disability.

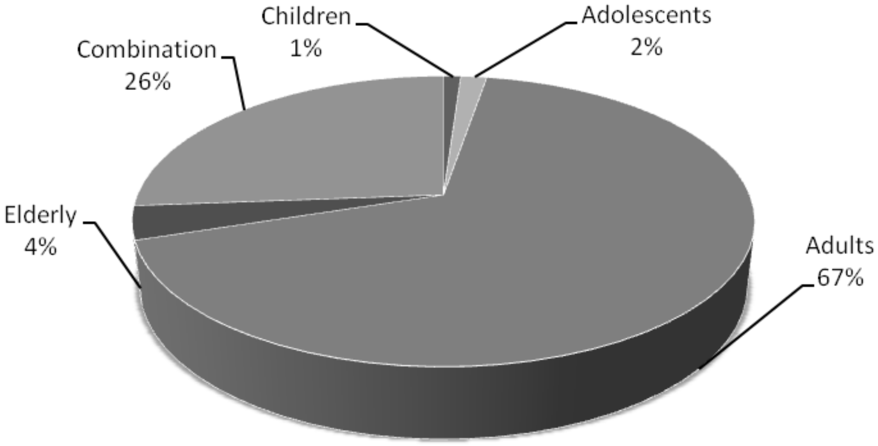

Figure 4.9: Proportion of DSWs working with different client age groups (n=187)

4.7.3 Type of work-site

The majority of 187 respondents (52%) worked in group homes where more than one person with a disability lived together in one house. Others worked in cluster homes (8%) where people with a disability lived by themselves in a cluster of a small group of houses or units, the supported individual's own home or unit (29.9%) or the individual's family home (10.7%). Fifteen respondents (8%) recorded other work-sites including Respite facilities, Supported Residential Facilities (SRF), Aged Care or Nursing Homes while one respondent described himself as 'on call' and only a few respondents (8%) worked in more than one type of site. (Figure 4.10).

One quarter of these respondents (24%) reported that they always worked alone and 55 (29%) indicated that they worked only as part of a team. Almost half of the respondents (46%) worked both alone and as members of a team..

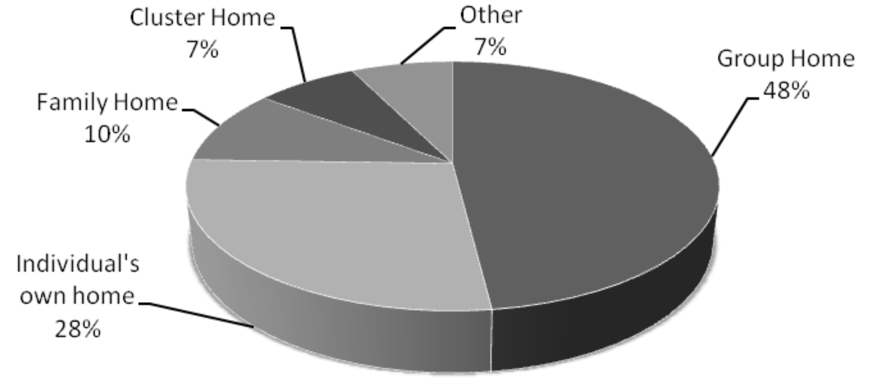

Figure 4.10: Type of work-site (n=187)

4.7.4 On-the-job support provided to DSWs

Almost two thirds of respondents (66%, n=187) reported that they received support 'whenever needed'. While only three respondents (2%, n=188) reported that they received no support from other agency staff, the majority (80%, n=188) reported that they received most support from other DSWs. The major types of support reported were advice and problem solving ideas developed from discussing issues (54%, n=158) and emotional support, encouragement and feedback (19%, n=158). Data on in-house support can be found in Appendix F, Tables 27, 28 and 29.

4.8 DSW Training

4.8.1 In-service training programs undertaken

Eighteen of the 188 respondents (10%) did not respond to the question on the number and type of in-service training programs they had attended in the previous year. Eighteen of the DSWs who did respond (11%, n=170) listed only one program attended while 23 (14%) listed five or more programs they had attended. The training programs attended are shown in Figure 4.11 and were mainly focused on policy issues, OH&S and other basic personal safety topics (85%). The 'Other' grouping included programs on mandatory reporting, management issues, Social Role

Valorisation (SRV), specific support issues (e.g. Auslan signing), healthy living, computer skills and active support.

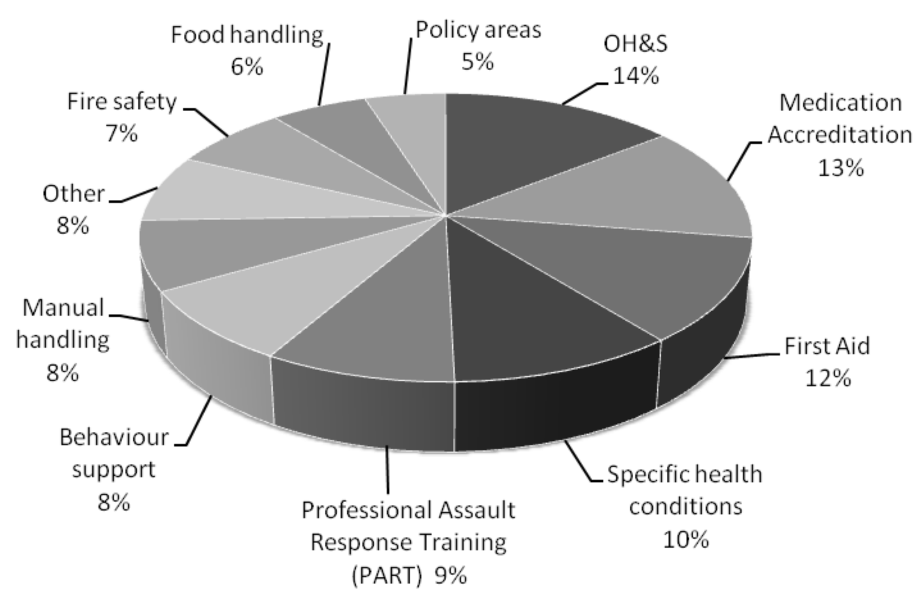

Figure 4.11: In-service training programs attended by DSWs in previous year (n=170)

4.8.2 In-service training programs requested by DSWs

Only 92 respondents (49%) listed training program topics they would like to attend with 16% of these respondents listing two or more topics. While behaviour support was the most requested topic (22%), personal management skills (15%), which included programs on stress management, assertiveness training, conflict resolution, team building, time management and staff interaction were also highly requested. The specific health issues requests (15%) focussed largely on autism, diabetes and mental health issues. Topics on specific support issues (14%) included signing and individual program activities and active support programs specifically targeted for the people being supported.

Only 12 respondents (11%) requested ‘refresher courses’ on topics such as First Aid and OH&S. The categories of the training programs requested by the respondents are shown in Figure 4.12.

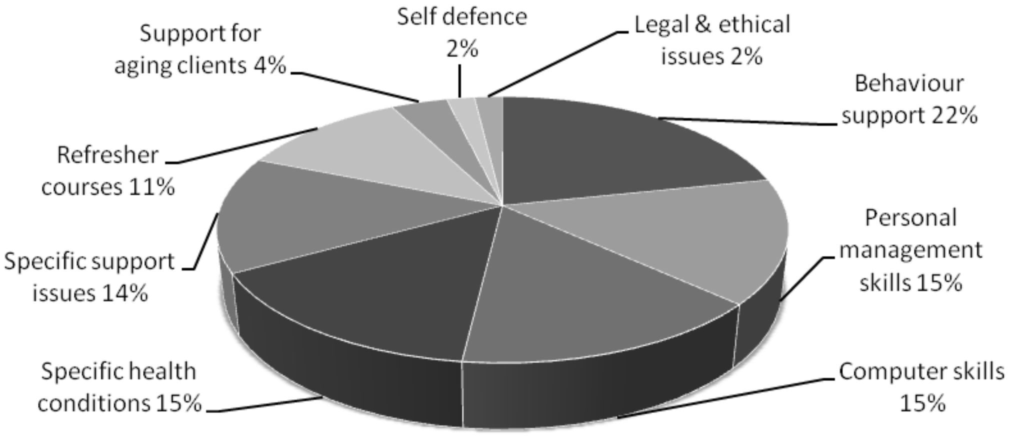

Figure 4.12: **In-service training programs requested by DSWs (n=92)**

4.9 Length of service

4.9.1 Mean length of service

The mean (average) length of service for all respondents with their current employer was 7.6 years. However, since many DSWs had worked for more than one employer, the mean length of service with all employers over their career as a DSW increased to 11.0 years.

There are clear differences (more than 50%) in the mean length of service with their current employer between those DSWs employed at the large agency compared to those working for smaller agencies. Where the large agency was their current employer, the mean length of service was 11.1 years and this increased only slightly to 12.7 years when all their employers were included. For those DSWs working for small agencies however, the mean length of service with their current employer was 5.5 years increasing to 9.9 years (by 80.0%) for their total career in the disability sector.

4.9.2 Median length of service

The median length of service for respondents with their current employer was 5.0 years. During their complete careers as DSWs, often with several employers, the median length of service had increased (by 66%) to 8.3 years. This meant that half of the DSWs (50%, n=183) had remained with their current employer for five years.

But half of the DSWs (50%, n=187) were still working in the disability sector after 8.3 years.

Table 4.2: DSWs length of service, in years, with current employer and with all employers since commencing as a support worker (n = 187)

Group	Gender	Current employer			All employers		
		Range	Mean	Median	Range	Mean	Median
All DSW Respondents (n=187)	**Female**	0.25 – 39.7	7.0	5.0	0.25 – 39.7	10.3	7.9
	Male	0.08 – 34.0	8.9	5.4	0.08 – 34.0	12.5	9.8
	Total	0.08 – 39.7	7.6	5.0	0.08 – 39.7	11.0	8.3
Large agency DSW respondents (n=71)	**Female**	0.25 - 26.8	9.7	7.3	0.25 – 39.7	11.7	10.8
	Male	0.25 – 33.4	14.3	11.3	0.25 – 33.4	15.0	14.5
	Total	0.25 – 33.4	11.1	11.3	0.25 – 39.7	12.7	11.0
Small agency DSW respondents (n=116)	**Female**	0.25 – 30.3	5.4	4.0	0.42 – 35.6	9.5	7.0
	Male	0.08 – 22.0	5.7	3.2	0.08 – 34.0	11.6	8.8
	Total	0.08 – 30.3	5.5	3.6	0.08 – 35.6	9.9	7.3

There were clear differences in the employment characteristics of DSWs working at different agencies and the large agency retained its DSW staff for longer periods. The median length of service for DSWs currently employed at the large agency was 11.3 years and decreased to 11.0 years when all of the DSWs’ employers were included. For the small agencies, the median length of service with current employers was only 3.6 years but this increased (by 103%) to 7.3 years for their total career. For the small agencies, half of the DSWs (50%, n=116) had remained with their current employer for only 3.6 years but half (50%, n=116) had also worked in the disability sector for 7.3 years at the time of the survey.

Only three of the large agency respondents (4%, n=71) worked for more than one employer at the time of the survey and more than half of the large agency respondents (59%, n=71) reported that they had only ever worked for one employer, the large agency. In the small agencies, more than one in five respondents (22%, n=116) were working for more than one employer at the time of the survey and only about one third of DSWs (34%) reported being employed by only one agency during their entire career. The length of service data is summarised in Table 3.2.

4.10 Summary

This Chapter provided a profile of the respondents' demographics, work situations and length of service. Although the respondents to this survey were self-selected and chose to respond themselves, many of the characteristics of this group were very similar to those found in previous studies. As has been consistently reported, the majority of DSWs responding were female (70%) and three quarters of all respondents (75%) were aged more than 40 years. Less than one third of respondents (30%) were employed full-time and more than one quarter (26%) regularly worked unpaid overtime. The majority of in-service training topics (79%) attended by respondents during the previous year were related to OH&S and policy issues.

While most previous research has found very low levels of qualifications among DSWs, more than half of respondents in this study (57%) held specific qualifications in disability with half of these respondents (50%) having TAFE Certificates. Also, almost half of these respondents (46%) had positively chosen to work with people with a disability and less than one in five (19%) became DSWs simply because they had 'needed a job'. Reflecting this interest in disability, more than one quarter of the respondents (27%) had begun working in the disability sector when aged 25 years or less. The length of service for this group was also significantly higher than that usually reported in previous research with the median length of service in the disability sector for this group being 8.3 years. To achieve this length of service, half (50%) of the DSWs in this study had worked for between two and five different employers.

The following Chapter presents the responses to the open-ended questions in the survey.

5. Findings: Survey - Open-ended Questions

Seven open-ended questions were included in the survey distributed to 842 potential DSW respondents. Responses to these questions ranged from one or a few words to some covering a full page. The majority of responses filled the available space provided. Seven respondents (four from smaller agencies and three from the large agency) did not supply a written response to any of the open-ended questions and not all of the remaining 181 respondents supplied a written response to all of the seven open-ended questions.

Responses to open-ended questions were recorded in *Microsoft Word 2007* ® and then imported into the *QSR NVivo 8* ® program. All responses to questions were then coded and recorded using the *QSR NVivo 8* ® program. Major themes for the responses to each open-ended question were identified by the researcher. In their response to the final ‘Any other comments’ question, several respondents included comments relevant to earlier questions. As described in the Methodology chapter, these responses were then recoded into the themes for the relevant question.

This Chapter presents details of the number of DSWs’ comments coded to each theme. The total number of responses to each open-ended question is tabulated and a pie-chart is also included to provide an alternative view of the distribution of those responses. Examples of the DSWs’ specific comments are included in each section and are italicised. In this Chapter, percentages will also indicate the number of respondents or the number of responses on which they were based.

5.1 Question 34a: What would you like to achieve in your support work for the people you support?

5.1.1 Number of respondents' comments coded to each theme

Table 5.1and Figure 5.1 show the number of respondents' comments coded to each of the themes identified by the researcher. A total of 167 respondents made 284 comments in response to this question.

Table 5.1: ***What would you like to achieve in your support work for the people you support?***

Theme	**Number of responses coded to theme (n = 284)**
Improved Quality of Life for the people supported:	**120** (42%)
• Improved quality of life and provision of choices	40 (14%)
• Greater independence	29 (10%)
• Happiness	28 (10%)
• Friendships and relationships	15 (5%)
• Increased opportunities for social interactions	8 (3%)
Provision of good support services:	**104** (37%)
• Provision of adequate support	33 (12%)
• Developing skills	29 (10%)
• A safe clean living environment	20 (7%)
• Good health	11 (4%)
• Recreation opportunities	11 (4%)
Community involvement:	**44** (16%)
• Greater community inclusion and being valued by the community	42 (15%)
• Improved employment opportunities	2 (1%)
Other: • ambiguous comments by single respondents that could not fit into a theme	**16** (6%)

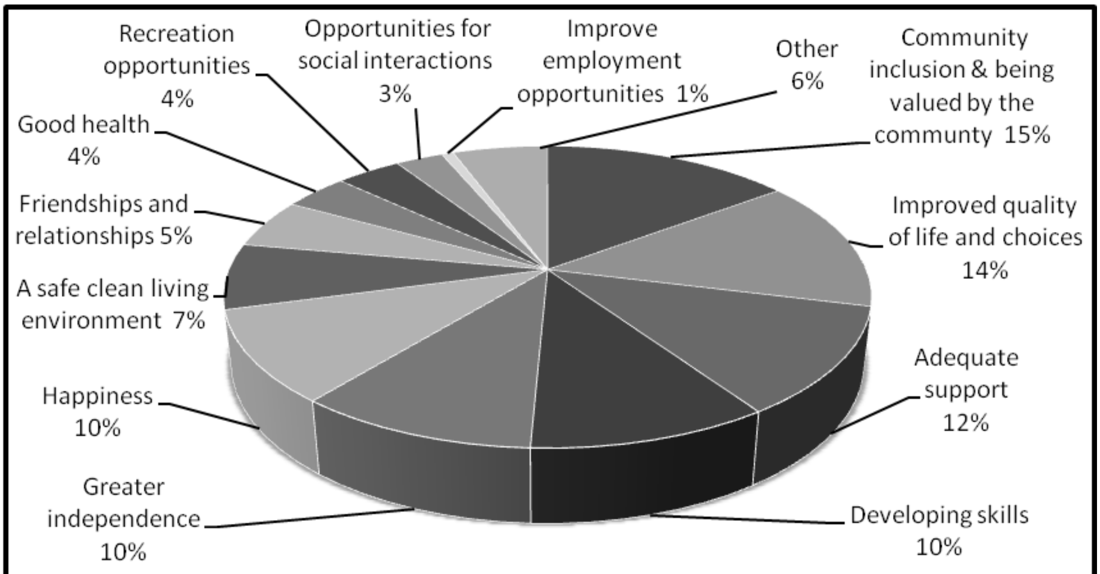

Figure 5.1: ***What would you like to achieve in your support work for the people you support?***

5.1.2 Comments coded into each theme

The four major themes identified by the researcher are followed by a summary of the type of comments made by the 167 respondents in each sub-theme to the question, ***What would you like to achieve in your support work for the people you support?***

5.1.2.1 Improved Quality of Life for the people supported

Improved quality of life and provision of choices

Forty responses (14%, n=284), with 22 specifically using the term ***quality of life,*** referred to the wish for a *'good', 'better', 'improved'* or *'sustainable quality of life'* for the people they supported. One respondent wrote that she wished *'to give them the quality of life we take for granted'*. Another respondent suggested that DSWs need to provide

> *a good quality of life within the setting of their home – considering they can make few choices [even] regard[ing] meals (they have them presented to them) and exercise [or] leisure pursuits.*

Eighteen of these responses (45%, n=40) also referred specifically to the need to provide and encourage greater choices to the people they supported. Comments ranged from the simple offering of choice to examples such as *'choices [in] spending their own money'* and encouraging the *'confidence to try new things [and] get out of [their] comfort zone'*. One respondent wrote that support should *'not be limited to* *[the agencies'] mindsets of treating everybody the same – clients have individual ... styles.'*

Greater independence for the people supported

Twenty-nine responses (10%) referred to the independence of the people they supported. While the majority simply suggested a need for *'greater'* or *'more independence'*, one respondent suggested that their role was *'to assist independence'* and another that they should *'enhance independent living*'. Two respondents commented specifically on *'independently living alone'* and *'living independently in the community*'.

One respondent wrote that her clients should be supported to

> *achieve the maximum level of independence possible, ... have [a] belief that all things are possible ... [and] achieve productivity, acceptance, happiness, love within our society – all the things that the non-disabled person takes for granted.*

Happiness

Twenty-eight responses (10%) indicated that a *'happy'* lifestyle was important for the people they supported. Six respondents (3%, n=167) also wrote that these people's lives should also be *'fulfilling'* while another six respondents added that these lives should be both *'happy'* and *'contented', 'relaxed', 'enjoyable', 'calm', 'secure'* or *'positive'.*

Friendships and relationships

Fifteen responses (5%) highlighted the importance of *'developing', 'maintaining'* or *'supporting positive friendships'* and *'relationships'*, especially with their peers and family. Two respondents raised the issue that even though *'residents actually become close to you'*, it was important that they *'develop non-support worker friendships rather than being attached to their paid workers*'. One also stressed the need for these relationships to be '*true, lasting friendships'.*

Increased opportunities for social interactions

Eight responses (3%) suggested that *'socialisation'* and providing more *'social activities'* may develop and improve *'social connections'*. Two respondents commented that this may provide a more *'positive social reputation'* and help the people they supported to *'develop non-support worker friendships rather than being attached to their paid [support] workers'.*

5.1.2.2 Provision of good support services

Provision of adequate support

One hundred and four responses (37%) wrote that they wanted to provide the best care possible to the people they supported. Comments included providing *'the best care both physically and emotionally'*, *'to make them feel accepted, important and individual'*, *'to help them with their needs, social life and to be happy'* and *'to give them the best opportunities for their development and growth'*. As one respondent said, *'[we need] to support them to have the opportunities to do what they enjoy and to be all [that] they can be.'*

Eight responses (3%) referred to at least one of these feelings, *'security', 'comfort', 'stability', 'friendship [and] trust,'* were of major importance in the provision of support.

Five responses (2%) mentioned the fact that *'staffing is tight'* and the consequent need for *'adequate staffing'*. Five workers also raised the need for more time to be available for their support activities.

> *I see people with disabilities becoming more reliant on staff ... [and] many things are done for them that they could do for themselves – this reflects on the shortage of time available to [support workers] and so they tend to do things themselves to get them out of the way.*

Four responses (1%) mentioned the need *'to be an advocate for them'* and three (2%) mentioned the need to *'provide support for families'* and for greater *'inclusion of families in [the] system'*. Three also mentioned the need for more options in *'accommodation for each individual'* or the provision of more *'activities'*.

Developing skills

Fifteen of the responses (5%) referred to the need to *'develop', 'enhance'* and/or *'maintain'* skills for the people they support while thirteen (5%) referred specifically to *'life skills'* and *'personal skills*'. Two referred to a need to provide *'communication skills and [an improved] understanding of their feelings'*, *'improved self-esteem and self worth'* and *'increased self motivation'*. One respondent wrote that her clients should be encouraged *'to develop ... to the fullest [and] for them to enjoy all facets of life that a good society offers'*.

A safe, clean living environment

Thirteen responses (5%) indicated that a *'safe'* environment was important. Most linked this to a *'happy and safe'* environment while four others (1%) also included the need to be *'clean'* or *'clean and tidy*'. Others also mentioned that the environment should be *'productive'*, *'fun'*, *'stable'*, *'stimulating'* and *'caring'*. One respondent also pointed out the need to ensure that, within group homes, '... *each person does not infringe on others (sic) rights in a negative way'*.

Good health for the people supported

Eleven responses (4%) mentioned that they wanted the people they supported to be *'healthy*'. One respondent commented that it was important that clients were *'receiving proper medical assistance'* and another that she should *'promote [a] healthier lifestyle – diet/exercise'*.

Recreation opportunities

Eleven responses (4%) suggested they would like to see more opportunities for *'fun activities'* in *'recreation'*, *'exercise'* or *'leisure'* areas with three respondents specifically mentioning more *'outings'* and *'holidays*'.

5.1.2.3 Community involvement

Greater community inclusion and being valued by the community

Forty two responses (15%) mentioned the need for *'inclusion'*, *'access'*, *'involvement'*, *'interaction'*, *'acceptance' and 'respect'* or *'connection to'* and being *'a real part of the community'*.

Seven of these responses came in a response to Question 39 ‘Any other comments’ section and were transferred to this section. They raised and expanded on the need to encourage greater community inclusion and acceptance of people with a disability. As one of these respondents commented, *‘[we should] educate people from school age so they realise people with a disability are no different to them, just a little less fortunate’* and another that ‘*people have many preconceived ideas about our role and the abilities of the people we support – it would be good to see the community think of the people first attitude rather than disability first’.*

It was also commented by another DSW *‘there is a poor public image. Most people in the community are ill-informed and lack understanding [of] people with intellectual disability ...’* and that ‘*this work has made me more aware of how those with a disability are stereotyped generally due to people’s lack of understanding or fear of [the] things they don’t understand’.*

Improve employment opportunities

Two respondents commented that they would like to see ‘*improved employment prospects’* for the people they support.

5.1.2.4 Other

Ambiguous comments

This theme contains 16 responses (6%, n=284) and comments which were unclear, ambiguous or personal. These included general comments such as *‘functional people’*, *‘I do a good job ...’* and *‘just to be a positive influence’* as well as more specific statements such as *‘giving families stress (and guilt) free respite’*, ‘*clearer intake and assessment procedures’* and ‘*achieving goals set in annual planning’*.

5.1.3 Summary

The majority of respondent responses (42%) reflected a view that there was a real need to improve the quality of life and independence of the people with disabilities they supported. The respondents suggested several ways to help achieve this aim including giving the people they supported more choices and opportunities to form friendships and have greater opportunities to interact socially.

More than one third of the comments (37%) focused on the importance of the type of support activities provided to help develop and improve the life, personal and communication skills of the people supported. The need to help people with a disability develop skills, have access to full health care services and enjoy good health and have greater access to recreation activities and their community were regularly mentioned.

Forty four comments (15%) specifically identified the need for greater community inclusion, acceptance and involvement of people with disabilities. These responses also raised the need to encourage the members of the community to value these people and improve practical aspects of community inclusion by such things as increasing employment prospects for people with disabilities.

Underlying many of these responses, especially the delivery of adequate support services, was the need to increase the number of DSWs and the time they have available to work with their clients.

5.2 Question 34b: What would you like to achieve in your support work for yourself?

5.2.1 Number of respondents' comments coded to each theme

Table 5.2 and Figure 5.2 show the number of respondents' comments coded to each of the themes developed by the researcher. A total of 168 respondents made 226 comments in response to this question.

Table 5.2: ***What would you like to achieve in your support work for yourself?***

Theme	**Number of responses coded to theme (n = 226)**
Enjoyment of the work:	**115** (51%)
• Job satisfaction	40 (18%)
• Supporting people well	35 (15%)
• Making a real difference in people's lives	30 (13%)
• Good interactions with the people supported	10 (4%)
Improve work conditions:	**111** (49%)
• In-service training	30 (13%)
• Improved wages	25 (11%)
• Recognition & acknowledgement of the role	21 (9%)
• General work conditions	20 (9%)
• Working in a good staff team	15 (7%)

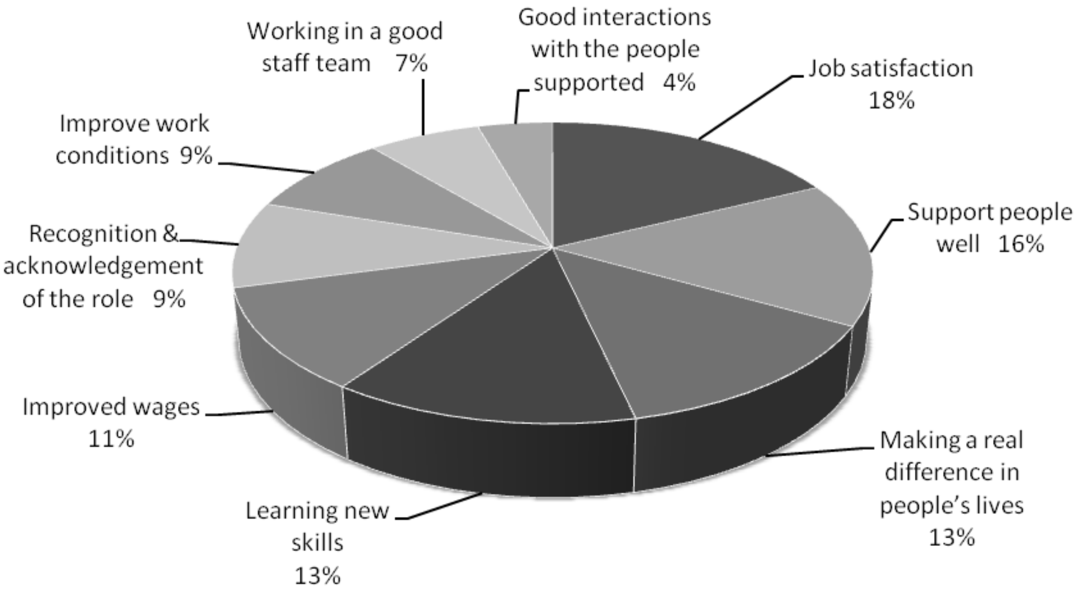

Figure 5.2: ***What would you like to achieve in your support work for yourself?***

5.2.2 Comments coded into each theme

The two major themes identified by the researcher are followed by a summary of the type of comments made by the 168 respondents, in each sub-theme, to the question, ***What would you like to achieve in your support work for yourself?***

5.2.2.1 Enjoyment of the work

Job satisfaction

Forty responses (18%, n=226) specifically referred to a sense of having *'job satisfaction'* and eleven (7%) indicated that they were *'happy'* in their job. Comments included '*feelings of altruism', 'work is like a second home'* and *'I love this type of work' were also included*. Six responses (3%) commented that they wanted *'job security'* or *'financial security'* or both. Four responses (2%) stated that they wished to continue working in the area *'to retirement age'*.

Supporting people well

Thirty five responses (15%) made comments about their expectations of specific aspects of their clients' lives. These comments ranged from *'satisfying their needs'* and providing *'happy'*, *'fulfilling'*, *'balanced'* and *'participating'* lives to the need to *'improve [their] Quality of Life'* and to *'enrich and give more control and empowerment'* for these people.

Six responses (3%) reported that they needed to *'spend more time'* in their support. One respondent wrote that she wanted to achieve

> *A more realistic work approach encompassing the client's needs not the bureaucracy ... Lots of resources [are] wasted by dotting the 'I' and crossing the 'Ts' making it look like outcomes are being achieved – but in reality [it's] less support for those who need it.*

Four responses (2%) indicated that they wanted to be sure they *'were doing [their] best'* and two of these mentioned their desire *'to develop new skills and implement them'*. One worker wrote that her aim was *'ideally to do myself out of a job [by linking] the person I support into his local community with friends and neighbours taking over my role'*.

Making a real difference in people's lives

Thirty responses (13%) wrote that *'knowing'* and *'feeling'* that they had made a *'real'* or *'positive'* difference to people's lives was important to them. One commented that she hoped she could *'maintain motivation and passion to make a difference in this person's life'*. Another stated that *'I am part of a solution, not a problem'*.

Having good interactions with the people supported

Ten responses (4%) hoped to enjoy *'good' 'happy'* and *'comfortable'* relationships and interactions with the people they supported. Specific comments included the establishing of *'personal connections with people who might not have good relationships'* and the *'social interaction and fulfilment in working with a marginalised group who may not have opportunities to join in activities ... '*.

5.2.2.2 Improve work conditions

In-service training - Learning new skills

Thirty responses (13%) mentioned that they wanted *'to develop [their] skills further'*. Twelve responses (5%) were very specific citing particular goals such as gaining a Certificate IV (2) or a degree (2), while others listed particular areas of training needs such as various disability types, communication, time management and negotiation skills (8).

Five responses (2%) suggested that they had learnt *'so much from [the clients] over the years'*. As well as now having a greater *'understanding'* and *'tolerance'*, one commented that her work with people with disability had helped her *'personal development'* and that if you *'listen to them – you learn a lot'*.

Improved wages

Twenty five responses (11%) stated they wanted *'more money'* since *'job appreciation is reflected in wages'*. Three of these responses (1%) suggested the need for a *'wage restructure to pay DSWs the money we are worthy of'*. Seven respondents (3%) commented that they were seeking promotion.

Recognition and acknowledgement of the role

Nine responses (4%) referred specifically to the need for recognition and acknowledgement of the *'skills'*, *'ideas'*, *'achievements'*, *'knowledge'*, *'reliability'* and *'responsibility'* of their support role. One respondent wrote of the need for *'recognition by Government that a DSW does an exceptional job, in often very challenging conditions, and [should] be paid accordingly'*.

Six responses (3%) indicated a need to be *'accepted'* and/or *'appreciated'* by both the employers and the community. Four responses (2%) used the words *'valued'* and *'respected'*. And two (1%) suggested *'management [needs] to understand what we really do'*. One respondent wrote '*I would like to be valued more by my employer ... and recognised as a valuable asset in the disability sector instead of a work-horse nothing, [just] coming in and out'*.

General work conditions

Eleven responses (5%) commented on the need for changes in the hours worked with seven responses (3%) specifically mentioning *'rostered hours'* and four (2%) referring to a need for *'work-home balance'*.

Four responses (2%) specifically mentioned the need to *'reduce stress'* and five others (2%) referred to fears for their *'personal safety'* or of suffering *'physical injury'*.

Working in a good staff team

Six responses (3%) stressed the need for *'more staff'* to maintain *'adequate staffing [levels]'*. Three of these respondents also raised the issue of a lack of *'consistent'*, *'properly trained staff'* and one *'resent[ed having to] pick up other people's slack'*.

Six responses (3%) also commented on the need to develop good relationships with co-workers and other staff to ensure a *'happy'* and *'effective ... team'*. Three responses (2%) stressed that teamwork was important and *'works when each member pulls together with a supportive attitude and the same goal in mind [but] this does not always happen'*.

Three responses (2%) also commented that they enjoyed providing *'training to other workers and volunteers'*.

5.2.3 Summary

Responses to this question fell within two major themes – satisfaction with the work (51%, n=226) or the need for an improvement in the work environment and conditions (49%).

A number of DSWs' responses stated that they were *'satisfied'* or *'happy'* with the work and their level of job satisfaction (18%). Others also made comments referring to their *'love of the work'* and their desire to *'make a real difference in people's lives'*. These feelings, together with the clear indications of a desire expressed in almost one fifth of the responses (19%) to *'support people well'* and to *'interact well with the people they supported'* reflect an altruistic attitude in a majority of responses (51%).

However, almost half of the responses (49%) also raised issues related to improvements in the work conditions experienced by the DSWs. Only a small number of responses (11%) referred to an increase in wages which has often been suggested as a major cause of the high levels of DSW turn-over. Most of the changes suggested related to improving the basic training and skills of DSWs to allow more consistent and *‘good staff teams’*. Employer and community recognition of the importance of the support role was also raised.

5.3 Question 35: What do you see as major problems in your work as a disability support worker?

5.3.1 Number of respondents' comments coded to each theme

Table 5.3 and Figure 5.3 show the number of respondents' comments coded to each of the themes developed by the researcher. A total of 175 respondents made 443 comments in response to this question.

Table 5.3: ***What do you see as major problems in your work as a disability support worker?***

Theme	**Number of responses coded to theme (n = 443)**
Organisational issues:	**238 (54%)**
• Management issues	70 (16%)
• Poor work conditions	64 (14%)
• Poor co-workers and staff teams	35 (8%)
• Minimal time available for support	33 (7%)
• Poor training opportunities for staff	23 (5%)
• Lack of support from supervisors and managers	13 (3%)
Funding to the sector:	**161 (36%)**
• Poor wages in human services	63 (14%)
• Lack of funding to the sector	52 (12%)
• Lack of support staff	46 (10%)
Lack of community acceptance:	**25 (6%)**
Client behaviour and issues:	**19 (4%)**

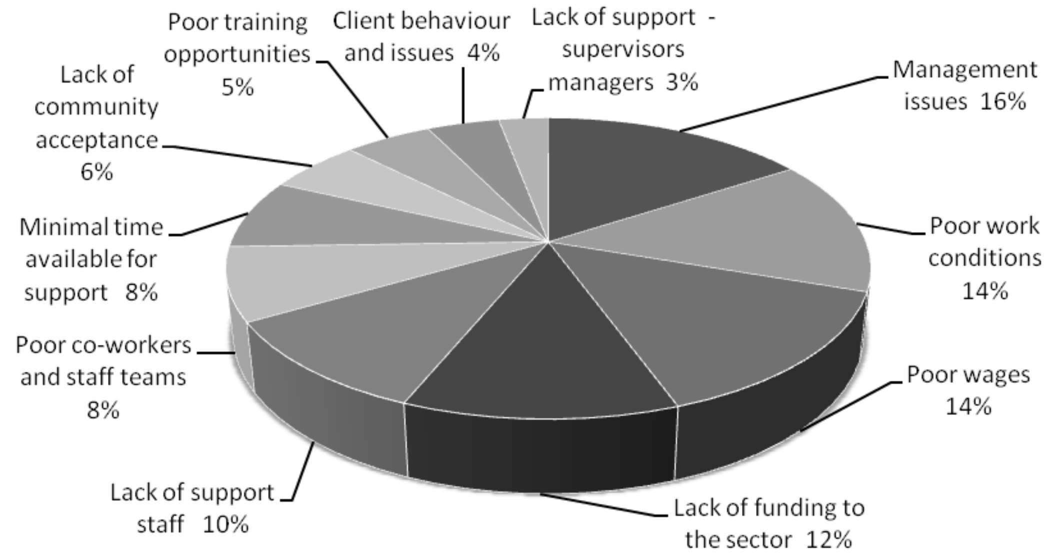

Figure 5.3: ***What do you see as major problems in your work as a disability support worker?***

5.3.2 Comments coded into each theme

The four major themes identified by the researcher are followed by a summary of the type of comments, in each sub-theme, made by the 175 respondents to the question, ***What do you see as major problems in your work as a disability support worker?***

5.3.2.1 Organisational issues

Management issues

Seventy responses (16%, n=443), included responses to the general 'Any other comments?" question, raised a series of general management issues of concern to DSWs. Sixteen responses (4%) listed the increasing amount of paperwork to be completed and its effect on the time available for support as a significant issue. *'So many things to sign, charts to fill out, ILPs [Independent Living Programs], fridge temps, food checks', 'not enough uninterrupted time to complete required paperwork'* without having to sacrifice '*hands-on time'* was the most common focus of comments. Three responses (1%) suggested that there was *'a growing overemphasis on paper accountability at the expense of hands-on common sense support'* and the amount of *'accreditation oriented paperwork'* was an example of '*bureaucracy gone mad perpetuating paperwork to validate their own jobs'*. One respondent asked why this paperwork couldn't *'be done by senior staff'*.

Fifteen responses (3%) commented that they believed the disability sector was becoming *'too top heavy with management'* and that *'many people in upper levels ... have assistants who have assistants'*. Four respondents wrote that the sector *'appears to be taking on the role of a business'* and has *'lost [its] caring and passion'*. This has resulted in a *'return to institutional thinking'* and *'the standardising of [the] support process rather than recognising the individuality of clients'. 'It is becoming all about the 'bottom line'* and *'management ... is so involved with [planning that] choices for clients and staff is a farce'.*

Fourteen responses (3%) were concerned that *'management [was] unable or unwilling to listen to or to act on front line workers' observations and recommendations'*. DSWs work *'one on one ... and management needs to liaise with us instead of making decisions [because] they know best'*. One respondent, who has *'a degree in Disability Studies and 14 years experience'* reported her frustration because *'I'm just a support worker who has a limited amount of say in how things are run, yet [I] know better'.*

Twelve responses (3%) expressed a feeling that management was largely *'out of touch'* with the realities of disability support. *'Some people who work in management or supervisory positions haven't had much experience or education in the disability field'* and *'managers supervising [from] behind a desk [have] lost touch with how to work with people with disabilities'*. One respondent suggested this *'lack of insight into what the job entails and how to best assist the clients and staff in the workplace'* can lead to *'unrealistic expectations and pressure'* on DSWs. Two respondents suggested that management *'need to have more contact with mere workers'* and should *'do hands - on shifts at least once a month'.*

Seven responses (2%) raised the issue of managers and supervisors bullying their staff and *'they will make up [stories] to cover each other'*. One respondent wrote that

> *I found working in ... quite shocking at first. Management was bullying and disrespectful to both staff and clients ... Originally I stayed ... because I felt challenged not to let the management bully me as I watched them bully others who subsequently felt forced to leave.*

Another respondent suggested that management should *'have zero tolerance to the bullys (sic), those who are there for the wrong reasons [and] those who cannot leave their strong opinions outside'.*

Seven responses (2%) also listed the lack of regular communication between management and DSWs as a major problem. This poor communication led to *'no feedback ... from management'* and '*no backup from management in difficult situations'*.

Two responses were concerned about the *'lack of liaison within and between agencies'* which led to the *'handballing of clients from service to service'* and *'inconsistencies in the support from [different agencies]'*. One respondent referred to the difficulty in *'getting information from [other agencies] ... [it is often] nil or flawed'*.

Poor work conditions

Sixty four responses (14%) listed poor work conditions as a major problem in support work. Twenty five of these responses (39%, n=64) commented about rostering of their work and the *'hurtful'* and *'unsociable hours'* they were required to work and the *'lack of flexibility'* in the rosters. Eight responses (2%) specifically mentioned *'work – home balance'*. Four responses (1%) commented on *'meal breaks interrupted or not occurring'* and the need to work *'unpaid'* overtime. Two responses reported that they found always working in *'isolation'* and having to '*do the lot'* difficult.

Twelve responses (3%) commented on their difficulties in coping with the *'stress'*, *'frustration'* and the *'emotional draining'* nature of the work. Nine respondents (5%) reported feeling they were *'undervalued'* for the work they perform.

Eight responses (2%) listed safety issues on the job as a major problem. They reported that the '*wear and tear on bodies ... [and] bad backs from repetitive work'* and the risks of injury from the *'unpredictability of clients'* needed more serious consideration.

Four responses (1%) commented on the *'lack of facilities in good condition'* and the '*sub-standard sleepover facilities – sleeping in a client's lounge'*. Perhaps the most telling comment was that *'grown adults [were] in small children sized bedrooms with a lifetime of belongings crammed in'*. Three responses (1%) also complained of having to use *'my vehicle with no recompense except the tax deduction'*. Two also referred to the lack of career *'prospects for this occupation'*.

Poor co-workers and staff teams

Thirty-five responses (8%) listed and described problems and dis-satisfaction with their co-workers as a major issue. While all commented on the *'lack of trained staff'* who *'don't always know correct procedures'*, there were many specific examples cited. These examples included *'negative attitudes'*, *'poor English'*, *'people who do not listen'* or '*don't have common sense ... so fixing their issues wastes [my] time'*. The main complaints about co-workers were about their attitudes to the people with a disability whom they supported. *'Staff that don't treat clients as people/individuals'*, *'DSWs ... bringing their own values/lifestyle and imposing [it] on clients'* or who '*want to control not support'* and *'have 'blurred boundaries'* and *'bring their own dysfunctional behaviours to the work environment'* were all mentioned.

Three responses mentioned co-workers who *'lack [a] genuine desire to truly make a difference [and] see the role as a job to earn money'* or *'who don't like the work but stay there anyway'*. Two responses also mentioned *'jealousy'* and a *'personality clash'* as issues. Three responses also commented that poor supervision added to their concerns by allowing *'people [to] get away with not doing their job properly'* or by making only '*pathetic efforts ... to acknowledge, address and rectify by training or, if necessary, terminate employment of duds or bad apples. Service provision by its very nature needs to be excellent'*.

Minimal time available for support

Thirty-three responses (7%) commented that the reduction in length of shifts allowed less available time to complete the required work or to provide what they believed was necessary support. They expressed the view that there was *'not enough time to do all the things expected in the time allowed'* and this meant *'juggling hours to do both 'hands-on' and admin work'*. One respondent wrote that she was *'having to* *focus on the needs of my worksite/clients and, at times, ignoring the 'system' to get things done'.* Another commented that this lack of adequate time '*has meant staff [are] overloaded with day to day running of the house and don't have time to spend with clients especially in areas such as socialising, outings ... and emotional needs'.*

Four responses (1%) also specifically mentioned *'the increase in client support needs'* to *'[meet] ever changing needs of residents as they age'.* One suggested this as a major problem *'for those [clients] who can no longer work but want to retain their place in accommodation'.* Another commented that the aging of clients presented new problems such as when the *'death of a client's mother means [the client] is [in] need of more support time but this is not available'.*

Poor training opportunities for support staff

Twenty-three responses (5%) were comments on problems specifically associated with training needs. Two responses commented that the initial orientation of new staff was *'often dropped ... because there is no-one [to do it]'* and new staff are often placed and *'need 'buddying' and so create extra strain on existing staff'.*

Two responses commented that some training was *'unnecessary (I've done it 20 times before)'* and that having *'a Cert III ... [doesn't] make a good support worker'.* Another five (1%) cited specific topics including *'behaviour management', 'computers', 'recreation'* and *'personal and career development'* where they believed training was needed. Three responses suggested there was *'no incentive to gain more training'* unless *'[employers] help them gain appropriate qualifications at a reasonable cost'* and pay staff *'while studying and having to drop shifts'.*

Lack of support from supervisors and managers

Thirteen responses (3%) commented on the *'limited support'* or '*lack of support'* by team leaders, supervisors or managers. One respondent working with people with challenging behaviours wrote that she '*need[ed] support of manager to resolve behaviour issues'*. Another suggested that *'[some supervisory staff] were acting from [a] position of power and control'*. One commented that there was *'no feedback or communication'*.

5.3.2.2 Funding for the sector

Poor wages

Thirty-seven responses (8%) listed poor wages as a major problem in response to this question and an additional twenty six responses (6%) raised this issue in response to Question 39, ‘Any other comments?’ Eight of those who listed it as a major problem also expanded their comments in Question 39.

In total, sixty-three responses (14%) cited the issues of *‘poor pay’* and *‘low wages’* as a major problem. Specific comments included *‘low pay for the level of responsibility’, ‘pay rates do not reflect the work done by DSWs’, ‘wages need to reflect the unsociable hours worked by DSWs’, ‘I can earn more book-keeping’* and *‘it’s supposed to be a career now but the money doesn’t reflect the effort or time we put in. Factory workers make more money and have no qualifications’.*

Twelve responses (3%) also made mention of the fact that the low wages made it difficult *‘to keep good workers’. ‘Some [DSWs] seem to use this job as a fill in to a better paying job’.* Two responses stated quite clearly that they intended to leave. *‘If my hours/pay don’t change soon, I will be quitting. If I didn’t adore my clients, I would have [left] already’.*

Another commented that *‘I enjoy what I do but I am finding that I too may have to try and get more work with more agencies, but I am worried this may have an effect on my daily working skills’.*

Five responses suggested that *‘low paying jobs attract low skilled workers’* and that *‘the majority of new employees work in the field for remuneration, not a caring career path’.* The current *‘pay rates are not a good incentive to enter the field or remain in the field’.* One respondent wrote, *‘... at least none of us are in it for the money!!!!’*

When the comments are analysed further, there is a difference between the responses of DSWs working at the larger and smaller agencies. Forty seven respondents from the smaller agencies (44%, n=108) compared to 16 respondents from the larger agency (24%, n=67) recorded poor wages as a major problem.

Lack of funding for the sector

Fifty-two responses (12%) listed the lack of Government funds for the sector as a major problem. Three of these specifically referred to this lack of funding being responsible for the shortage of accommodation, especially in the country, and *'facilities in good condition'*. One response suggested that because of this lack of funding, the *'support is governed by funding, not necessarily [by] client needs'*. As one respondent wrote, *'funding is not enough in real terms – it is less than [it was] 12 to 15 years ago'*.

Lack of support staff

Forty-six responses (10%) listed the lack of adequate staff and the high turnover of support staff as a major issue. Specific comments pointed out the difficulty in *'covering shifts'* because of *'sickness'* and that this led to *'working short [staffed] too frequently'*. One respondent wrote that *'working by yourself in the community [with groups] can create difficulties without another worker to relieve'*.

Five responses (1%) commented on how the *'very high turnover in staff unsettles clients'* and *'is often a setback to [support] team development'* and results in *'creating inconsistent support'* to clients.

5.3.2.3 Lack of community acceptance

Twenty-five responses (6%) listed the *'ignorance, prejudice and oppression of people with disability in the local and wider community'* as a major problem. Examples of the effects of these *'community attitudes'* included *'[difficulties in] our clients access to community activities'* and *'[staff do not] want to take clients out into the community'*. One respondent also wrote that *'[the role of the DSW] is not valued by the greater community'* either.

5.3.2.4 Client behaviour and issues

Specific client issues were identified as a major problem in 19 responses (4%). These concerns included *'behaviour problems'*, *'anti-social behaviours' 'possible violence from clients'*, *'mobility problems' and 'obesity'.*

Three responses mentioned client *'families that interfere'* or '*some parents [who] are very unhelpful and only see their son/daughter as little children'* as major difficulties.

5.3.3 Summary

The two major areas seen as problems in the provision of support for people with a disability were issues with management at the agency level (54%, n=443) and the overall lack of adequate government funding to the disability sector (36%).

Some of the comments relating to management issues may also in reality be linked to available government funding (e.g. DSW shortages, reduction of time available to provide support, lack of training opportunities) or government requirements (e.g. excessive paperwork). But, a large number of the problems of management raised by DSWs related directly to the perceived role and current practices of agency managers and supervisors.

The majority of respondents could see little reason to justify managements' failure to '*terminate employment of duds or bad apples'*, to involve DSWs in discussions and decisions about their clients or to provide adequate support by managers and supervisors to their support staff in sometimes very difficult situations.

The major issue raised by the responses to the lack of government funding concerned the need to increase the wages of DSWs to both reward the good support workers and, perhaps more importantly, to attract and retain a better quality of support staff to the sector. It was also mentioned that if the number of senior staff with limited experience or training in disability issues continues, this further reduces the available funding. Several respondents (9%; n=175) suggested that disability support was becoming more of a simple *'business'* rather than a *'caring'* profession.

5.4 Question 36: What do you see as rewarding and positive aspects of your work?

5.4.1 Number of respondents' comments coded to each theme

Table 5.4 and Figure 5.4 show the number of respondents' comments coded to each of the themes developed by the researcher. A total of 175 respondents made 259 comments to this question.

Table 5.4: ***What do you see as rewarding and positive aspects of your work?***

Theme	**Number of responses coded to theme (n = 259)**
Personal and altruistic rewards:	**209 (81%)**
• Positive outcomes and happiness for the people supported	114 (44%)
• Relationships developed, the enjoyment and recognition of the people supported	61 (24%)
• Job satisfaction	24 (9%)
• The importance and responsibility of the support role	10 (4%)
Practical rewards:	**35 (14%)**
• Team and co-worker support	13 (5%)
• The interest and variability of the work	8 (3%)
• Learning new skills and learning about myself	7 (3%)
• Working conditions and pay suiting needs	7 (3%)
Community involvement:	**10 (4%)**
No rewards:	**5 (2%)**

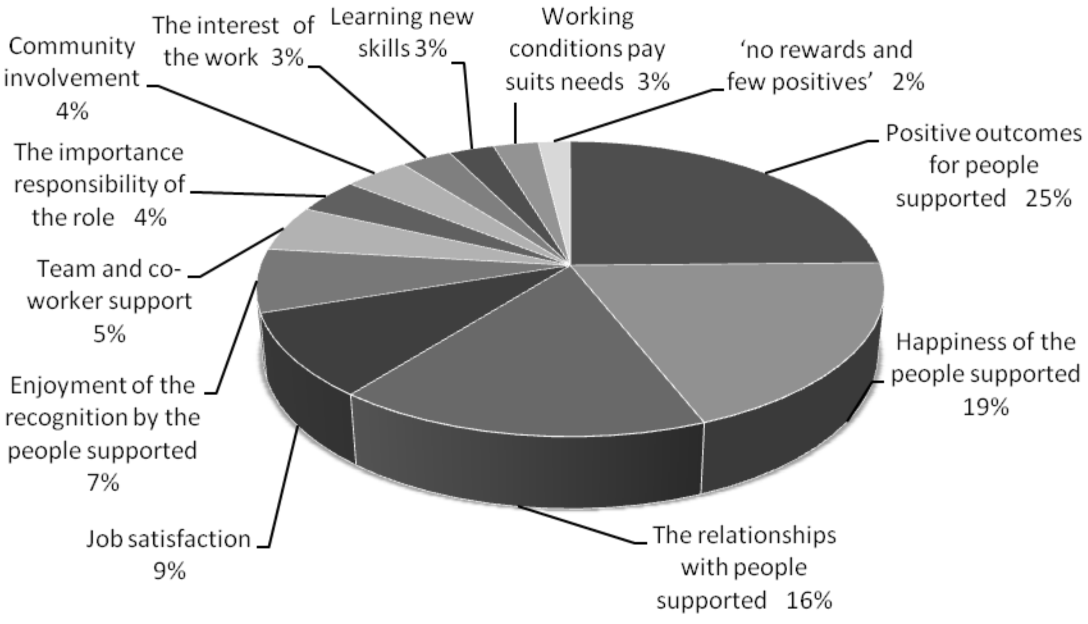

Figure 5.4: ***What do you see as rewarding and positive aspects of your work?***

5.4.2 Comments coded into each theme

The four major themes identified by the researcher are followed by a summary of the type of comments, in each sub-theme, made by the 175 respondents to the question, ***What do you see as rewarding and positive aspects of your work?***

5.4.2.1 Personal and altruistic rewards

Positive outcomes and happiness for the people supported

Almost half of the responses (44%, n=259) mentioned that the DSWs' major rewards were *'see[ing] positive change[s] through my efforts*'. For some of the respondents, this included *'seeing [clients] achieve new goals'*, *'developing ... and improving skills'* or *'growth in [their] clients' ability to manage their lives'*. Fifty responses (19%) commented on the importance of seeing *'happy, smiling [clients]'* who are *'calm'* and *'contented'* and are at times *'laughing [and] enjoying themselves'*.

Eleven responses (4%) also commented on aspects such as clients *'overcom[ing] a hurdle in their lives'*, improving their feelings of *'self worth'* and *'feeling good about themselves'* and *'hav[ing] a sense of pride and real happiness'* in their achievements.

Two responses (1%) commented specifically on the importance of achieving even *'small milestones'* and *'small breakthroughs'* with their clients.

Relationships developed, the enjoyment and the recognition of the people supported

Sixty one responses (24%) expressed the view that the *'interactions with clients'* and *'the bond that [develops] between staff and client'* were rewarding to both the DSWs and their clients. One respondent wrote that these relationships were *'the most rewarding and positive aspects of my job'.*

Eighteen responses (7%) commented on the *'real buzz out of a client's smile, hug or greeting'* and *'the love you get back from them'* as important positive outcomes. Two respondents wrote they *'were privileged that they welcome me into their lives'* and *'to be accepted ... [and] the trust they give you'.*

Ten responses (4%) commented on the need to *'get to know and appreciate the person'* and the building of *'good rapport [and] trust'* was both necessary and important. This allowed both the DSW and the client to *'enjoy the relationship and interactions built on mutual respect and consideration'.* And one DSW believed that it was this interaction which meant you were *'always learning something new about yourself and [the client]'.*

Job satisfaction

Twenty-four responses (9%) indicated that their ability *'to make a positive difference'* and a *'positive impact on the wellbeing of clients' lives'* was very satisfying. One wrote that she *'[gained] as much satisfaction in my interactions with clients as with colleagues and friends'.* Another that *'the positive feedback from the client, other staff and supervisors – it's like being part of a big family'.*

Two responses commented that their support work was the most satisfying work they had ever done. *'This is the only area of work I have wanted to continue in my whole working life'* and *'I have done a lot of other work – sales, cleaning, mental health work, tarot reading, herbal remedies – and find this the most satisfying physically, mentally and emotionally of any of my jobs'.*

The importance and responsibility of the support role

Ten responses (4%) reported that *'looking after the disadvantaged who are often judged, ridiculed and not understood'* and *'enabling adults with disabilities to ... gain some independence in a supported environment'* were positive outcomes. One respondent wrote that by *'addressing inequality [and] educating people about the needs of people with disability [she could give] back some of the time and effort given to me'*.

5.4.2.2 Practical rewards

Team and co-worker support

Thirteen responses (5%) commented on importance of *'working in a happy team environment'*. The need to maintain *'respect for co-workers'*, *'valuing work peers and positive role models'* and *'being involved with committed and like-minded others'* were cited as rewarding aspects of the job.

The interest and variability of the work

Five responses (2%) commented that there was *'never a dull moment'* and *'never two days the same'*. Three responses (1%) mentioned the challenges in *'trying out different activities'* and that the work was *'sometimes relaxed and sometimes challenging'*.

Learning new skills and learning about myself

Seven responses (3%) commented on how the DSW had *'learn[ed] so much from [the] clients'* and that *'everyday brings new learning experiences'*. One respondent was pleased with her *'accumulation of skills'*. One stated that she was amazed at *'what my family and I've learnt'*.

Working conditions and pay suiting needs

Seven responses (3%) reported that their *'flexible work conditions'* suited their needs as students or their family arrangements. One commented that she was *'on the same roster as my husband'*.

5.4.2.3 Community involvement

Ten responses (4%) commented on aspects of community integration as important rewards. ‘*Seeing some members of the community accepting [clients]’*. and *‘tak[ing] people out into the community’ ‘to break down the barriers’* were seen as very positive aspects of the work.

5.4.2.4 No rewards

Five responses (2%) were negative in their comments and wrote that the work was *‘repetitive’*, that the work *‘[had an] influence on my liver’* and another that there were *‘no rewards and few positives’*.

5.4.3 Summary

More than three quarters of the responses (81%, n=259) reported that the DSWs felt personal satisfaction with their interactions with the people with disabilities they supported and the positive outcomes achieved. For many, this satisfaction was related to a personal altruistic desire *‘to break down the barriers’* and *‘[give] back some of the time and effort given to me’*. More than two thirds of the comments (68%) by the respondents related directly to the *‘positive outcomes’* and the *‘relationships developed’* and their *‘enjoyment’*, *‘recognition’* and *‘happiness’* both for and by the people they supported.

A series of rewards (14%) also reflected more practical aspects of the way the respondents related to their support work. These included the shared interests, involvement and formation of friendships with co-workers, and the variability of the work which allowed them to develop their personal skills. For students, the 24 hour/7 day rostering of support work in most agencies provided opportunities for them to work and earn an income while still committed to their studies.

The involvement of the DSW and the person they supported in a range of community activities was viewed as a positive reward for themselves, the person they supported and the local community as it was perceived as an attempt to change social attitudes and encourage greater acceptance of disability.

5.5 Question 37: Why do you continue working as a disability support worker?

5.5.1 Number of respondents' comments to each theme

Table 5.5 and Figure 5.5 show the number of respondents comments coded to each of the themes developed by the researcher. A total of 178 respondents made 289 comments to this question.

Table 5.5: ***Why do you continue working as a disability support worker?***

Theme	**Number of responses coded to theme (n = 289)**
Job satisfaction and enjoyment:	**214 (74%)**
• Enjoyment of the work	86 (30%)
• Altruistic reasons - The feeling of doing something 'good'	43(15%)
• The relationships with clients and staff	33 (11%)
• The job satisfaction	19 (7%)
• Seeing positive outcomes for the people supported	18 (6%)
• The variety and challenge of the work	15 (5%)
Personal reasons:	**38 (13%)**
• Flexibility of hours	12 (4%)
• Personal issues	10 (3%)
• Opportunity to use my skills	9 (3%)
• Opportunity to learn new skills	7 (2%)
Basic reasons:	**37 (13%)**
• Need to earn money	18 (6%)
• No other options	12 (4%)
• Wanting to change jobs or retire	7 (2%)

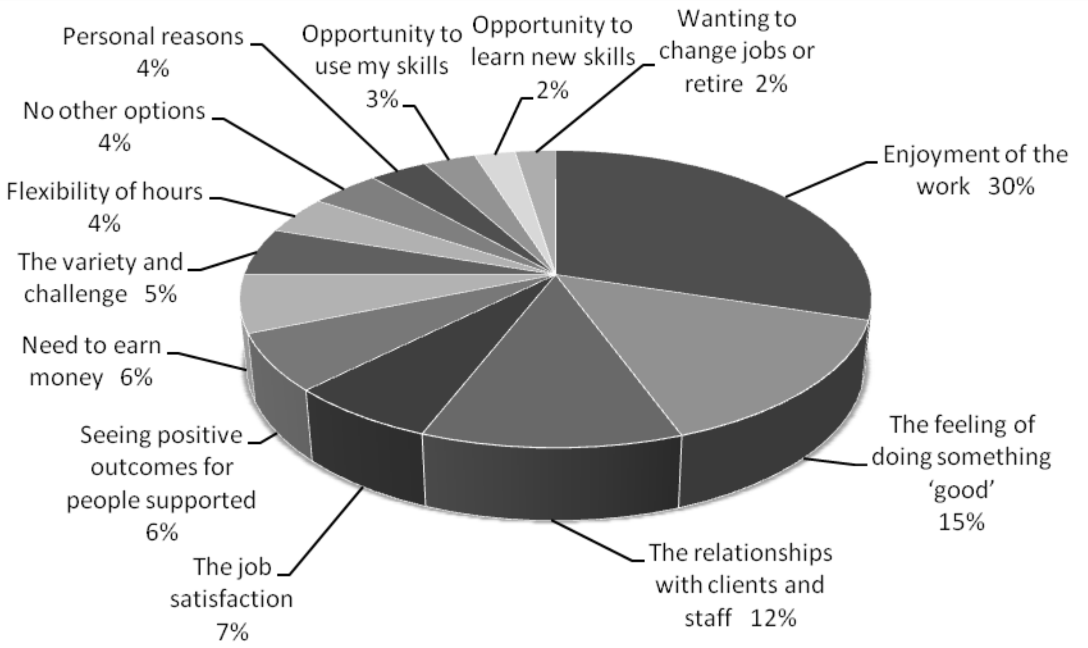

Figure 5.5: ***Why do you continue working as a disability support worker?***

5.5.2 Comments coded into each theme

The three major themes identified by the researcher are followed by a summary of the type of comments, in each sub-theme, made by the 178 respondents to the question, ***Why do you continue working as a disability support worker?***

5.5.2.1 Job satisfaction and enjoyment

Enjoyment of the work

Eighty-six responses (30%, n=289) used the words *'enjoy'* or *'love'* about their job. Thirty two of those responses cited specific aspects of the work which they enjoyed such as the *'nature, variety and unpredictability of the work'*, the *'challenge'* and the *'interactions with clients'*.

One respondent wrote that she *'love[s] to come to work everyday'*, another that *'it is my passion – I am blessed to work in an area I am passionate about'* and another that *'I get paid to do a job I like and haven't found another job I enjoy as much'*.

Altruistic reasons - The feeling of doing something 'good'

Forty three responses (15%) stated that the workers were *'making a difference in [people's] lives'* and *'doing something worthwhile'* in *'helping people'*. One respondent wrote that she had an *‘important vocation to help these people ... [and] had been called to do this’* and another that it was *‘a practical application of wider values of social justice’.*

The relationships with clients and staff

Thirty-three responses (7%) commented on the *‘enjoyment of [their] interaction with clients’* and that it was *‘the clients who keep me here’*. One respondent wrote that she was *‘enjoying the relationship and interactions built on mutual respect and consideration’*. Seven other responses also referred to the relationships developed with *‘families’, ‘staff and professionals’.*

The job satisfaction

Nineteen responses (7%) commented on the *‘satisfaction’* and *‘extremely rewarding’* nature of the work as factors which kept them working in the disability sector. One respondent wrote that *‘it [was] very soul satisfying and fulfilling work’.* Another respondent wrote *‘I love working with disabilities. You have good days and bad days but the self-satisfaction when it’s a good day is a great feeling’.*

Seeing positive outcomes for the people supported

Eighteen responses (6%) wrote that *‘seeing clients happy with their lives’* and *‘seeing them grow and develop’* were important in keeping them in the job. One participant wrote *‘I like to help people achieve to the best of their ability and when they do I get so much pleasure out of the client’s enjoyment of their success’.*

The variety and challenge of the work

Fifteen responses (5%) commented that they enjoyed *‘the challenge of working with people with intellectual disability’*. Two responses mentioned that *‘no two shifts are ever the same’* and *‘[I] am never bored’.*

5.5.2.2 Personal reasons

Flexibility of hours

Twelve responses (4%) commented that their rosters were an important factor in keeping them in the job. Four of these respondents wrote that *‘the hours suit my* *lifestyle'*, two that the *'flexibility'* was important for meeting their needs and two specifically mentioned that the flexibility allowed their work *'to fit around my study'*. One respondent pointed out that she only worked weekend shifts because *'The hours allow my partner to look after the children on weekends thus avoiding child care costs'*.

Personal issues

Ten responses (3%) cited particular personal reasons for working in the disability area. Seven respondents reported that this work suited their *'personal needs'* and *'personality and temperament and only sometimes feels like work'*. Two responses (1%) cited a close family member who had an intellectual disability as an important reason. Another wrote that the work was *'not as physically demanding as [in] aged care'*.

Opportunity to use my skills

Nine responses (3%) reported that the work allowed the DSWs to use their skills, especially in *'develop[ing] rapport'* with the people they support. Three former nurses and a student commented, that this was *'what [they] trained for'*. One respondent commented that this *'is what I know and what I'm good at'* and one enjoyed *'teaching [other] people new skills'*.

Opportunity to learn new skills

Seven responses (2%) reported that they were learning new skills. A former nurse with 25 years experience wrote that she had changed jobs because she *'want[ed] to be in the care industry'*. One respondent commented specifically that she was *'learning how to deal with difficult behaviours'*.

5.5.2.3 Basic reasons

Need to earn money

Eighteen responses (6%) indicated that the money earned was a major reason for continuing in the job. Eleven respondents (6%, n=178) wrote that basically they *'need the money to pay the bills'*. Two respondents (1%) commented more specifically about their earnings; *'salary sacrifice is a huge incentive'* and one that her earnings were important *'to support my studies'*.

No other options

Twelve respondents (7%, n=178) commented that they had *‘no other choices’*. Six respondents (3%) mentioned their age and, as one wrote, that they were *‘too old to start anything else’* and five (3%) that they had no *‘training’* or *‘qualifications’* so *‘it’s the only work I can do’*. One wrote that it was *‘too hard to find another job’*.

Wanting to change jobs or retire

Seven respondents (4%, n=178) suggested that they were intending or waiting to leave support work. Three respondents (2%) wrote specifically that they were *‘too old’* or were *‘due to retire soon’*. Three were *‘looking for a career change’*. One respondent, because of injury, was *‘studying to be a counsellor’* and one commented that she was *‘upgrading her skills so I can move away from support’*.

5.5.3 Summary

Almost one third of the comments (30%, n=289) specifically related to the workers’ enjoyment and love of the work. The *‘relationships’* developed with the people they supported, *‘seeing positive outcomes’* for their clients, the *‘feeling of doing something good’* were all reported as contributing to the workers’ job satisfaction. The opportunities that this work provides to *‘use their skills’* and to *‘learn new skills’* were also mentioned as reasons for remaining in the job. In total, almost three quarters of all responses (69%) related directly to the enjoyment of the work, the very specific altruistic feeling of *‘doing something good’* and the sense of job satisfaction this work provided to them.

For a smaller group of responses (18%), reasons for staying included *‘personal reasons’* (e.g. personal involvement with a child or relative with disability), the *‘variety and challenge’* of the work and, especially for several students, the *‘flexibility of work hours’*.

Only 13% of the responses cited more basic and negative reasons to continue in support work such as the *‘need to earn money’*, a lack of any qualifications or waiting to *‘change jobs or retire’*.

5.6 Question 38: If you could, what things would you change to improve disability support services?

5.6.1 Number of respondents' comments to each theme

Table 5.6 shows the number of respondents' comments coded to each of the themes developed by the researcher. A total of 172 respondents made 348 comments in response to this question.

Table 5.6: ***If you could, what things would you change to improve disability support services?***

Theme	**Number of responses coded to theme (n = 348)**
Funding to the sector:	**218 (63%)**
• Need for government spending	55 (16%)
• Better wages for DSWs	42 (12%)
• Provision of more and better training for DSWs	42 (12%)
• More services for people receiving support	41 (12%)
• Recruitment and retention of support staff	38 (11%)
Organisational changes:	**117 (34%)**
• Changes to management structures	31 (9%)
• Better policies and models of support	31 (9%)
• Better interaction and involvement with support staff	20 (6%)
• Better resources and facilities	20 (6%)
• Better work conditions	15 (4%)
Community awareness:	**13 (4%)**

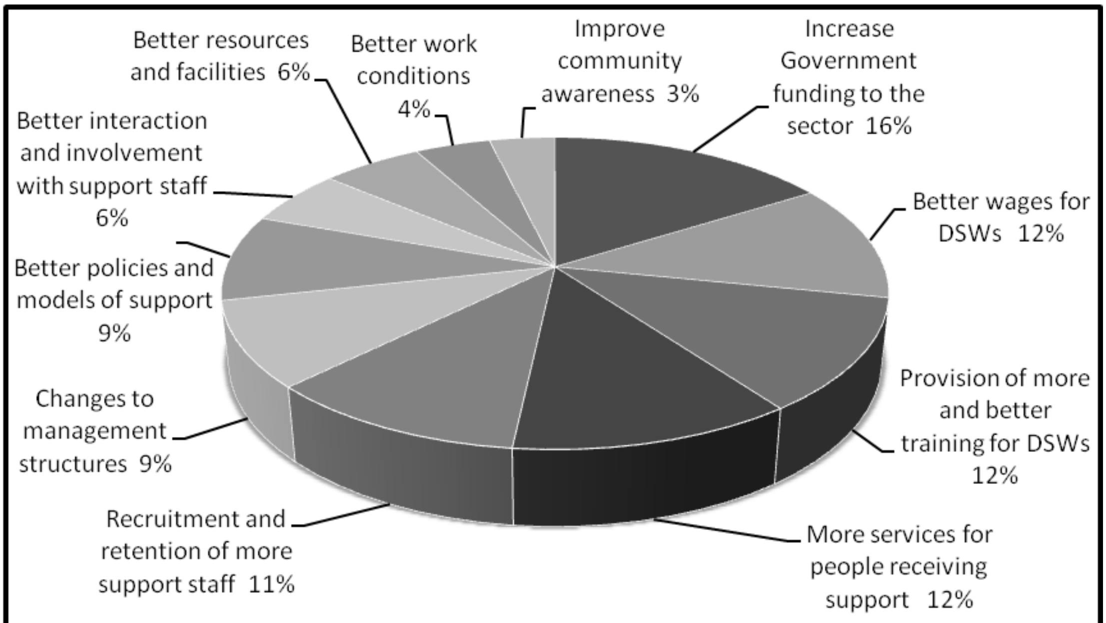

Figure 5.6: ***If you could, what things would you change to improve disability support services?***

5.6.2 Comments coded into each theme

The three major themes identified by the researcher are followed by a summary of the type of comments, in each sub-theme, made by the 172 respondents to the question, ***If you could, what things would you change to improve disability support services?***

5.6.2.1 Funding to the sector

In all, 218 comments (63%, n=348) related to the need to increase funding across the disability sector. Many of these comments focused on particular areas where increased funding could lead to specific improvements and these are discussed below.

Need for government spending

Fifty-five responses (16%) commented that they would increase the funding available to the disability sector. While all mentioned that more funding was needed to improve the *'number'* and *'quality of services'*, a few respondents mentioned particular areas including *'maintenance and repairs'* and *'activities such as holidays'*.

One response suggested that what was needed was *'equitable needs based funding formulas that work – flexible and readily changed [and] guaranteed'*. Two commented on the wastage and the *'unnecessary drain on existing ... funds'* and the need for *'agencies ... to keep their overheads to a minimum'.*

Better wages for DSWs

Forty-two responses (12%) would increase wages for DSWs. Comments included a need for *'salaries that are not shift related'* which means *'most staff HAVE to work weekends which impacts on families'*. One respondent commented that when *'on holiday with clients, staff are paid eight hours although on duty twenty four hours per day'*.

Six responses (2%) suggested that higher wages may *'attract'* and *'encourage quality staff'* and *'make it more attractive for qualified workers to stay'*. Four responses (1%) also suggested that increased wages could also be used as *'rewards for length of service and acquired experience'*, to *'demand more [of DSWs] in terms of training and values'* or be used as *'a bonus for no incidents, sickness, accidents'* and *'support well delivered'*.

Provision of more and better training for DSWs

Forty-two responses (12%) commented on the need for *'more'* and *'better training – hopefully leading to quality DSWs with professional attitudes'*. Two responses suggested that volunteers should also be trained and that perhaps *'a volunteer period before people start training could be beneficial [because] not everyone is cut out for this work'*. Another respondent commented on the need for *'up to date courses and workshops that do not cost employers to send their staff to attend'*.

More services for people receiving support

Forty one responses (12%) suggested particular areas where they believed support services needed to be improved and increased *'to provide a higher level of support and better outcomes'*. Six responses (2%) listed *'access to recreation and leisure opportunities'*, three (1%) listed *'more social activities'* and two (1%) suggested a need for *'basic courses [in] money handling'*. Other particular areas of suggested improved services included *'advocacy'*, *'employment'* and *'in-home teaching by* *specialists'*. One respondent wrote that agencies need to be *'more responsive to individual requests from clients'*.

Nineteen responses (5%) commented on the lack of time available for support and *'At times it is extremely frustrating, mainly due to [the] lack of support services for individuals who are not receiving the care they require'*. Another wrote *'Sometimes it seems all we do is feed, bathe and send clients off to work – there is not much time to genuinely enjoy time with clients'*.

Recruitment and retention of more support staff

Thirty-eight responses (11%) cited the need to *'increase staffing levels'* as a prime concern. Seven of these responses (18%, n=38) specifically mentioned the need for *'more people who actually work with clients hands-on'* and *'less management'* while three others suggested *'more younger staff'* and one that *'more men'* be employed. Six responses (2%) commented specifically on the *'high staff turnover'* and the need to *'retain'* staff.

5.6.2.2 Organisational changes

Changes to management structures

Thirty-one responses (9%) suggested changes they would make to management because *'management only seem to see the bottom line'* and needed to '*stop counting the pennies ... residents are and should always be the number one priority'*. Four of these responses also suggested that it was necessary to *'get rid of the dinosaurs and dead wood'* and make management *'not so top heavy'*. As one of these respondents wrote, there should be *'more Indians, less chiefs'*.

Five responses also commented on the need for management to '*reduce paperwork'* requirements and to better *'support'*, *'involve'* and *'listen to'* hands-on staff rather than *'just passing opinions and orders'*. Two of these responses suggested that *'too much [was] spent on Administration'* and there was a need to *'stop wasting money'* by poor decisions and staff selection. One stressed the need for *'regular house meetings'*.

Five responses were critical of managements' lack of direct involvement with clients at *'every level of the service'*. One wrote that *'it would be good for management to [regularly] do hands-on work to be more aware of the needs in accommodation and staffing requirements'* and.

Better policies and models of support

Thirty-one responses (9%) suggested areas where it was reported current policies and practices needed to be changed or improved. Consistency of the support services provided was among the major areas of concern raised. Nine responses (3%) wrote that they were concerned about aspects of client placements. Seven commented on the need to *'stop uprooting the clients and moving them from house to house'* or *'if staff are doing well in one place, don't move them'*. One respondent commented that *'We do not often have sufficient continuity with a particular client to get to know their needs [and] regular shifts with the same client [are critical]'* and another that *'[staff] could build relationships with clients which would allow them to pick up physical/emotional changes'*.

Two responses raised the issue of the increasing age of clients and the need for *'better models for houses which will meet the 'aging in place' issues'*. Eight responses commented on the need *'for more individualised funding'* to provide *'more choices'* and *'to address as much as possible individual and unique needs'*.

Six responses suggested changes to staffing models and a need to *'shift structure to make it easier for staff [and] help workers balance personal and work life and give 100% to each shift'*. Two suggested changes to review procedures and *'audit/ checking system[s]'* to ensure that *'services are doing the right thing'* were also needed. One respondent suggested that it may also be possible to *'assist more people with disabilities [themselves] to be able to work as support workers'*.

Other areas raised included *'more help'* and *'more easily accessible professional support services for clients'* from Government departments, *'more consistent delivery [and less] renaming [and] restructuring'* and better focus on *'minority identities (e.g. gay people)'* among both staff and clients.

Better interaction and involvement with support staff

Twenty respondents (6%) commented on the need for a *‘higher recognition and value [to be] placed on our* [DSW] *role’* by management. If management was *‘valuing support worker’s knowledge about the clients they support’*, DSWs *‘should have more input into ‘higher up’ decisions’*. Other issues raised included the need for *‘more support for those [staff[who work in isolation’*, *‘better orientation of new staff’* and ‘*increased general support out of office hours’*. One wrote *‘Some management say contact us [but are] never available, when finally contacted [they are] aggrieved because you have a problem’*.

Better resources and facilities

Twenty responses (6%) commented on the need to provide new physical resources and facilities. Fifteen responses (4%) were very concerned about the need for *‘more appropriate accommodation’* and *‘more independent housing so clients have more choice where they live’*. Five responses were also concerned about the *‘upkeep’* and *‘maintenance’* of accommodation, especially *‘in the country’*. One respondent specifically mentioned the lack of *‘wheelchair access [and] showering areas’* in sometimes *‘second rate housing’*.

Two responses commented on the need for *‘more vehicles to be available to staff’*. One suggested that a *‘gym and swimming pool’* were needed in a large group house.

Better work conditions

Fifteen responses (4%) commented on the need to change work conditions. Eight responses (2%) wrote specifically that aspects of *‘work rosters’* were in most need of improvement. The provision of *‘flexibility’* and *‘better hours’* with no *‘split shifts’* were specifically raised.

Other issues raised were the need to *‘offer full-time positions, not part-time’* and for agencies to *‘rely less on staff goodwill’*. One respondent suggested *‘rearranging ways of working ... to do old things better*, [and to] *look after the dedicated workers’* could be considered.

5.6.2.3 Community awareness

Thirteen responses (4%) again commented on the need to improve community awareness and increase social *‘opportunities’* for the people they support.

5.6.3 Summary

Almost two thirds of the responses (63%, n=348) suggested a need for an increase in funding to the disability sector. Only 12% of these comments related specifically to *‘better wages’* for DSWs and ten responses suggested that higher wages may be a way to *‘attract’* and retain quality staff. These responses also suggested that higher wages could be used to reward good, long serving support staff and encourage them to undertake further training. Several other areas of concern also attracted mention as needing increases in government funding and these included the provision of *‘more and better training’* for staff (12%) the *‘recruitment and retention’* of more staff (11%) to provide *‘more services’* for people with a disability (12%).

One third of the responses (34%) called for changes in current management and organisational structures and practices. While some of the suggested changes needed have resulted from a lack of government funding directly causing management decisions (e.g. overall lack of staff, poor training opportunities, a greater focus on administration), several could be easily changed. Twenty responses (6%) specifically mentioned the need for managers and supervisory staff to provide more support and help to DSWs. The need for consistency in the support provided to the people with a disability is required so that DSWs can get to know their clients well and understand their needs and desires. Aspects of the regular changing of shifts and the moving of both staff and clients were raised in 9% of the responses. Thirty one responses (9%) commented on the need for management to be willing to trial new and better policies and models of support.

The need to increase community awareness of disability was stated in 13 responses (4%) as a necessary change.

5.7 Question 39: Are there any other comments you would like to make about your work as a disability support worker?

5.7.1 Number of respondents' comments coded to each theme

Table 5.7 and Figure 5.7 show the number of respondents' comments coded to each of three new themes developed by the researcher. Of the responses by 99 respondents to this question, 48 responses were coded into the themes below. The remaining 186 comments related specifically to previously developed themes and so were coded into the relevant themes in earlier questions.

Table 5.7: ***Are there any other comments you would like to make about your work as a disability support worker?***

Theme	**Number of responses coded to theme (n = 48)**
The difficulty of the work:	**22** (46%)
Philosophical approaches to the work:	**16** (33%)
More general comments and issues:	**10** (21%)

5.7.2 Comments coded into each theme

The difficulty of the work

Twenty-two responses (46%, n=48) commented on the difficulty of the work describing it as *'demanding'*, *'stressful'*, *'frustrating'*, *'emotionally draining'* and *'hard work but very rewarding'*. Three respondents wrote that although it was *'mainly emotional and intellectual energy expenditure [it was] still physically exhausting'*, that *'People don't realise how difficult the caring job is'* and *'[a] lot of people see working with people with intellectual disability as easy [but] when they step through the door, a lot of people freak out'*.

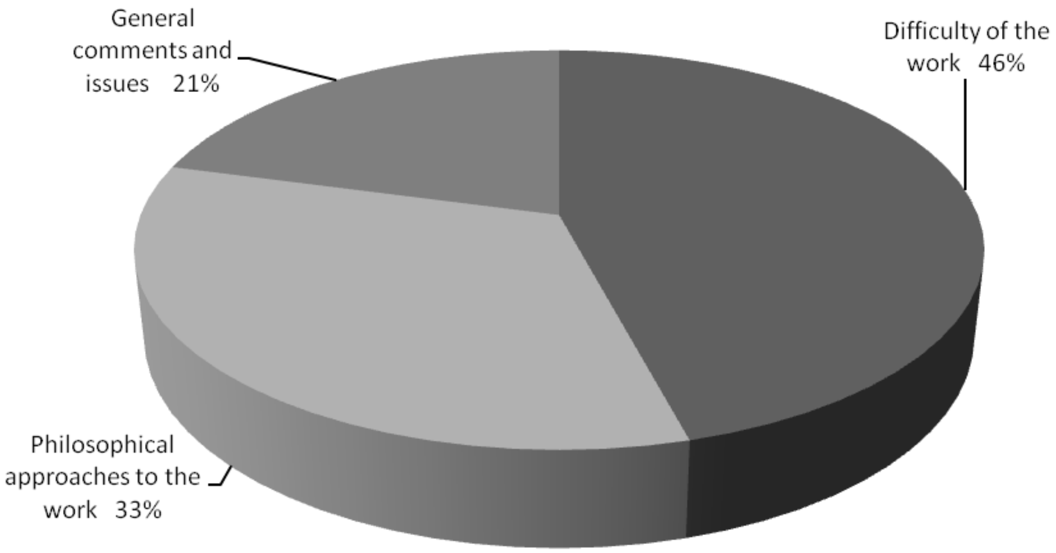

Figure 5.7: ***Any other questions?***

Respondents also raised the issues of the *'continued risk of injury'*, that the job can be *'very lonely'*, the difficulty of communication when *'the clients can not tell me what is wrong'* and the difficulty of being able *'to go home and switch off'*. As two respondents commented, *'commitment is the binding factor that keeps us going'* and *'it can consume you and burn you out quickly'*.

Philosophical approaches to the work

Sixteen responses (33%) commented on the need for people with a disability to have their basic rights honoured. Four responses raised the issue that *'disability support services for clients [and] families must be a guaranteed right and not a political football that no-one wants to catch'* and that *'the Government ... don't seem to care if our clients don't eat or look after their hygiene when a support worker is not there.'* One wrote that *'clients continue to enjoy less rights than those without intellectual disability [in] choice, privacy [and] equal access to resources'* and that we must *'understand and respect every individual despite their disability'*. And another that

> *we meet the needs ... of shelter, food and warmth but it's time to look into the quality of the whole picture ... [DSWs need] to deliver the best care and listen to their [client's] voices and not just think in the square.*

Three responses were critical of Social Role Valorisation (SRV) approaches and one suggested we needed to

> *De-emphasise SRV and emphasise acceptance of difference ... I don't have confidence that support workers are able to leave their values at the door when they walk into the home of someone whose lifestyle is significantly different from theirs.*

Another stated that

> *I have met people who believe they can cure the client of all problems with training and education [but have] caused grief to the client by taking away age inappropriate things. My daughter of 25 still has her soft toys.*

As one DSW wrote, [we must start] *'believing in what they can do, not what they cannot do'.*

More general comments and issues

Ten responses (21%) raised more individual issues. Three respondents commented that they had worked in many areas and seen changes over the years.

> *I find from time to time I need a change. So I move to a new agency to satisfy that desire and usually I will look for a new area to broaden my knowledge and experience.*

Two responses also commented that we must begin to consider strategies to provide appropriate support *'as clients age ... [and will be] more likely to be needing days off [from Work and Day Options] due to health'.* As one respondent wrote, *'different kinds of disability ... all have their own challenges'.*

Three responses stated concerns about changing the way the disability sector responds. One wrote that although she generally believed her agency *'is a good organisation to work for, study after study of our organisation does not [bring about] improvements'.*

Another three responses commented on the feeling that *'it's an easy job to get into but seems to attract people who tend to move on dissatisfied'.* One of these suggested that people's *'initial fears of people with a disability can be overcome and so friends and relatives [may] come to work [as DSWs]'.*

5.7.3 Summary

A total of 99 respondents made 234 responses to this question. However, 186 comments were better coded into five of the themes developed for earlier questions. The themes on **‘increased pay’** and **‘management issues’**, for example, each had more than 20 responses directly relating to those themes.

Almost half of these responses (46%) related to issues focussed on the difficulty of the work. Responses ranged from comments regarding the emotional stresses and frustrations of the work to the loneliness of solitary shifts and the risk of physical injury from both the work (e.g. lifting of clients) and/or assault by clients.

One third of the responses (33%) raised specific issues about the values and philosophies underpinning the support work they carried out. Most comments related to aspects of the continuing failure to fully respect people with an intellectual disability and to provide them with the same rights and opportunities as other members of the community.

Responses also raised the issues of an aging population of people with a disability and the need for the continuing improvement of the agencies’ provision of support services.

5.8 Summary of written responses to survey questions

More than one third (42%) of the responses by DSWs describing what they hoped to achieve for people with a disability focused on the provision of opportunities to improve the Quality of Life, the social interactions and personal, communication and life skills of the people they supported. A number of responses (16%) raised the need to increase community awareness of disability issues and to change community attitudes and encourage greater involvement by people with a disability in their communities.

For themselves, more than half (51%) of the responses focused on the wishes of DSWs to feel satisfied with the job by making a '*real difference*' in the lives of the people they supported by '*supporting people well'*. A little less than half of the responses to this question (49%) raised the need for improved work conditions, especially the recognition of the importance of the support role of DSWs.

The majority of problems raised by the DSWs (54%) concerned aspects of the organisational structure of the disability sector and poor management issues. Concerns related to the increasing amount of '*paperwork'* and accountability requirements were cited. But the *'lack of support'* and *'lack of involvement'* by supervisors and managers were common responses. More than one third of responses (36%) raised issues about the problems which DSWs reported that they felt were related to *'the lack of funding to the sector'*. A major focus was the *'lack of adequate numbers of support staff*' (10%) and the need to improve wages and work conditions (14%). The only major problems raised that related directly to working with people with a disability were *'behaviour'* and other health problems but these made up only 4% of the responses to the question.

More than three quarters of the responses (81%) to what DSWs saw as rewarding aspects of their work mentioned the *'importance and responsibility'* of the support role, the *'positive outcomes'* achieved by the people they supported and the *'relationships'* they formed with them. These personal and altruistic features of their support role were repeated as reasons to continue in the work with the majority of responses (87%) including mention of their *'relationships'* with and *'enjoyment'* of the people they supported and the consequent *'job satisfaction'* as the major reason to continue working with people with a disability. There were very few negative responses to these questions with only 2% of responses claiming their were *'no rewards and few positives'* in the work and only 13% of responses as to why they continued in the work referring to *'the need to earn money'*, having *'no other options'* or simply waiting *'to change jobs or retire'*.

When asked what changes they would like to make, almost two thirds of the responses (63%) focused on the need to increase government funding to the disability sector. The major issues mentioned as needing more funding included the provision of *'more services'* (12%), the *'recruitment and retention'* of more staff (11%) and the provision of *'more and better training'* (12%). Only 12% of these responses made reference to a need for *'better wages'* for DSWs but ten respondents suggested this may improve the attraction to the work and encourage greater retention of support staff. More than one third of responses (34%) raised the need for structural and attitude changes in management and organisational issues. The main issues mentioned included less focus on a *'business'* model and more focus on *'caring policies'* and greater support of DSWs by management and involvement of them in decision making. Only one in ten responses (10%) raised the issues of *'better resources'* and *'work conditions'*.

Among other issues raised in the final question, almost half of the responses (46%) related to the physical and emotional difficulties of the work. These included the dangers of injury due to physical aspects of the work or the possible assault by clients and the emotional stresses and frustrations experienced with both clients and the system itself. Some responses also highlighted the loneliness of solitary shifts and the rostering of shifts during often *'unsociable hours'*. One third of responses (33%) raised issues about the underlying attitudes to people with a disability, the need to increase community awareness of disability issues and to provide the same rights and opportunities to all people with a disability.

The following Chapter presents the findings from the interview phase of the study.

6. The interview data

This Chapter presents the findings from the interview responses made by the 19 participating DSWs and relates these responses to the research questions. All percentages in this Section are calculated from this number of participants (n=19).

6.1: Introduction

As described in Chapter 3, 15 DSWs working principally in direct, ‘hands-on’ support to people with intellectual disabilities were selected to be interviewed several times during the study. Four volunteer DSWs who worked more than 75% of their time in management and/or training roles were interviewed only once during a one hour meeting.

However, one participant failed to meet the researcher at the agreed time and place for the first interview and when contacted, withdrew from the study. After their first face to face interview, ten of the participants indicated when contacted that nothing had changed about their work and they could see no point in meeting. The researcher, therefore, lengthened the time between interviews to approximately three to four months. Overall, the 19 selected agency DSWs participated in a total of 45 interviews during a period of 14 months from January 2009 to April 2010. Twenty-six of these interviews were phone interviews, ranging from four to 110 minutes with the average length being approximately 30 minutes.

In order to maintain the anonymity of all participants, it was sometimes necessary to sacrifice interrelationships and linkages between some data provided by the same DSW. These linkages, at times, may have provided a greater understanding of an issue raised but may also have led to the easy identification of an individual within their workplace.

During the interview period, three participants dropped out of the study. One DSW had a long first interview but, when phoned to arrange further interviews, was not available and did not respond to several messages asking him to contact the researcher. Two of the Agency DSWs had ceased working in the disability sector. One male DSW aged 65 years stated at his first interview that he had decided to retire. The researcher contacted him by phone three weeks after he had left his position and moved to Tasmania and a follow-up phone interview was carried out. The other DSW was contacted by phone some 14 months after her first interview and had moved to Victoria during the intervening period. She had continued to work in the disability sector as a DSW but had recently decided to leave the disability sector to work in a Queensland mine. She said her

> *partner [had] been offered a job at $180,000 a year ... [and] I've been offered some work driving a truck and it pays about $90,000 a year ... while I love this work [in disability], I'd rather have that paycheque.*

6.2 Characteristics of the participating DSWs

As often reported in the disability literature, DSWs come from a very diverse range of backgrounds and experiences with people with a disability (e.g. Dempsey & Nankervis, 2006; Larson & Hewitt, 2005). In this study, DSW characteristics such as age, qualifications and length of service in the disability sector contributed to a diverse range of attitudes and skill levels.

Before proceeding to a detailed analysis of the interview data, and to give some idea of the history, training and experience of a cross-section of the DSWs participating in this study, a brief outline of five participants' history (under a false name) is presented below. These five DSWs were selected to represent the wide range of experience among the interview participants. They all worked for different agencies. They represented DSWs with minimal qualifications to Degrees in Disability Studies. The length of service of those interviewed ranged from 7.9 years to 32.6 years (median 8.3 years).

'Ann'

Ann grew up in a country town. Although her father had a relative with an intellectual disability living in Adelaide, they did not see her often. But Ann did have *quite a bit to do with* a family friend with Down's Syndrome. She found she really enjoyed *that feeling of helping people*. From about the age of nine or ten, she volunteered during every school vacation to help in day programs for frail elderly people at the local hospital. Ann knew that she wanted to work in human services so applied for a range of university courses from physiotherapy to speech pathology. Disability Studies was the course she finally chose.

As part of her course, Ann spent some weeks doing a practical placement with the same agency she was working for at the time of the interview. The agency offered her some work and Ann began working as an accommodation support worker before she was 20 years old. After completing her degree, she continued working as a DSW but on some occasions needed to work for several agencies at the same time. During her 15.3 years working in the area, she had worked for five different agencies.

During most of the three years before her interview, Ann had been seconded to the Head Office of the agency and was working as an Acting Manager. But she retained contact with the people with disabilities supported by the agency because *[she] really enjoyed [them]*. A few months before the interview, she had been made the Accommodation Services Manager and had been based at a community house. Even though she regularly worked five to ten hours unpaid overtime each week, she *loved it*. Her long experience as both a direct, hands-on DSW and in management roles meant she had very strong views on how support should be provided.

‘Bill’

Bill’s mother had worked in a large government institution for people with intellectual disabilities for some time and often had brought the people she supported home for special occasions. Therefore, Bill was very familiar with disability and got *a buzz out of helping people*. At 17 years of age, he commenced work at the institution as a hands-on support worker. He enjoyed the work and found it to be a *rewarding and fulfilling job*. During the first few years at work, he completed his training as a Registered Mental Deficiency Nurse.

Ten years later, Bill was married and had children. He found that the time pressures of 12-hour shifts and weekend rosters meant that he could spend very little time with his children. He successfully applied for a 9.00am to 5.00pm, five-day week management position and continued to work in that role for a further ten years at the institution. By then, he said the office position *drove [him] nuts* because he really enjoyed the contact and challenge of working directly with people.

A Separation Package was offered and Bill took advantage of that opportunity to change his work directions. He decided to begin a lawn mowing round but, having left his job on a Friday, he was contacted on the following Tuesday and offered some casual work in accommodation support at a smaller agency. Shortly after, Bill was approached and asked to take a position as Acting Manager of another disability agency for a few weeks which he accepted. But the original Manager did not return from leave and a year later he was still managing the daily operations of the agency and, as he said, *financial planning ... [is] really not [his] cup of tea*.

Bill moved back into casual support, working directly with people with intellectual disabilities and working for several agencies. At the time of the interviews, he was working 16 hours per week part-time for only one agency. He had worked in the disability sector for five different agencies for almost 33 years.

‘Clare’

Clare had originally trained in the then Community Services course at TAFE. She had also completed sport massage training and had worked as a volunteer massage therapist with a person with a disability. In her mid 20s, when she had completed her TAFE training, she felt she wanted to move into disability and started working at a large agency providing hands-on support to people with intellectual disability.

She found the work made her *feel good* and gave her a sense of *feeling that [she] made a positive difference to the ... lives of the people [she] was supporting*. She quickly found she *wanted to do more* so she enrolled in a Bachelor Degree course in Disability Studies. During this period of study, Clare continued and expanded her volunteer work, particularly in recreational activities for people with disabilities. She also spent time overseas working in specialist recreational areas to improve her skills. Clare never believed that she wanted to move into a management position. She just believed that *the more information [she has], the better [she] can support the people [she] support[s]*.

At the time of the interviews, Clare was working about 40 hours per week part-time for two agencies, an accommodation support service and a day options program. She found she had to work for both agencies in order to earn enough money to support herself financially. She was still spending time as a volunteer in a specialist service for people with disabilities. During her 14 years working in the disability sector in South Australia, she had worked for four different agencies.

‘Dianne’

When she was a child, Dianne’s family had lived near a large institution for people with intellectual disabilities and so she had grown up seeing people with disabilities regularly walking around the neighbourhood. Some of them had also been involved in cooking classes at her local school. Despite this interaction, when Dianne was in her early 30s and seeking some part-time work, she was fearful that she would not be able to work with people with a disability. A friend, working as a DSW, encouraged her and so she took a direct support position at the institution.

Dianne began work with a small group of people in one *house*. She quickly found that *they could actually hold a bit of a conversation with you* and she felt comfortable that she could do this work. She was strongly supported by her co-workers and learned on the job. But she also believed that if she had begun with the group of older men with severe challenging behaviours who she has worked with for the past ten years, it *would [have been] see you later*. She completed a TAFE Certificate in Disability and found that she got *a real buzz out of clients giving me a smile, a hug ... or a greeting* and that she really enjoyed the variety of the work.

At the time of the interviews, Dianne was still working at the same agency that she had started with almost 22 years before. She still worked about 25 hours per week part-time although she didn’t *need to work* and didn’t *do it for the money*. She had recently changed to a new support position in a community group house and didn’t see herself leaving anytime soon.

‘Ellie’

Being aged in her late 50s, Ellie was the oldest DSW interviewed. She had been unemployed and the then Commonwealth Employment Service (CES) had found her some work experience working with people with disabilities in a sheltered workshop. Ellie *just loved it, it was a joy to go to work*.

Over the next 15 or so years, Ellie had worked with four different agencies, with interruptions caused by her own health issues. At the time of the interviews, she had worked for a total of almost eight years in varied roles as a DSW. She had worked as a Sheltered Workshop Supervisor for about three years and had been working with her current agency for almost four years. Her work was mainly in short shifts, usually only between two and three and a half hours, for a contracted 20 hours per week. The major focus of her support work was in taking regular clients out for shopping and recreational activities.

In the last year, Ellie had been required to begin studying a Certificate III in Disability part-time. She was finding this return to study difficult and questioned why she needed *to do [it] at my age*. She believed strongly that simply having a Certificate III *did not make you a good support worker*. To Ellie, the most important part of her work was the establishment of trusting, mutual relationships and helping the people you support to have a better life.

Ellie still loved her work and was committed to providing the best and most consistent support she could. On occasions she had worked even when she was suffering back pain and often used her own car for transport when the agency vehicle was not available. She was also not afraid to raise issues directly with management when she felt her clients were not receiving adequate or appropriate support.

6.3: Relationships with clients

As outlined in Section 3.1, qualitative interviews are likely to provide a wide range of data and, because participants perhaps feel free 'to relate their own unique experiences' (Dyer, 1995, p. 43), some of the data may not relate directly to the specific research questions of the study. During the first three interviews, the participants raised the issue of the relationships developed with the people they supported. From then on, the researcher asked each participant if they formed relationships with their clients.

The majority of DSWs interviewed (79%) talked at some length about the issue of the relationships they formed with the people they supported which, for many, were *a really enjoyable part of the job*. The majority of this group reported that the building of these relationships and getting to know the client was *just as important as personal care*. They also believed that it was *impossible [not to form relationships] if you have any empathy whatsoever*. As one DSW said, *Tell me, when you're interacting with another human being for years how you don't develop a relationship* and another that *I spend more time with these guys than I do with my family*.

More than half of the DSWs (53%) gave specific reasons which they believed clearly justified these relationships. Most reported feeling that they had fewer problems in dealing with their clients because *we understand each other and we've developed a really good healthy respect for each other*. A DSW, now largely in a management role, said that she believed it was very important that her staff related well to their clients because *if your personalities aren't knitting ... it's not going to work*. One said she often acted as an *interpreter for other staff* and that

> *if you get to know [your clients] and trust them and they get to trust you, then you're not going to have mishaps ... and staff getting frustrated because [they] don't know what [the client] wants.*

However, more than one third of the DSWs (37%) commented on the dangers of co-dependency, the placing of *too much reliance on each other*, but none reported feeling that this was a major issue. Several talked about the death of clients where they *really grieved for [them] for quite a while and it was a very lonely sort of grief* because management kept telling them *you are not their friend*. One DSW said that, *the way our jobs are designed ... [we are] expected to leave our human-ness at the door*.

6.4: What initially motivated 'long-term' DSWs to begin working in the disability field?

Of the DSWs interviewed, several made multiple comments about their initial motivations for working in the sector. Of the 19 interviewees, five (26%) had a immediate family member, five (26%) a relative and two (11%) a friend who had a disability. Nine of these 12 DSWs (75%, n=12) did not feel that their contacts with people with disability had any influence on their decision to work in the disability sector. Indeed, one DSW said that her father with a disability became *a very bitter person ... [so] I didn't want anything to do with people with disabilities ... I really didn't want to work with people with disabilities.* Another, with an uncle living in an institution, said she *would never work there having been taken down there every weekend as a child ... it is scary as a kid.*

Two of these DSWs with family members (20%, n=10), one a student and one travelling around Australia, said that although they had no intention of working in the sector, they found that when they needed a job, it was easier *to get a foot in the* *door because of the relative ... because I know what it's about*. Another said that she only commenced when she was *a single Mum with three teenagers and [she] needed work*.

Two of the DSWs interviewed (11%, n=19), who had contacts with people with disabilities as children, also found they enjoyed that contact and wanted to do voluntary work in the area. One described how, as a primary school student, she met an aboriginal boy of nine or ten years of age with an intellectual disability who visited her school. She *was just compelled to associate with him.* The other DSW, who had lived in a country town and volunteered every school holiday to work with elderly residents and people with disabilities in a day activity program, said

> *I really enjoyed that feeling of helping people and I knew that, as a profession, that's just what I wanted to do, something around that area ... I enjoyed interacting with the people ... I enjoyed the characters.*

Two DSWs (11%, n=19) described how, as unemployed young people, the then Commonwealth Employment Service (CES) and CentreLink had placed them in voluntary programs working with people with disabilities, one in a *sheltered workshop* and one in helping to organise and *run camps*. One said, *I fell into it ... and I just loved it, it was a joy to go to work*. The other said she found that she *loved it, absolutely loved it ... [and] then I moved into volunteer work in the field as well.*

Four other DSWs (22%, n=19) had also begun with volunteer work in the sector. One woman, after her children had grown up, had *always done some kind of voluntary work and caring work ... and just realised that I liked that kind of work.* Another had been doing some volunteer work with an agency and, when a vacancy occurred, she applied because *[she] thought this was so much better than working in an office ... job satisfaction that you can't get anywhere else*. A third DSW had volunteered to work with a small group of children with severe disabilities and said she *felt so good when [she] was with them* that she decided to begin training as an enrolled nurse. The wife of the final DSW in this group had died in a car accident and after a year he was encouraged to do some volunteer work in an aged care home and *thoroughly enjoyed being with the people*. He then enrolled at TAFE and completed a Certificate IV in Community Services. While doing a placement in a disability agency as part of that course, he was offered a position and has been there for the past 20 years.

Although not doing specific volunteer work in the sector, another two DSWs (11%, n=19) had frequently been in contact with people with disabilities. One had lived near an institution and had almost daily contact with the residents. Her sister and a friend had also worked in the sector and the friend suggested she should try working there as well. She admitted that she *did have reservations in that [she] didn't know if [she] could do it* but 22 years later she was still there. The other's mother had worked at an institution and so he regularly met the people she worked with. And he did admit that at the age of 17 years, *money was a serious incentive*. He was still working in the sector 32 years later.

One DSW said she had *stumbled across [the work. She] wasn't really looking for this kind of work at all*. She was dating someone who worked in the sector and so attended several functions and activities. She met the people and saw the work her friend was doing and *thought I reckon I could do this*. She gave it a try and

> *knew straight away ... [that she] just was fascinated by the whole ... the people ... and loved being around them and [she] really [does] look forward to going to work.*

Another DSW suffered a work injury which prevented him returning to work in his previous profession. A career counsellor suggested working *in caring* so he completed a Certificate III and worked in aged care for six months before transferring to the disability sector. He then said *one of [my] parents had a disability* but denied this had any significance in his decision. The final interviewee had discovered Rudolf Steiner, resigned his job and began working in disability as *part of [his] search for meaning* more than 34 years ago.

6.5: What is the nature of their work?

Fifteen of the DSWs (79%) worked in group homes with usually up to five residents. Two worked in the client's own homes and one in a cluster village of several homes. The 19th DSW worked mainly in a training role and now worked almost exclusively from the agency office.

Although all DSWs worked with people with intellectual disability as their primary disability, there was a very diverse range of ages and levels of disability among their clients. The majority of clients were aged between 20 and 60 years of age although two group homes were for *older men over 50* and one for men with *a need for more medical acute care*. One DSW worked with homeless clients with dual disability in an experimental group accommodation project. One worked 12 hours every second weekend as a second job with a person with mental health issues. *I find mental health work draining ... but I still like the challenge and the client I work with I've worked with for 13 years*

The range of tasks carried out by the DSWs was also very varied and often *was pretty much being involved in every area of their lives*. The most commonly specified tasks included personal care, food preparation and administering medications. One DSW said *the only thing I don't do is injections*. Others mentioned *shopping*, *a bit of housework* and *household chores*, *bus training* (helping train clients to use public transport) and *recreational outings on weekends*. Several DSWs mentioned the direct interactions with the clients and clearly enjoyed *helping residents prepare their evening meal*, *chats* and *spending time with individuals ... [and] helping them with their own choice of activities* although most commented on the lack of time available for these activities. As one DSW working two hour shifts said, *I am constantly having to rush to get everything done [and] if [the clients] have a problem, sometimes you just can't hear it, you can't stop*. Two DSWs (11%) raised the issue of increasing *paperwork, lots of paperwork.*

6.6: What perceptions do 'long-term' DSWs have about disability support work?

The majority of the interviews with all DSWs were about the different perceptions of their work, often with examples to clarify their feelings. Most of these were coded multiple times into several themes related to different research questions. Many of these perceptions of the DSWs have been recorded in other sections of these findings. However, there were several clear perceptions raised by more than three quarters of the DSWs (79%) and summarised only in this section.

The most common issue raised was the level of difficulty of the work with DSWs commenting on the high turnover rates because many new workers believed it would be easy. One DSW was disturbed by the general feeling that support work was so easy that *anybody can do it*. He went on to describe how *in a one week period recently, the same person stopped breathing twice* and the stress this could cause to DSWs. Another DSW reported feeling that

> *this is seen as unskilled work in lots of ways and I think that that's just outrageous quite frankly. I also think that we don't expect enough of support workers. ... It's an interesting idea ... [that] it's no good pouring resources into [DSWs] because you're not going to get benefit from it.*

Others commented, particularly on younger people beginning work but leaving after only a short time, in one case *two hours after she started*, because *it's a tough, tough job*.

A second strong perception was the need *to work together as a team*. As one DSW said, *if you have other staff that are not well intended or not as organised, it will put the whole [shift] into chaos*. Another raised the issue of the need for *consistency* in these team structures because frequent changes often led to *[taking] on work that you feel is really that [new] person's.* Frequent staff changes were also reported as often upsetting to clients.

The ability to be able to manage time well was also raised by five DSWs (26%) because of the need to *organise what you had to do within the time [available] without stressing yourself out*. Another believed it was important *just trying to balance everything, meeting the deadlines ... because ... they're relying on you for [it], the residents, and you don't want to let them down*.

All of the DSWs, at some stage in their interviews, indicated that they found the work *challenging*, at times *isolated* and *stressful* but also *satisfying* and *rewarding* because they believed they were making *a real difference*. They also reported a clear need for *flexibility* in their actions and a willingness and ability to adapt to the current situation. One DSW working with *high support and high need clients* commented that *it's different from hour to hour let alone every day*. Another commented that *you're like a glorified baby sitter, mother, everything ... [you're] a cleaner, [you're] a carer, you're just everything ... you do whatever needs to be done at the time*. And several DSWs commented on the ability of the clients to *train staff* and simply *play* with them. As one DSW reported, he worked with one client who

> *has gone through so many workers ... he has learned that behavioural thing. If [he doesn't] want that [DSW] and [he] jumps up and down enough, [he'll] see them off and can try someone else.*

But one DSW said simply *what most DSWs want is respect*.

6.7: What challenges and problems do 'long-term' DSWs face in their work?

6.7.1: General issues

Although most of the interview data were focused on the DSWs' experiences, attitudes and feelings about their direct work tasks and work environment, several issues were also raised which related more generally to the broader community.

The majority of DSWs (79%) mentioned *the constant funding problem*. Several said that they *just can't see the government providing more funding* due to *the way the economic climate is going*. One DSW reported that her agency had been attempting to raise funds to open a new four-person facility for over 18 months. On July 6, 2009, in a phone call to a major government provider, the agency discovered that

> *[it was] already saying that it had used up its allocations for [the] financial year and so [could not] place anyone from the emergency list*.

Several examples of the problems caused to clients by this lack of funding and resources were raised. As one DSW with long experience in management said, *We need equitable needs based funding formulas that work – flexible and readily changed; guaranteed*.

More than half of the DSWs interviewed (53%) raised issues about the lack of community acceptance and understanding of people with disability. One said that although community attitudes were improving, most people still *hugely patronise [people with disabilities], talked to them like babies ... [or asked her to] take them away from me*. This lack of understanding caused *a huge dilemma with our aging population ... [with] respite nursing homes ... reluctant or unwilling to provide accommodation ... to [our] clients*.

One reported feeling this same lack of understanding applied to DSWs as well as the people they supported and she was tired of being told *[she] must be so patient*. Another, whose daughter was a nurse, asked

> *why there's such a huge gap between the two professions, [Support Work and Nursing], where one has to make their own decisions and the other acts on the doctor's orders ... and yet their profession is far more valued.*

Another DSW was appalled by the discrimination still shown by many travel destinations. If you want to take someone on a holiday, *you ring up and say ... you want to bring a disabled client, they'll come up with 50 excuses for you not to come*. Two DSWs (11%) reported there was almost an expectation of behaviour problems by people with disabilities. One client was being picked up by police on *a weekly basis* but was simply told *to be a good boy*. Although no records of his behaviour were kept by police, when *he committed an offence which they did take seriously ... then they went to town on him*.

Four DSWs (21.1%) raised issues about families and the difficulties that they can cause for the agency, the DSWs and the person with a disability themselves. One described how a client had to have a full body check for bruises both before and after a home visit and *you basically have to have Guardianship revoked before you can do anything about it*. Another described how a mother refused to allow any medications for her child but *[she's] not there for eight hours a day watching [her child] sob her heart out*.

6.7.2: Pay rates and working conditions

The majority of the DSWs (79%) raised the issue of the poor pay rates during their interviews. For some it was simply that they had *been paid more when [they were] a cleaner* and one DSW, currently working for two agencies, found *it's not financially rewarding*. Even one of the DSWs filling a management role said

> *managers receive poor pay too and they are usually on call ... [and] because of penalty rates, half of [my staff] are probably earning more than me at times ... now and then I'll work a weekend shift so I can get a penalty rate.*

One DSW had refused to take a promotion to a Team Leader position because of the poor pay rate for that position.

Extra shifts and overtime hours were also mentioned by more than one third of the DSWs (37%). Two of the DSWs (50%, n=4) working in management positions talked about the problems of being on call and having to deal with *phone calls at all* *hours*. One said she *regularly works between 25 to 30 hours overtime per fortnight*. Most of the DSWs in smaller agencies worked extra shifts to *cover each others' sick leave and holiday leave*. But as one said, *if you don't know when you're going to be working, [it's] difficult ... to have a life outside of work*.

This group also raised the issue that *there is a lot of voluntary and unpaid work performed by DSWs*. One DSW said that quite often *we do ... stuff outside of paid work hours ... [but] volunteering your time to do something that is going to be good for the whole group* is not a problem for her. Three (16%) mentioned examples of unpaid overtime when *taking groups out in the bus*, when *a client went missing because his bus was late so he walked home and was consequently very late* and one regular situation where the DSW's shift was rostered to finish at 8.30 pm but part of her job was to collect two clients from their sporting club at 8.30 pm to transport them home. She commented that the rosters were often *unrealistic* and another that the rosters *lacked flexibility*, were *inconsistent* and *quite rigid depend[ing] on [which supervisor] you're working with*.

Four DSWs (21%) also raised the issue of overnight 'passive shifts' where they believed the award rates and the way they were administered by management were unfair. One said that on a sleepover, most DSWs did not sleep because *you're always waiting for a call. Yes, it's a good career for insomniacs*. One resented the fact that if she or her co-workers were called in to cover a passive shift, they received only half of the award rate, but if outside agency staff had to be called in, they received full rates. At the beginning of one interview, the DSW said she was very tired because she had just completed

> *a 25-hour shift. I started at 2.00 pm and finished at 10.30 pm and then I slept over at work. Then I was up at 6.00 am for a 7.00 am start and I finished at 3.00 pm* [actually 25.5 hours].

The issue of taking clients *on holidays ... [and being] only paid eight hours per day but [being] on duty 24 hours per day* was also raised.

DSWs working in two agencies complained that although they had received no pay rise for more than two years, *everything has gone quite downhill since we put in for [a] pay rise ... [and] everyone's feeling annoyed*. Concerns about *job security* and the reduction in hours even when contracted hours were supposed to be in place meant that many DSWs were *picking up an extra two or three shifts to get the same amount of money they were getting before the roster change*. One agency was proposing *only paying us four weeks holiday where we actually get six now*. As one DSW said, *lots of staff [have] left because of the [new] conditions*.

Despite these issues, only one of the DSWs interviewed had left the job because the pay rates were a major issue in staying in disability work because they *just don't do it for the money.* As one said,

> *it's certainly not for the money that you do it. ... Where else would you get hit and smacked around and punched on the nose ... if you worked anywhere else and anybody did that to you, it would be assault.*

6.7.3: Staffing issues

More than half of the DSWs (53%) expressed concerns over the high turnover rates among their co-workers. One DSW in a management role reported that she *had lost 12 DSWs in the past year* and had therefore worked alone for four months during that year. In fact, the turnover rate can be so high that

> *by the time they have printed the phone list, there are new people that I have never met before. I say how long has that person been here and I find they no longer work here. So I never met them before they left.*

The high turnover rate impacts on the remaining staff members. One DSW said that it was often just *moving from crisis to crisis*. Supervisors spend a lot of time with new DSWs developing skills but then the *DSW leaves and so you just have to start again*. Another said *you feel you're constantly training new staff and just when they get to a point where they know what they're doing, they leave*. One DSW in a management role said she prepared six-week rosters but they *rarely work[ed] due to staff availability, illness and turnover*. Because of the difficulty in recruiting DSWs, *we don't have enough staff to allow for a DSW to seek or receive support in a difficult situation*. Several DSWs said that *staff with experience were hard to find* and *[it's] usually the young people who come and go*.

Another concern expressed by three DSWs (16%) was the effect that high turnover rates had on the people they support. Clients used to have only one or two DSWs who had worked with them for long periods and established mutual rapport and trust.

Now clients are *getting four, five, six staff coming in and they're confused ... the clients are becoming really disoriented* and *for a while that client's life stagnates ... until someone picks up the reins and goes on*. With the large number of overseas workers being recruited, it is *driving us all nuts because most of them can't write or understand very much English* and *a lot of clients are really frustrated with the language barrier*.

More than half of the DSWs (58%) also reported feeling there were major problems in the selection and quality of new support staff. These problems included the need for DSWs to have *a high care factor, it should never be just a job* and yet many co-workers seem to have *poor attitudes to the clients*. *Young people who are quite keen to do the job come in and maybe realise it's a bit tougher than they thought [so] they decide to quit*. Two DSWs (11%) were concerned that *anybody can walk in off the street and get a job.* As one said, *if you are not drunk at the interview*, you'll probably get a job.

Six of the DSWs (32%) were concerned because their agencies were apparently taking advantage of government subsidies to employ a high number of overseas students, refugees and migrants. *Probably a third of new staff don't speak English and there's been a lot more mistakes happening*. Several DSWs gave examples of where they had needed to check on work and *at times deal with incidents precipitated by [these workers]*.

6.7.4: Training

While three DSWs (16%), including one who returned to study and completed her University degree *in [her] own time and at [her] own cost*, acknowledged that training was very important, almost three quarters of the DSWs (74%) interviewed raised issues about the level and methods of training currently provided.

Although the government had introduced a requirement that all DSWs must hold a minimum Certificate III qualification before they could be employed in the disability sector, this requirement had repeatedly been relaxed and, at the time of the interviews, applied only to those DSWs working with people with severe disabilities and medical conditions. As one DSW said, *if you've got staff who are five years off retirement and are doing an excellent job, I don't see why they should [do extra* *training]*. Several others also commented on the costs and time commitment required of the DSWs *to keep my job, at my age*.

There was a strong feeling by over one third of DSWs (37%) that holding a Certificate III or IV did not necessarily *make a good support worker*. They believed that there is a need for support staff to have an *interest* and *feeling* for people with disabilities because *a lot of [support work] is personality, drive, how they connect with people, their values ... [and] community networking*. Two DSWs (11%) raised the issue of support staff needing real skills in *how to talk to somebody*, how *to earn respect and trust* and by one DSW, *how to relate to a dying person*. One DSW acting in a management position said,

> *Just because someone has a Certificate III doesn't mean that they're suitable for the job. In fact ... employment agencies are getting government funding to put people through these courses ... so they're just pushing these people into these jobs ... and many of the people, I'm finding, are not suited at all.*

Almost one third of DSWs (32%) were concerned about the poor induction and orientation practices employed in some agencies. As one DSW said, *there is that initial good induction but you find after that ... you're left almost on your own*. This can cause *absolute chaos* for co-workers and clients because of the *confusion as well as uncertainty* and the need for *double-up shifts* where the more experienced DSWs supervise and teach the new workers. In one agency

> *with migrant DSWs, management has finally decided that, after more than a month, these workers should only work on double up shifts. If every shift has to be a double-up, then I'm thinking, where's the saving?*

More than half of the DSWs (58%) raised issues about the quality of the training provided. These issues included the fact *everyone got a recognition of prior learning* but this meant *the training [was] effectively diluted ... [and] everyone passes*. *Classes tend to be too large* and *the quality of the lecturing is very poor* with staff often, after a training session, *whinging ... [that] they never understood a word* because the *presentation is insensitive and in no way addressed at people who may not have studied for some time*. In-service training was considered by several DSWs to be too repetitive – *I've done [this topic] 20 times before* – and not applicable to their needs – *the funniest course I've been to, 'Non-Crisis Intervention', doesn't apply ... it's just lunacy*.

One DSW described a training program run by a major training provider which her agency had commissioned specifically for their support staff. If the agency had not paid the tuition costs, *[she] probably wouldn't have considered it*. But attending the program was her *greatest frustration* and *[she couldn't] see any benefit [in] this course at all*. The course was presented by two aged care nurses and was based on aged care procedures *to clean up after an incident* and, even when specifically asked about an incontinence incident, there was *no attempt to even discuss what may have caused the event or how to avoid it happening again*. Despite being told that most agency clients made their own beds, when several hours of the training was spent in ensuring that all the students could make a bed to hospital standards, the agency cancelled the program.

Two DSWs (11%), who worked at the large agency which had invested in developing its own training facilities, highly praised their on-site training and the willingness of the agency to consider and provide requests from DSWs for training in particular areas.

6.7.5: Management issues

Several DSWs commented favourably on certain actions of management including their ability to meet with and discuss issues with some managers and supervisors, the on-going help and support of some managers in training when they first began in the job and, for two DSWs, excellent support by management in WorkCover claims and finding alternative light work after suffering an injury at work.

However, there were many complaints by all DSWs interviewed about the constant reduction of available support hours with its consequent reduction in the quantity and quality of support provided, the increasing level of paperwork, the lack of respect for people with disabilities and the wastage of funding and resources by management in the disability sector which many DSWs now seem to see simply as a business, and, a business no longer based on care.

Lack of involvement of DSWs

Almost two thirds of the DSWs interviewed (63%) were concerned that management did not discuss issues with staff but simply *dictate, dictate, dictate* and don't *care what [staff] think [and] don't even care what clients think.* As one said *It's always been the case, you never involve staff in decision making ... [and] most staff have always felt undervalued.* The effects on their clients' support and well-being were raised by most participants as major concerns. One DSW, now largely working in a management role, said

> *all decisions are made over [the DSWs'] head. And the people who are making those decisions have no idea about the person that's supposed to be the centre of all the decision making. And the client doesn't have any input or doesn't have the opportunity through a decent advocate to make those changes for themselves'.*

More than one third (37%) specifically commented that management should not be designing support plans and *putting ... expectations on clients ... and not letting [clients] be themselves [by] trying to make them fit into this little box*. These plans should take into account the current needs and situation of the client and yet *[management] didn't value your input, even though you were working with the clients every day and you knew exactly what was going on.* And often, they did not even involve the client. As one DSW commented,

> *I think we have to consider the client. It's not what's [best] for me or the organisation. It's what's [best] for the client. That's what really annoys me and I don't get a chance to say it, no, not often'.*

Two agencies had ceased holding regular staff meetings but even those agencies where regular staff meetings were continuing were criticised by two of their DSW staff for *only one two hour Team Meeting per month ... [and] we always run out of time* when discussing the needs of four clients, one with *severe challenging behaviours*. In one agency, management had an Occupational Therapist

> *coming in and looking at a client for 20 minutes and then tell us what to do. We spend eight hours a day with these people. Don't you think we've tried all that stuff?'*

Three DSWs (16%) specifically mentioned the fact that even when they provided *feedback ... nothing will be done*. One DSW with a Bachelor in Disability Studies degree described how at times she has *suggested ... and prepared an action plan* to deal with particular situations. But, *nothing has happened ... it's just been filed away*. As one DSW who had also worked as an agency Chief Executive Officer asked, *If someone has 30 years experience, although they may not always know the answer, isn't it a waste of resources to not even ask?*

Poor supervision and support

Almost half of the DSWs (42%) raised issues about the supervision and support provided to them as workers. Two DSWs (11%) reported there was need for supervisors to be *willing to listen*. One said *receiving positive feedback and [having] discussions ... encourage[ed her] to think* about her work. The other believed that *good supervision ... can make the difference ... if you've got someone here that's really supportive and really encouraging then you want to work hard*. However, they also suggested that often DSWs with high skills moved into management and so were *lost to direct support*. Another DSW raised the issue of inconsistencies in supervision and described situations where some supervisors were *quite accommodating* while others were *quite rigid ... it depends on who you're working with*.

A major issue raised by this group was the need for on call supervisors to be available, especially in the case of emergency situations and weekends. *When we have problems, we don't have back-up ... [management] don't want to pay for staff [and] they don't pay for extra staff.* Another also commented that management was always ready to cut corners and reduce staff numbers on rosters. One DSW reported feeling strongly that in these situations, management often took advantage of the more dedicated workers and as soon as they realised you're experienced, *they call you first ... and it's easy to feel morally obliged.*

More than a quarter of these DSWs (26%) complained that management needed to really understand the support role. *[DSWs] do not just wipe bums and noses or stop [clients] masturbating in public.* A common suggestion by DSWs was that managers, especially those with little or no experience in the disability sector, should be required to cover a regular shift to realise and understand the issues faced in direct support work. Several DSWs reported that even managers with experience have generally not done any hands-on work for years. One said, *all you guys should come and work a week on the floor to see what's happening*. Another DSW commented that *management seemed very happy if the people we are supporting are clean, quiet and fed*. One very long serving DSW said,

> *When I first started ... the Board of Management were parents ... who [had] the clients at heart ... [Now] I wonder if any Board of Management [members] have actually met one of our [clients].*

'It's all about money ... all about the bottom line'

Every DSW interviewed (100%) raised the issue of disability services seeming to have become *like a giant business and that's all they're worried about, the money side of it. To me it's the caring for the clients that's really important*. Several reported feeling that the continued *financial pressure* had forced *a return to institutional thinking* and *it seems the clients come last*.

While several DSWs acknowledged the underlying funding crisis and the need for government to ensure that *disability services for clients [and] families must be a guaranteed right and not a political football no-one wants to catch*, all of the participants expressed real concerns about the current management style. Although *getting funding from bodies and government ... [and] getting consistency from funding bodies has always been an issue*, in the past *there was very little funding but the feeling was there*. One DSW asked *why do we now have managers, business managers, office managers and an HR when we used to have just a receptionist and people who worked directly with our clients?* The overwhelming feeling expressed by all the DSWs was *it's about people, it's not about business.*

Reduction of support time

Almost one third of DSWs interviewed (32%) from three of the agencies raised concerns about their agency reducing the number of support hours available to their clients. Three (16%) commented that, because of a lack of funding, agencies were only *interested in saving money and cutting back*. And all believed the reduced support time available *[had] led to reduction in the ... quality of that support*. One commented that this reduced time to provide support had a deleterious effect on the clients and could destroy their self-esteem and their sense of achievement. As one DSW said,

> *[management is] so tight with the money, they're cutting ... programs. ...Clients are being left in their houses and we're having hours cut so we're almost going in and throwing medication and dinner at them and say[ing] 'Hi, Bye. We're out of here''.*

In one agency, weekend outings had been reduced to only one week in three and the opportunity to raise and talk about support issues had been lost because staff meetings were no longer being held. A DSW commented, *[the clients] were going to sit and vegetate again*. Another DSW from this agency had had her evening shift reduced to finish at 6.30pm but she never left until at least 8.00pm because *to do what [she] feels needs to be done, she will take that time ... We all do it ... and it's taken for granted [by management]*.

One DSW described the situation with one of her clients with Cerebral Palsy who had increasing problems with her mobility and could no longer complete her morning exercise regime without support. The DSW's morning shift had been reduced to one and a half hours only and so there was insufficient time available to support and complete the exercises. When the DSW sought an increase in support time for this woman, it was not provided. The DSW simply resigned but was encouraged to stay at the agency. At her final interview, the DSW reported that the client was now showing symptoms of dementia, was having problems with menopause and was also falling regularly. At that time, she was receiving only 12 hours per week support while the DSW believed she needed 24 hour, seven day support.

Paperwork

Almost half of the DSWs interviewed (48%) commented that the amount of paperwork now required had contributed to the reduction of available support time and was *wasteful of funds and time*. Almost one quarter (21%) commented that much of this paperwork was *repetitive* and seemed to simply be doubling up and recording *the same thing in three different books*. One of this group was also concerned that in the past four years, *we've had one audit*. She asked if she was really *being made* *accountable? I don't feel that I am. ... who can tell whether I'm actually giving out medications [or am] I just signing off on them?*

Four DSWs (21%) believed that much of this paperwork was not necessary and irrelevant to the support provided.

> *paperwork for everything ... you don't need it ... you have to sign when you do a treatment, you have to sign this, bowel charts, food and fluid charts, seizure charts ... in high support everyone's got a behaviour plan, a restraint authority, PRN medication guideline ... everything is recorded, if your client spits on the floor, it's recorded.*

One DSW asked why the was a need for a monthly written car and house checklist, *especially for OH&S issues,* when *even if faults are reported, nothing is done to repair or maintain* homes. One DSW described how, when on light duties for a WorkCover claim, she had worked *'three months doing archiving ... [and] sorting through all the paperwork. ... Most of it just gets chucked out, nobody even looks at it*. Another DSW, in an agency where paperwork was required to be entered into the computer records daily and this was demanding overtime payments for almost all DSWs on every shift, asked his Manager if he could check some figures and was told that nothing had been done with these records for the past year. One DSW in a management role believed there was *a growing overemphasis on paper accountability at the expense of hands-on common sense support*.

Mixed messages and a lack of respect for people with disabilities

Almost one third of DSWs (32%) raised concerns about the way in which the disability sector claims to represent the rights of people with disabilities and to assist them to lead as close to normal a life as possible. The person's individuality, their inclusion and involvement in their community and their right to make their own choices have been widely championed and disseminated across the sector. But one DSW reported that the clients' opportunities to live a more normal life and become more independent were being reduced because

> *they're buying frozen dinners ... they've all got cleaners ... That's not living a regular life like a regular person which [was] the whole idea of these people living in the Community ... So where has this progress got us? It's got us nowhere. ... we're actually going backwards. ... We used to teach [them] ...*

> *and the greatest thrill in the world [was] when they've learnt something. It might be the tiniest thing in the world, and you think 'Wow'. ... they used to learn to look after themselves to the point of having minimal supervision. But now we're just baby sitting.*

Another DSW was concerned that, although the sector argued that group homes were the person's home, OH&S regulations demanded that *even though it's a normal home, you have to start putting in 'EXIT' lights*. Another described the over-regulation when a group of clients wanted to hold a Christmas Party and Bar-B-Q but, two weeks before the event, were told by senior management that staff and residents could not cook any of the food *because under the OH&S you're not allowed to do that anymore*.

Comments by participants that, although *it is the clients who should be controlling the situation* and *[the] job is much about empowering [clients] to make choices*, this simply does not happen. One DSW asked

> *[Why is it] that a passive shift must start at 10.00pm irrespective of what the client wants to do or what he will be doing tomorrow? Where do clients have choices or get to make their own decisions?*

One DSW said she was *very disillusioned* because of management's lack of respect for clients. She then described how a new manager had visited a house where five women with disabilities had been living together for 13 years. These women and their families had

> *paid for carpets, lino, heating, fans. They have paid an awful lot of money ... thinking that this was their home and they were going to live there. ... they're all together, they eat together, ... a couple of them work together ... and they're just going to be split up.*

The new manager thought the house was *perfect for high needs [clients] ... and they'll find [these women] accommodation elsewhere.* At a later interview, she confirmed that these women had been evicted from the house and separated into five other different group homes.

Another DSW was disturbed by the response to a retired DSW who had been

> *keeping in touch with some of the clients ... she gave some of them her phone number and [the clients] ring her off and on. ... when I was on shift last Sunday, she dropped in to see one of the clients ... she was there for about half an hour. Now the office is questioning that. ... They rang me and questioned me [on the Monday]. They were concerned that she was letting [the client] live in the past or something ... you know, [clients] have rights.*

One DSW said,

> *everyone is a human being regardless of what deficits they might have, which bits of their body aren't quite right or which bits of their brain don't work as well as the next person's. But they've got a story to tell as much as anyone else has. ... they, just as much as anyone else, deserve people to respect them and value them.*

Wastage of funds and resources

Nine DSWs (48%) raised concerns about the wastage of funds and resources. Three (16%) were concerned mainly about issues involved with increased paperwork (see above). Two reported feeling that some aspects of training practices, especially the repetition of basic courses, were unnecessary and wasteful.

One DSW, now in a management role, asked, *if you're losing staff, don't you say 'What's going on?'* but she didn't feel management questioned their own processes enough. Another DSW believed that the costs of recruitment and training of new staff and, if DSWs only stay *three to six months or even a year, it's a huge waste of money* that must be addressed.

Another DSW in a largely management role pointed out that *it's not just about the funding, it's how you use it ... we have to work on better ways to use that funding because a lot of money is wasted.* Two DSWs from two different agencies commented on the wastage of both time and money since their agencies had instituted an *outsourcing* system for the simple sewing on of a missing button now *done professionally at a cost*. Another commented on the need to buy in pre-prepared meals because of the limitations now placed on the available number of support hours. In one house, she had worked with several of the clients 15 years ago and knew *that [this client] can do [his] own washing ... [and] can cook a really good* *spaghetti bog*. She was also concerned that there was *no fruit on the table ... and packet meals in the bin*. And one DSW, dealing with regular violent incidents often requiring police intervention, highlighted this wastage of time and increased complexity to achieve the same outcomes. She reported that her mobile phone had been removed by senior management *because she probably [had] too many phone calls*. The clients were told they now had to phone a government agency after-hours, but the staff there *doesn't know the client, doesn't know how to fix the problem and they end up ringing me anyway*.

A DSW, now in a management position, described a wasteful example, both financially and emotionally. A client who had been in the group home for almost 20 years developed dementia. Because she had lived with the other residents for so long, there were few issues with her behaviour. A new manager for the house contacted a government agency which immediately transferred the client to an aged care nursing home. The government then *had to end up forking out for a support worker to spend all day every day with her because ... she was trying to pull old ladies out of bed*. After several months, this client was moved to a large state-run institution and some time later to a completely different group home.

6.8: What rewards do 'long-term' DSWs feel they receive from their work?

Almost three quarters of the DSWs interviewed (74%) used the words *'reward'* or *'rewarding'* to describe some aspect of their work or as a reasons for beginning or continuing to work in the disability sector. For many of the DSWs, the rewards they cited applied equally to their responses to other questions and were therefore coded and reported in the responses to those questions as well.

Almost all DSWs (87%) said they *loved* their work and found it *rewarding, challenging* and *fulfilling*. The majority referred to those times *where you see [the clients] happy ... [and] you can see the joy on their face* or see them *improve and blossom when given time, respect, hope and honesty*. Two DSWs (11%) also referred to the *rapport* and mutual *trust* they had developed with the people they supported making this the *most satisfying job [one] had ever had*. Others also mentioned their interest in the work and the fact that it was never *boring*. And five DSWs (26%)

commented on the fact that they had learned new skills from the people they supported.

6.9: Why have 'long-term' DSWs decided to stay working in the area?

Every interview participant in some way described their commitment to the people they supported. The majority (87%) said they *loved it, absolutely loved it* and *enjoy[ed] the interaction with the clients*. More than half of the DSWs (58%) reported that *seeing [their clients] grow and develop their personalities ... [and] achieving growth, skills and self worth ... [as well as being] happy, laughing [and] enjoying themselves* made the job worthwhile for them.

More than half of the DSWs (58%) believed that they were fortunate to find this work because *this is where I should be. No doubts*. For some it was simply *the pride in [their] work]* and the love of the job which was *the only reason I'm [here]*. For others it was that *this is my life, it's like this is my passion* or *calling* and that made them *really look forward to going to work* and made them feel they *would hate to give it up*. As one DSW said, *I'm blessed. I'm blessed to have found a job that I love.*

Almost half of the DSWs (47%) reported feeling very high levels of job satisfaction. One described it as *the best job in the world ... a combination of teacher, counsellor, advocate and more*. For most of this group, the job satisfaction came from the rewards they received from their interactions with their clients

> *[Rewards] might be rare, the really huge changes ... [don't] happen that often. ... [But], whatever the change is, those small changes, I think we live off of it, I think that's the pay in this job, that's what we aim for.*

Almost half of the DSWs (47%) also said that the work *is never dull or boring* because *there's always something happening*. One said she didn't think she could *go on a production line or in a shop [because] it would be mundane. ... [and] working with people with disability is never mundane*. Another said she also enjoyed the challenges because *you have to go through a lot of things before you find what they can and can't do and it's different for every client*. As one said, *intellectually it's a huge field. It's a constant minefield of trying to find the best way to help someone to live ... and that's one of the things that keep me in the job*.

Five DSWs (26%) made particular mention of the fact that their interactions with their clients *[are] a two way thing* and they believed *there [was] much to gain [because] people with disability have much to offer*. One said, *it's not what you do for them, it's actually what they teach you*. Another said that her learning to read body language – *just even a facial look, a grimace or whatever, and you know* – had been very helpful to her in her family life. Another said that although *[the clients] may not have the mental capacity that you and I would in certain situations ... at the same time, they're teaching you a lot about yourself without actually telling you.*

Three DSWs (16%) mentioned that the level of trust shown by the clients and their families and the relationships developed with their clients were also factors keeping them working in the disability sector. One said, *they're trusting you with the lives of their daughter or son*. Three DSWs (16%) also said strongly that their *loyalty in the end will be with the clients*.

Although one DSW had not believed that her sister's disability had any influence on her work choice, after working in the sector for more than ten years she now felt that her *decision to stay in the field has been strongly linked to a vision that I have of how my sister's life could have been better and how we as a family could have done things better*.

One DSW said that she really needed to aim to do herself out of a job because *none of us, none of us support workers are essential. It's not us doing the work. It's the person and that person needs to move on regardless of who is walking beside them*. Another said that *it's not just one thing [that keeps us in the job] ... it's everything. Everything that happens, everything is rewarding, everything keeps [us] coming back*. And one DSW reflected that

> *you don't do it for money and you don't do it looking for thanks either. [You do it for] absolute total self-gratification. ... If I'm really honest, I do it for myself.*

6.10: What strategies have ‘long-term’ DSWs developed to enable them to cope with the pressures associated with disability support work?

Almost three quarters of the DSWs (74%) stated that they used *the normal coping strategies* to help reduce the stresses of the job. These included individuals who did a regular exercise regime every day, *hav[ing] a very strong coffee, coming home and open[ing] a bottle of red wine* and one DSW who said *I shop, I like to shop*. One also described how her major method of coping was to write. *I write. That’s my outlet ... I vent it all out and then think, OK, I feel better now*.

Almost one third of the participants (32%) talked about the need *to get out and unwind* and *to have a life outside of work*. Several talked about the need for *good relationships outside of work* and *meeting people* because the most important aspect, at least for one DSW was *talking, talking ... you pick up the phone and call a friend*.

Several DSWs in this group also talked about the importance of the drive home. *I put some music on and I’m usually calm by the time I get home*. One DSW said he listens to *heavy metal* if he’s had a bad day and then changes to *something more mellow*. Another music listener on the drive home decided to leave a particular position because *[he] knew [he] had to go ... because I was thinking about it all the way home, a twenty minute drive home and nothing else came into my head except that issue.*

Almost one third of DSWs (32%) specifically mentioned the need to *ventilate their feelings without fear of repercussions* by talking to co-workers and other workers in the sector. One said she had a strong group of former co-workers and she *can ring them up and have a good bitch to them ... a very strong network is a must*. Two DSWs working in an agency where staff meetings are no longer held, said that a group of co-workers now meet regularly at a local coffee shop or in each other’s homes so they have a chance to ventilate their problems and concerns. Another said that her former co-workers *constantly get phone calls from me ... I use my co-workers and I use my team leaders*.

Three DSWs (16%) commented on their need to ventilate to family members although they reported feeling that, at times, *people who don’t work [with people* *with disabilities] can't really understand the issues*. But as one DSW said, *I have a good partner* and a daughter with mental health problems *so she's very understanding of my frustrations*. One DSW, who admitted *taking her work home with her,* described leaving an agency and *when I left [that job] my husband said, 'Well, what are we going to talk about?'* Another who, after a bad day sometimes *just want[ed] to come home and rant. So it's wonderful because [she] lives with six cats and so sometimes they cop it*.

Seven DSWs (37%) talked about their need to deal with issues directly with management and *will go straight to the top and say, 'What's going on?'*. One said she has *always been quite assertive ... [and to] implement what I want done, I have actually gone and told them, 'Well, you are going to have to supply the staff!'* Another said she always stressed at interviews that *I will support anyone to live their life but I am not a cleaner and I am not a baby-sitter* and feels she has to say this so that everyone understands that *this is a support role*. Three also said that *good supervision* and establishing *good relationships with Team Leaders* were critical. One reported feeling very comfortable when able to talk regularly with her manager and one often went *to the management, and this is what I call dobbing myself in, [telling them] this is what happened and this is what I'm going to do next time*.

One DSW who was concerned that after repeatedly alerting management to a serious issue with a client and receiving no support or action for several weeks, simply refused to go to the client's home to force some sort of response. One DSW with more than 30 years experience described how he tried to discuss an issue but realised the supervisor refused to even consider his opinion. He reported feeling *totally devalued and [he] knew there was no point in staying*. He simply asked the senior manager to transfer him to another position in a different section of the agency.

Almost one third of DSWs (32%) made it very clear that when issues arose in their work, if the support provided by agency management and supervisors was not considered adequate, they had simply resigned and left the agency. One DSW who had worked for five different agencies over her time in the disability sector said *it only takes one big issue ... [and] I can suck it up and keep going ... or I can leave and get another job*. Two DSWs (11%), both with more than 25 years experience, described complaining to management about what they considered to be a serious lack of appropriate support being provided to a client. One, when no action was taken, simply left. The other, who was told she was a *dinosaur ... [and] would have to increase her productivity*, lodged her resignation the next day but was persuaded to stay after two weeks of phone calls from the manager and chair-person of the agency board offering her promotion positions and better wages.

One DSW said rather than take his annual leave in one four week block, he prefers to take *four breaks of one week during the year*. Two DSWs (11%) reported feeling that support work *has a certain life span to it and then I need to stop and move on. Take a year off, travel and I always seem to come back to it*. The other said that *when [she] had enough, [she'd] gone off and bought a [shop] ... but [support work] always keeps pulling [her] back. [She] can't help it.*

6.11: What aspects of the way support services are currently provided would 'long-term' DSWs like to change?

Four DSWs (21%) raised the need to improve the acceptance and recognition of people with disabilities by the general community. One said that this lack of recognition of disability issues meant that *people with disabilities do get forgotten* and so there was little pressure on governments to provide adequate funding.

And almost all of the DSWs interviewed (90%) believed that *increased government funding* was the most significant change needed to improve the quality of life of the people they supported. Four DSWs (21 %) commented that, unfortunately, they could not see this happening because of the current *economic climate,* the growth in *the age[d] population* and its increasing demands and the unwillingness to embrace change. As one DSW said, *What I see or what I hear is a lot of tokenism, we do this, we're going to do that. Nothing ever changes ... And it all comes back to funding, we don't have enough money.*

More than two thirds of DSWs (68%) reported this funding increase was needed to improve the *recruitment and training* and the necessary *retention of irreplaceable experience and [staff] skills*. The overwhelming majority of these DSWs (90%) reported feeling that there was a need to have *more staff, good quality staff ... staff that care about the clients* and *definitely ... better trained staff*. More funding to allow *higher pay scales to attract skilled workers* and *up to date [training] courses* *and workshops that do not cost employers to send their staff to attend* or require the worker to pay their own fees may help in achieving these goals. Several DSWs commented that employing large numbers of migrants *because the government subsidises them* was not a solution to staffing issues but was simply *adding to the ... problem*.

The need for changes to the recruitment and retention of good staff was highlighted by three DSWs (16%) who gave examples of supervisor or co-worker bullying of new staff. One also raised the issue of bad and doubtful staff. *There was another guy that was just shocking and [he was] asked to leave so he went on and worked for another couple of agencies*.

The vast majority of DSWs (84%) raised the need for major changes in the way disability services were managed. As one DSW, now in a largely management role, commented that although there was a clear need for *more money in the sector ... [it was] money to go towards meaningful things ... you need to have the right drive for what that money is spent on*. The need for *hands-on staff [to] have more input into 'higher up' decisions* and the need for *management ... to really understand the support role* were other comments, but there were also several suggestions that there was a real need to *trim management – less chiefs, more indians*.

More than half of this group of DSWs (53%) primarily stressed the need to change the focus of management back to *a clear focus on clients*. *[The] residents are and should always be the number one priority* and disability support, *it's about people, it's not about business*. One DSW said, *the bigger the organisation, the more money oriented ... [it becomes and] it seems the clients come last*. The most common change recommended by this group was the urgent need to increase the support time available to clients. They commented strongly that this loss of available support was having serious and *deleterious effects* on the people they supported. One said that *support ... often [doesn't] address the main points in a person's life* and then gave the example of one of her clients crying herself to sleep every night. Another described how there was no longer sufficient time to always take clients shopping so a supervisor *simply goes out and buys a number of clothes and, if they fit, that's what the client must wear*.

One very experienced, DSW said

> *[You] need to spend time with the client ... to give them an improved quality of life – [there's] no benefit for the client if you do nothing with them. ... Nobody has the time to just sit and chat with ... a client. ... Nobody does that any more. Everybody's busy, busy, busy. I think if all you're doing is busy, what's the client getting out of it?*

Another believed strongly that support must be about *recognising the individuality of clients ... [and not about] standardising the support process.*

6.12 Summary

The main focus of the interviews were the comments and concerns related to the individuals with a disability who the DSWs supported. The majority of the interviewees (79%) mentioned forming respectful and trusting relationships with their clients. And these relationships and their importance in meeting the perceived needs and desires of both the DSWs and their clients recurred throughout the interviews.

Almost two thirds of the interviewees (63%) had previous experiences with people with disabilities as family members or friends. Two of these DSWs said they had decided never to work in the disability sector because of their early experiences. However, they found that when they did begin to work in the sector, they really enjoyed the work. Like almost all of the interviewees, they described their altruistic feelings of *helping people* and making *a positive difference* in their lives. These views of *enjoying*, and in several cases, *loving the job* and feeling very *satisfied* and *rewarded* in the work were repeated in some form by all of the interviewees.

The majority of interviewees (79%) worked in group homes with up to five residents and all of these commented on the need for good staff teams. But, all the interviewees made some comments about the need for improvement in the management and supervisory procedures in their agencies. Perhaps the most consistent major issue raised was the failure by management to include DSWs fully in the discussions and decisions about the support to be provided to their clients. Frequent changes to support regimes, increasing paperwork and the constant reduction in the time available to provide even basic support were also repeatedly raised. Indeed, several interviewees talked about their feelings that the nature of disability support had become more of a *business* rather than a *caring profession*.

Again, the majority of interviewees (79%) mentioned the constant funding problem and the urgent need for governments to provide more funding and resources to the sector. Although the issue of the poor pay rates for DSWs was raised, and the interviewees would certainly appreciate an increase in their wages, this was not of major concern. Several interviewees stated that they *did not do this work for the money*. Three DSWs simply proposed that increasing the wages may be a useful way of attracting and retaining support staff. And all interviewees from the smaller agencies commented on the high staff turn-over and the problems this created. As well as *confusing* and *disorienting* the clients with the frequent staff changes, almost half of the DSWs (48%) pointed out the wastage of funds in the recruitment and training of new workers and *then they leave ... so you just have to start again.*

Two DSWs who worked alone and one who worked with frail elderly clients commented that support could at times be a stressful job. The other interviewees did not raise the issue of the stress of the job but almost one third (32%) talked about the need to *ventilate their feelings without fear of repercussions* by talking about issues to co-workers and others. For almost one third (32%) of the interviewees, if they were unable to talk to management and resolve problems, they simply left that job and moved to another agency. One of these DSWs had worked for more than ten agencies over his 30 year career in disability support.

Chapter 7 discusses the findings from the written responses to all survey questions by the 188 DSW respondents and the interview comments by the 19 selected volunteers. The implications of these findings in relation to the support work role and recommendations to improve the retention of DSWs are also discussed.

7. Discussion

7.1 Introduction

In recent years, the problem of recruiting DSWs and providing adequate support to people with a disability has continued to increase (see pp. 31-32). In South Australia, the number of people with a disability or mental health issue on the *Category 1 Unmet Needs List,* defined as clients who *'are homeless and in immediate and high risk to harm self or others',* rose from 888 clients in August 2011 to 1246 in August 2012 (Brayley, 2012, p. 13). In the US, 'approximately 30 percent of authorised [support] hours for in-home services were not provided' because of a lack of direct support staff (Hewitt, 2001, p. 12). In Australia, more than half of the people with a disability receiving support services paid for by the Federal Government had an informal, unpaid carer. For more than two thirds of these people, that carer was their mother (AIHW, 2007a).

In this study a survey containing both closed and open-ended questions seeking demographic information and the opinions of the participating DSWs on issues with their work was distributed to 842 DSWs working in ten agencies in metropolitan Adelaide, South Australia. Of the 188 respondents, 65 DSWs also volunteered to be interviewed about their work. Fifteen of these volunteers were selected and were interviewed several times during a 14 month period. Four of the remaining volunteers, who worked for more than 75% of their time in management roles, were also interviewed just once.

This study therefore aimed to examine the reasons why 'long-term' DSWs continue working in the disability sector and how those reasons might be used to improve the recruitment and retention of DSWs. This Chapter discusses the findings of this study:

- as they relate to the research questions and why many DSWs do stay working in the sector and what strategies they use to do so; and
- how they compare with features of Job Characteristics Theory, which proposes that workers are more concerned about the satisfaction with and perceived rewards of their job than work conditions and wages.

This Chapter also discusses possible limitations of the study and the implications for future research and DSW practice.

7.2 Issues related to research questions

7.2.1. DSW - client relationships

Although not included specifically in the survey (Appendix A) or the interview Pro-forma (Appendix E), the first three interview participants raised the topic of the importance of the relationships formed with their clients early in their interview and talked about it at some length. From then on, the researcher introduced this topic as a standard part of the interview procedure.

More than one in five of the survey respondents had worked as DSWs for less than three years. Therefore, many of this group, especially those with less than one year's service (6%), may not have had sufficient contact time to form meaningful relationships with the people they supported. Even so, a quarter of all survey respondents reported feeling that the relationships developed with the people they supported were rewarding and positive aspects of their work. And, almost one in five of all respondents stated that their clients were an important factor in them staying in the job - it was *'the clients who keep [us] here'*.

The majority of the interview participants, all chosen because they had worked 'long-term' in the disability sector (for between eight and 34 years), stressed the importance to them of their relationships with their clients as being a major reason for them staying in the job. Two interviewees indicated that they could not leave the job until after a special client who they had worked with for many years had died. These attitudes indicate clear and direct links to key features of the Job Characteristics Theory. The DSWs' understanding of these relationships and the impact they have on the lives of the people they support directly (*'task significance'*) demonstrates the interviewees ability to identify activities which provide clear and visible outcomes to their clients (*'task identity'*). These positive relationships certainly provided a high level of job satisfaction and a source of self-esteem to those DSWs interviewed ('*meaningfulness*'). The willingness of some DSWs interviewed to stay working with a particular individual because of the relationship they have formed with them also indicates the DSW's greater sense of responsibility to their clients ('*responsibility*').

Several interview participants questioned how they could be expected not to form such relationships after many years of close contact with particular individuals. More than half also reported that they believed the formation of these relationships was a critical and necessary part of good support work because they allowed the development of mutual trust and respect between DSWs and their clients. Several also described specific examples of their advocating for clients and personally raising with management issues affecting the people they supported. More than one third of DSWs interviewed also reported being very aware of the dangers of placing 'too much reliance on each other' and both DSWs and clients becoming overly dependent on these relationships. These findings support Lutfiyya's (1993) argument that the forming of these relationships and friendships 'enriches the lives of individuals with and without disabilities' (p. 106).

However, three interview participants reported several agency managers as stressing to their staff that they must maintain a distance between themselves and their clients. In one agency, management was reported as actively trying to discourage any continuing, occasional contact between a retired DSW and the people she had supported for many years because management said she was encouraging the clients to *'live in the past'*. Similar arguments have been raised in the literature in several areas of the human services (see pp. 25-26). But, the high turnover of DSWs may reduce opportunities for these friendships to develop and so, when they do, Lutfiyya (1993) argues that workers should recognise and encourage them to continue. There is also some evidence in the literature suggesting that poor relationships between DSW and their clients may be a predictor of staff burnout (Skirrow and Hatton, 2007) and the development of client challenging behaviours (e.g. Allen, 2000). In this current study, the majority of 'long-term' interview participants and one quarter of all survey respondents stressed the importance of these relationships as a rewarding aspect of their work. The feeling of *'doing something good'* and the perceived rewards from those actions also contributed to increased job satisfaction for the worker and, in several interviews, reinforced the DSWs' intention to continue in the work.

Where relationships and the development of feelings of mutual trust and respect between the worker and the client do not exist, previous research has suggested that people with a disability may report sadness, nervousness and even fear of support staff (Test et al., 2003), may interact less (e.g. Felce, 2005; Mansell & Elliot, 2001) and develop aggressive challenging behaviours (Allen, 2000; Howard & Hegarty, 2003). DSWs in this study reported their belief that, for the people with intellectual disabilities they supported, these relationships were a very important factor in improving their client's quality of life. Similar suggestions have been made by Newton, Horner, Ard, LeBaron and Sappington (1994), and O'Brien and O'Brien (1993). Hastings (2010) has also argued that the area of relationships between DSWs and the people they support has been seriously neglected in previous research and suggests that there is a 'need to research service user – support staff relationships from both perspectives' (p. 209).

7.2.2 'Long-term' DSWs' motivations

Previous research has not typically focussed on the reasons why people decide to work in the disability sector. However, there is some evidence that some form of prior contact with people with a disability may be an influencing factor in people's decisions (e.g. Kobe & Hammer, 1993; Owen & Standen, 2007; Stoneham & Crapps, 1988). There is also research that suggests people's altruistic feelings of wanting to do worthwhile things or help others may be an important motivating factor, especially for younger people (e.g. Phillips & Taylor, 2010; Rogers, 2013; VRRI, 2005).

In this study, survey respondents listed a wide range of reasons why they began to work in the disability sector. More than three quarters of the respondents described some prior contact with people with disabilities among their family, relatives and friends as a motivating influence. Others listed volunteer work with people with disabilities or their studies in the disability area as a motivating factor. Only a little more than one third of the respondents who had not had some form of prior contact with people with disabilities continued to work in the sector. However, more than half of those with prior contact had continued to work in the sector for longer than the median length of service of 8.3 years. These findings support the view that prior contact with people with disability may be a major factor in motivating people to work in the disability sector.

Of the 'long-term' DSWs interviewed, almost two thirds had a family member or friend with a disability but three quarters of these DSWs did not feel this was a factor in their choosing to work in the disability sector. Indeed, one participant, who had visited her uncle with a disability every weekend as a child, said she was certain as a young woman that she didn't ever want to see another person with a disability. But she had now worked as a DSW for almost 20 years. Two participants did report that their prior experience with disability had been a significant factor for them and had been a major positive influence on employers when they sought work in the sector. Only two of the DSWs interviewed, without some form of prior contact with disability, said that they had *'stumbled across'* work in the disability sector. Again, these findings suggest that for the DSWs participating in this study, prior contact with people with disabilities was a key motivating factor in a person's decision to begin and to continue working in the disability sector. The findings also support previous research indicating that people who have had experience with people with a disability are highly represented in the DSW workforce (e.g. Owen & Standen, 2007; Stoneham & Crapps, 1988).

Poor pay rates and wages have often been cited in the literature to be a major disincentive to the recruitment and retention of DSWs (e.g. Larson & Hewitt, 2005). In the current study, only a little more than one third of survey respondents listed poor wages as a major problem in disability support work. While the majority of the interviewees mentioned poor pay rates, most of their comments were linked to the need for increased government funding if improved disability services were to be achieved. Almost all of those interviewed said they *'loved'* their work and *'[didn't] just do it for the money'*. Only one DSW in the current study said she believed that pay rates were a major issue in her considerations of future work in the sector. The participants in the current study indicated that poor pay rates were not a disincentive to their continuing to work in the sector.

This altruistic view that pay rates may not be a major motivator is supported by recent research in evolutionary biology, evolutionary psychology (e.g. Barber, 2004) and neurophysiology (e.g. Doidge, 2007; Sternberg 2001) which has shown that altruism may also play a significant role in community social interactions. In this current study, more than one third of respondents and interviewees reported that they wanted to *'make a real difference'* to people's lives and that *'doing something good'* was a major reward and reason to continue in the work. Piccolo, Greenbaum and Eissa (2012) have suggested that these altruistic motivations may contribute to the workers' interpretation of the significance of the work and their responsibility to their clients. A recent study by Rogers (2013) of male human service workers in rural Queensland found that altruism was the major factor for two thirds of the younger men (aged less than 34 years) surveyed choosing to work in this sector.

7.2.3 ‘Long-term’ DSWs’ views of the nature of their work

In all phases of this study, both respondents and interviewees commented on the difficulty, complexity and importance of disability support work. ‘Long-term’ interview participants in particular stated that they needed a wide range of skills in order to deal with the various situations they face at work, from life-threatening emergencies to domestic cleaning. Several DSWs reported that *‘you do whatever needs to be done at the time’* and so the work is *‘never dull’*. This broad range of skills required by DSWs to meet all the requirements of their work reflects the important linkage of disability support work to the ‘skill variety’ factor described in Job Characteristics Theory (Piccolo et al., 2012).

The number of people with multiple or more severe disabilities living in community housing programs has been increasing during the past few years (AIHW, 2005). Several interviewees commented that, particularly in group houses with up to five or six residents, the complexities of their support role had increased. But the length of shifts had also decreased, significantly reducing the time available for DSWs to adequately complete the required support tasks without working some unpaid overtime (e.g. Iacono, 2010; Larson & Hewitt, 2005; MoHNZ 2004).

The interview participants expressed a very strong commitment to the people with disabilities they supported. Participants regularly commented on the need to work unpaid overtime, both by management direction and voluntarily, to complete the tasks required in their rostered shifts or the need to cover emergency shifts when other staff were unavailable. More than half of the survey respondents reported working both unpaid overtime and extra shifts. Indeed, one ‘long-term’ participant reported these extra shifts, often at unsociable hours and short notice, made it difficult to plan and lead a normal family life outside of work. Research has shown that unpaid overtime is common in most industries and is especially so in human services (e.g. aged care, child care, disability services) (Conway & Sturges, nd). In one recent study, almost three quarters of aboriginal Drug and Alcohol workers in outback Australia worked high levels of unpaid overtime and this had major deleterious effects on their emotional exhaustion and turn-over rates (Roche, Duraisingam, Trifonoff & Tovell, 2012). In the nursing profession, ‘working unpaid and longer than agreed hours is also a factor for increasing the likelihood of part-time nurses to leave the profession’ (Zeytinoglu, Denton, Davies, Blythe & Boos, 2006, p. 57).

More than half of the interview participants expressed concerns about the high turn-over rates of DSWs, the recruitment of support staff with little training or experience and the consequent regular changes in support teams. As reported in the research literature (e.g. Hewitt & Larson, 2007; Test et al., 2003), this inconsistency in support often led to real problems for both the DSWs and the people they supported. Several participants in this study described situations where they had to supervise or later redo work carried out by inexperienced new DSWs. Two interview participants specifically described situations where the person they supported became very nervous and unhappy with new staff and for some time were less involved in activities and personal interactions.

The perceptions of the participants in this study suggested that the failure to retain good support staff may be influenced by the undervaluing of DSWs by both management and the sector. The feeling by DSWs of being undervalued by employers has long been recognised and reported in the research literature (e.g. Dyer & Quinne, 1998; Iacono, 2010). The researcher, in his work in the disability sector and the early stages of developing this study, had also experienced negative attitudes toward DSWs and their skills by senior management and bureaucrats (Cookson, 2010b). Indeed, Hastings (2010) has argued that most research into support staff behaviour in intellectual disability has focussed on DSWs being seen ‘potentially as a “problem” to be remediated’ (p. 207). Despite having the skills required to carry out the complexities of the work, many respondents and interviewees in this study commented that they felt grossly undervalued by their employers. Another important factor also raised repeatedly by participants in this study expressed the view that management simply made the turn-over situation worse by failing to involve ‘long-term’ DSWs in the planning process. Job Characteristics Theory argues that the failure of an employer to recognise a worker’s skills and talents and to involve the worker in planning and taking responsibility for their work can severely reduce the worker’s job satisfaction and commitment (Piccolo et al., 2012). For a large number of participants in this study, this perceived lack of respect by their managers had been sufficient reason for them to simply resign and move to another employer in the disability sector.

7.2.4 Problems ‘long-term’ DSWs’ see in their work

Almost three quarters of the interviewees believed that the two major problems were the lack of adequate government funding and organisational and management issues. This conclusion was supported by more than three quarters of the responses to open-ended questions in the survey identifying organisational issues as the major problem and these were often linked to broader resource issues (e.g. the lack of adequate government funding).

7.2.4.1 Funding issues

The lack of adequate government funds led to more than three quarters of the interviewees reporting that insufficient government funding had led to a *‘constant funding problem’. S*everal DSWs suggested this would become even more of a problem with the increasing complexity of mental health issues for people with disabilities in an aging population. While several participants understood this lack of funding was a difficult problem requiring management to minimise costs, they expressed deep concerns that many management decisions seemed to be taken at the expense of client needs and basic human rights. In one interview, a person with dual disability being moved to an aged care facility where additional staff had to be employed to control her behaviour towards other residents was described as a clear example of the perceived wastage of scarce funds and resources by poor management decisions.

More than a quarter of the respondents and interviewees reported feeling that the high turn-over of staff had resulted in poor staff teams which then often provided inconsistent and inadequate services to the people with disability they supported. The unanimous response from the interview participants (who included four DSWs working significant portions of their time in management roles) was that disability support services had become a business where *it’s all about the money ... all about the bottom line* due largely to this lack of government funding.

7.2.4.2 Management issues

Poor supervision and support of DSWs by supervisors and managers

Almost half of the interview participants raised issues about the supervision and support provided to them by their managers and supervisors. Most of the survey respondents also reported support by their co-workers was more common than from supervisors and managers and this was most important to those DSWs who worked alone (see Appendix F, Table 27). The major issues raised by DSWs included the:

- inconsistencies between the advice from different supervisors;
- unavailability of on-call supervisors to provide support, especially in emergency situations on weekend and overnight shifts; and,
- feeling that their supervisors lacked practical experience in and understanding of disability support roles (in some cases).

Several participants suggested that their supervisors should be required to cover a standard shift on a regular basis. Only two respondents reported that they had received support from supervisors specifically checking on their welfare.

These findings support the large amount of previous research (see pp. 42-45) which has found that the poor supervision and recognition of DSWs by management and supervisors may be an important factor in high levels of staff turn-over (e.g. Blumenthal et. al., 1998; Dyer & Quine, 1998; Iacona, 2010).

The lack of involvement of DSWs in decision making and planning

Recent research on the implementation of Person Centred Planning and Active Support stresses the need for the involvement of a group of planners who know the person well (e.g. Brown, 2012; Dempsey & Nankervis, 2006; Sanderson, 2000). However, in this study, one of the DSWs' major concerns was their lack of involvement and inclusion in support planning procedures. Many 'long-term' DSWs may have supported the client for many years. The failure of management to make use of the experience and knowledge of DSWs about the people they support was discussed at length by all interviewees. Most believed that this was a major reason for job dis-satisfaction as well as the waste of a valuable resource.

Making use in the planning process of this readily available resource by including DSWs who support a particular person could provide valuable inputs to support plans for that person. Almost two thirds of interview participants viewed the inclusion of DSWs in decision-making and personal planning procedures for their clients as a way to increase DSW job satisfaction and improve the support provided.

Again, previous research has demonstrated that this feeling of DSWs being devalued is very common across the disability sector (see pp. 42-45) with one study finding that 75% of DSWs reported feeling that their views were not sought or listened to and that the expectations of management were unrealistic (Blumenthal et al., 1998). Studies have also demonstrated that poor supervisory support is related to workers' intentions to leave (e.g. Fakenmoju et. al, 2010).

Limited opportunities for interaction with other DSWs

Strongly related to their feelings of not being involved in decision making and valued by management, participants in all phases of this study emphasised their own need for interaction with and support from other staff. This applied particularly to DSWs who regularly worked alone. Several participants indicated that these interactions with other team members provided necessary opportunities to:

- discuss issues;
- talk;
- debrief; and
- ventilate their feelings.

Several interviewees from two agencies particularly raised this issue as a major concern. These participants reported that full staff meetings were no longer being held and so some of the DSWs were now regularly meeting at a coffee shop or in each others' homes to discuss issues. Stack (2002) reported a similar attempt to remove collegiate discussion in a community nursing organisation. When the nurses were no longer able to meet and discuss client issues at the office in the mornings, they simply arranged to meet at a local cafe and held their discussion over lunch. More than one third of the interviewees in this study commented on their need to *ventilate their feelings without fear of repercussions* by talking to co-workers, supervisors and other workers in the sector. Several reported feeling this was very important because the daily issues in working with people with disabilities were often complex and could not really be discussed with family members or others who had little or no experience working with people with disabilities.

Over a long period, research has argued that easy and effective collegiate and social interactions in the work-place which encourage increased job satisfaction are important in improving work performance in all areas of work (e.g. Argyle, 1972; Bennett & Beehr, 2013; O'Brien, 1986). In Job Characteristics Theory, Piccolo, Greenbaum and Eissa (2012) have also argued that changes to the way work ethics are seen in recent years has meant that for many workers, 'work is not simply a means to an economic end ... [and they] are now seeking employment at organizations in which they can take pride and job assignments that allow them to feel as though work has an impact on the lives of others' (p. 291).

The lack of opportunities to discuss issues and receive support has also been identified as a major issue in studies on burn-out and person-environment theories (e.g. Ehrhart & Makransky, 2007; Maslach, 1982b; Shinn, 1982). A study by McKernon, Allen and Money (2002) of the New Zealand Mental Health Foundation highlighted a range of behaviours, both organisational and individual, which resulted in what they termed 'mentally unhealthy workplaces' (p. 285). To avoid the development of unsatisfactory and often on-going workplace issues, they suggested that organisations needed to develop and provide opportunities for:

- communicating effectively;
- accounting for worker's feelings;
- having satisfying workplace relationships; and
- dealing with difficulties and problems quickly and effectively.

Ensuring that these opportunities are available to all workers has been found to lead to increases in workers' 'enjoyment, safety, motivation, staff retention [and] productivity' (p. 288).

Poor training opportunities for staff

The level and type of pre-service, orientation and in-service training provided to DSWs was seen by the participants in this study as a major problem across the disability sector. The responses from participants in all phases of this study repeatedly highlighted the concerns felt about all aspects of current training opportunities. More than one third of interview participants believed a Certificate III qualification (the proposed minimal level of training in South Australia) was insufficient and did not necessarily provide *'good'* support staff. For two of them, the fact that they were expected to undertake this training in their own time and at their own cost after many years of experience working in the sector was seen as an insult.

The research literature and surveys of the disability workforce have constantly raised these poor levels of training as a major area of concern (e.g. Burchard & Thousand, 1988; Felce et al., 1993; MoHNZ, 2004; ODACS, 2006; VRRI, 2005). These training issues may tend to further increase the DSWs feelings of being undervalued (e.g. Iacona, 2010). The perceived failure of the sector to provide training in new skills, programs and procedures may mean that the people with a disability fail to benefit from improvements in support programs and strategies.

In-service training was viewed by more than half of the participants as unsatisfactory, being rarely offered, of *'poor quality'*, *'highly repetitive'* and focussed mainly on policy and regulations. Indeed, almost two thirds of in-service programs undertaken by the survey respondents answering this question were required by regulations such as:

- OH&S;
- Manual Handling;
- Food Handling;
- Medication Accreditation; and
- Fire Safety.

In several agencies, these topics were reported to be repeated annually. When asked what courses they would like to do, most requested skill development topics and only 12 DSWs requested *'refresher courses'* (Appendix F, Tables 30, 31). This response indicates a desire and commitment by 'long-term' DSWs to continue to improve their skills and levels of understanding of disability issues.

These findings are consistent with the research outcomes of almost all studies and surveys of support training over the past 30 or more years (e.g. Dempsey & Nankervis, 2006; Ford & Honnor, 2000; Larson & Hewitt, 2005; Iacono, 2010). In agencies with only small numbers of DSWs, the provision of in-service training may be made more difficult by the lack of available funding and the consequent difficulties of covering shifts when DSWs attend courses. For agencies with high levels of staff turnover and new staff being employed constantly, it may be necessary to restrict training to annual repeat offerings of the basic regulation and accreditation courses. This would explain the complaints by longer-term DSWs in this study of the repetitive nature of available training. Therefore, there is a clear need for more funds to be made available by both government and agency management in order to provide adequate support staff training, at all stages and levels of the DSW's preparation for, commencement and continuing work in the sector. If there is no increase in funding and improvement in the quality of training provided, the disability sector may 'continue to be reliant on, at best, well-meaning ... or, at worst, unengaged and poorly trained DSWs' (Iacono, 2010, p. 293).

Minimal time available for support

Almost one third of DSWs raised the issue of the increasing amount of paperwork required by management and the consequent continual reduction in the number of hours actually available for 'hands-on' support. This may reflect that government and funding bodies are requiring increasing levels of accountability and agencies are having to develop and maintain additional records to provide evidence of their work (e.g. Ford & Ford, 1998; Race & Malin, 2011; Thornley, 2007).

Participants in several agencies also reported that the length of regular morning and afternoon shifts was regularly being reduced. One interviewee was very concerned that what had once been a four hour shift had now been reduced to two hours. This meant that a range of activities such as encouraging the residents to talk about their day's activities, to help prepare the evening meal or to tidy up their room could no longer be carried out. These types of activities allow some freedom and discretion for DSWs to plan and take some responsibility for the tasks carried out during the shift, to use their own skills in a variety of tasks and to add to their sense of satisfaction with the meaningfulness of their work. These features of *skill variety, task identity, task significance, meaningfulness* and *responsibility* are important features in Job Characteristics Theory and provide workers with a greater sense of satisfaction and self-esteem (Piccolo et al., 2012).

Not only does this reduction of available support time reduce the range of possible support experiences for clients, it may also reduce the time available to complete other necessary support activities for some clients (e.g. preparing lunch for work next day, helping with exercises). And several DSWs stated that they often needed to work unpaid overtime to complete those activities.

7.2.4.3 Issues affecting client well-being

Concerns were also raised by several interviewees regarding the regular movement of clients to alternative accommodation sites within agencies. An interviewee described the eviction and separation of a group of women who had lived together for over 12 years simply because the old house with high ceilings where they had lived would *'be ideal for high-care clients'*. To the interviewee, this seemed, at very least, to be uncaring. Previous research has demonstrated that this movement of people with disabilities from the people, places and routines they are familiar and comfortable with and the break-up of long-term friendships can cause serious trauma for people with a disability (e.g. Test et al., 2003).

One DSW described how she no longer had sufficient support time to help a woman with her required daily exercises. This lack of support greatly reduced the client's physical condition to the point of potentially endangering her life. Another participant indicated that at her agency, they had had to employ an Occupational Therapist and a Physiotherapist to meet client needs at a far higher cost than a DSW's wage.

In the current study, four interviewees complained of the practice of some agencies recruiting large numbers of overseas students and migrants with very poor spoken or written English. These recruits have usually had a short period of government subsidised training but the interviewees believed that the performance in the job by these new workers had reinforced the DSWs' view of the overall poor quality of the support training provided. All four interviewees stated that these new staff members required them to spend large amounts of time in interpreting, demonstrating procedures, supervision, on-site training and the need to redo tasks, all of which further reduced the time available to carry out their main support role. As stated above, almost one third of participants raised general concerns about the poor orientation and induction procedures in their agencies. In several cases, experienced 'long-term' DSWs reported feeling that they were expected to provide the only real induction and on-site training to new staff, especially to those from overseas, and this supports the findings of previous studies (e.g. Hewitt & Lakin, 2001; Iacono 2010).

7.2.5 Rewards 'long-term' DSWs receive from their work

Very little research has been done to investigate how DSWs perceive their work, what rewards they feel they take from their work and why they have continued to work in the disability sector. In all phases of this study, the majority of participants indicated that they experienced high levels of job satisfaction and enjoyment from their work. More than two thirds of respondents to the open-ended questions cited the relationships developed with the people they supported, their interactions with them, the perceived positive outcomes and happiness achieved by their clients and their enjoyment of the recognition by their clients as major rewards.

In recent years, there have been significant changes to the way in which workers view and value their work. Job Characteristics Theory suggests that employees generally 'anticipate that employers will not only provide a means for their financial well-being but their emotional and physical well-being as well' (Piccolo et al., 2012, p. 291). Workers' altruistic feelings toward their work could be described as a significant factor in enhancing job satisfaction and improving the workers' sense of well-being (Piccolo et al., 2012).

In this study, the findings regarding the DSWs' enjoyment of the work, development of relationships with their clients and co-workers and the overall perceptions of the rewards of successful support work are very significant. The DSWs clearly believed their work had an impact on the life of the people they supported. The DSWs, and especially the 'long-term' workers, saw the focus on the needs and desires of the people with disabilities, and their efforts to help them achieve those desires, as the most important and rewarding aspect of disability support work. The very nature of disability support and the diverse range of skills and activities required allow DSWs to have a greater understanding of the meaningfulness of their work and contribute to their feelings of self-esteem and well-being.

While only 8% of the survey respondents specifically reported that they had learned new skills and a lot about themselves, more than one quarter of the 'long-term' interviewees said that the learning of new skills had been both an important and satisfying aspect of their work. In fact, several commented that their learning experiences working with people with disabilities had been among the most satisfying of their working life.

7.2.6 Reasons 'long-term' DSWs stay working in the area

As could be expected, the majority of respondents reported that it was the rewards experienced in the work that kept them working in the sector. As discussed previously, it was the relationships with clients, the clients' positive outcomes, the variety and challenge of the work, the level of job satisfaction and the opportunity to learn new skills which kept DSWs working with people with disability. In fact, almost half of the survey respondents cited the *'enjoyment of the work'* and almost a quarter cited the altruistic feeling that they were *'doing something good'* as the major reasons they had stayed working in the sector.

This commitment to the people they supported by many of the 'long-term' participants became even more apparent when additional information and examples could be explored during the interview phase of this study. More than half of this group reported that the work was something that they not only loved but also believed they were meant to do. Almost half also commented on the challenge and interest of the work and the level of job satisfaction in seeing the positive outcomes achieved by the people they supported. In fact, three respondents to the open-ended questions described support work as the most satisfying and important work they had ever done. The DSWs in this study had worked in a wide range of occupations (Appendix F, Table 7). More than a quarter of the interviewees described and discussed just how much they had learnt, and could continue to learn, from people with disabilities and their work. The reported deep, mutual relationships developed between some workers and people they supported reinforced this expressed feeling of commitment.

However, the larger agency had a much higher job retention rate. A more detailed examination of the initial survey respondents' data showed a major difference between staff retention rates in the smaller and the large agencies. Almost half of the DSWs who were employed by the large agency at the time of this study and only one third of those employed by smaller agencies had worked for that one employer over their entire career. Also, more than half of the DSWs from the smaller agencies and only a little more than one quarter from the large agency had worked as DSWs for less than 8.3 years, the median length of service. These findings indicate that DSWs had continued working in smaller agencies for a shorter period of time.

Both the large and the smaller agencies employed their DSWs for a similar number of hours per week (DSWs working less than 25 hours: 32% in the larger agency; 28% in the smaller agencies). However, there was a very much higher requirement for small agency staff to work unpaid overtime (DSWs working unpaid overtime: 51% in smaller agencies; 20% in the large agency). Also, support from co-workers and supervisors was more readily available in the larger agency with three quarters of DSWs indicating that support was available *'whenever needed'* compared with less than two thirds doing so in the smaller agencies. The larger agency also paid DSWs a higher hourly rate for overnight 'passive' shifts than the smaller agencies. The ability of the larger agency to provide better work conditions (less overtime, higher pay rate for some shifts and better staff support) and to be able to move DSWs between a range of residential sites in a variety of locations and between clients of different ages and levels of disability may be important factors in retaining DSWs, particularly in the early stages of their work.

7.2.7 Coping strategies used by 'long-term' DSWs

Several researchers (e.g. Devereux, Hastings, Noone, Firth & Totsika, 2009; Hastings & Brown, 2002; Maslach, 1982a; Mitchell & Hastings, 2001) have described how the stresses experienced by workers cause them to develop a range of coping strategies. Although none of the participants in this study admitted using them, for some workers, maladaptive strategies (denying the existence of problems, 'wishful thinking' that the problem will simply go away, and doing nothing to change the situation) increases the levels of stress. This often leads to absenteeism, depression and finally 'burnout' causing them to leave the job altogether (Maslach, 1982a; Shinn, 1982). Alternatively, some workers develop adaptive strategies which allow them to accept the problem and engage in actions to rectify or improve the situation. These workers will seek to discuss the issues and develop new procedures and ways of dealing with the problem and this process often leads to increased job satisfaction. It is also important to note that these adaptive strategies lead to improved client services (e.g. Maslach, 1982a).

While much of the research literature discusses work stress as a major factor causing DSWs to leave support work in the disability sector (Hastings, 2010), several studies have found no evidence to support that view (Devereax et al., 2009; Disley et al., 2009). A recent study by Vassos and Nankervis (2011) showed that role ambiguity

and unrealistic expectations by management were highly significant factors in staff burn-out. These authors suggested that to reduce DSW burn-out and turn-over, agencies may need to begin by changing organisational structures and job-related factors. It has also been argued that ethical leadership, which commits the workplace to support social responsibilities and valued ideals as well as supporting its staff, increases employee job satisfaction and reduces stress (Piccolo et al., 2012).
In this current study, only two of the survey respondents and one of the interviewees raised stress as a major issue in their support work.

While the stresses of the work may be an issue for some DSWs early in their career (Evans-Turner, 2010), the overall level of job satisfaction with all aspects of the work would seem to be better explained by Job Characteristics Theory (Hackman & Oldham, 1975; 1976) and ethical leadership procedures (Piccolo & Colquitt, 2006; Piccolo, Greenbaum, den Hartog & Folger, 2010; Piccolo et al., 2012).

Almost three quarters of the interviewees reported that they used one or more simple methods of reducing work related stress including a cup of coffee or a red wine, shopping, listening to music and simply talking to friends. But almost one third of the participants said they needed to be able to talk about their work and, as one said, *'ventilate their feelings without fear of repercussions'*. Several of these participants also commented that they had found their families were not necessarily the best people to talk to because they reported feeling that, unless family members had worked with people with disabilities, it was almost impossible to understand the nuances and importance of minor work situations. Because of their need to be able to discuss issues, most of these workers reported that they talked with their co-workers in the workplace or phoned them at home. The finding that the DSWs (described in Section 7.4) in agencies where staff meetings were short or not held at all, met regularly with groups of co-workers in their own time, without pay, at their own expense and in their own homes may indicate the importance of these networks in discussing issues and assisting these DSWs in their ability to cope with the stresses and problems of their work.

In this study, the majority of participants, especially among the interviewees, described adaptive strategies where they accepted the clients and their disabilities and enjoyed the *'challenge'* of working with them. More than one third of the 'long-term' interviewees reported that they preferred to approach problems directly by discussing the issues and possible reasons and solutions with their supervisors and, if necessary, senior management.

However, the findings from the current study suggest that many 'long-term' DSWs try to discuss and resolve client and agency issues with supervisors and management. But many of these DSWs are unwilling to compromise and if the situation does not change, they simply resign and move to a new employer. Almost one third of the interviewees reported that, if their complaints and discussions with management did not lead to an improvement in a problem situation, they would simply resign and move to a new agency. This strategy of moving to a new agency had been used by more than half of the participants in this study (see Appendix F, Table 10) and may be the final and most effective coping strategy available to many 'long-term' DSWs.

7.2.8 Aspects of support that 'long-term' DSWs would change

More than three quarters of the respondents to this open-ended question raised issues directly related to their actual working conditions. Better pay and conditions, more and better training and more DSWs through better recruitment and retention of experienced staff were raised as important issues. More than one half of these respondents also stated the real need was to provide more and better support services to people with disabilities and believed this could only be achieved if increased government funding was provided to improve the available facilities and resources. More than one third of respondents also commented on the need for changes in some current management practices and the development of better policies and models of support.

During the interview phase of the study, where these issues could be explored more deeply, these same suggestions for change were raised and argued even more strongly by the 'long-term' DSWs. The majority indicated that they could see little improvement in services without an increase in available government funding. More than two thirds stressed the need for the sector to retain a much higher level of experienced DSWs, to not only improve and provide the services, but also to significantly reduce what they saw as wasted funds spent on the constant need to recruit support staff.

In addition to increased funding, the suggestion, which more than half of these 'long-term' participants made most strongly, was that management of disability support services must learn to better understand the support role. These DSWs argued that the major priority of management and the services should be to meet the current needs of the people supported and improve their future quality of life. And to achieve the best outcomes, this group believed that management needed to involve the DSWs, who knew their clients well, in all aspects of the development of support services.

Again, the involvement of the DSWs in the planning and implementation of the client's support would better meet the psychological requirements (*autonomy*) of those DSWs as described in the Job Characteristics Theory. And this involvement of DSWs may greatly improve their satisfaction with disability support work and encourage them to stay working in the disability sector.

7.2.9 Summarising linkages to Job Characteristics Theory

Job Characteristics Theory proposes a series of factors (pp. 58-59) which, when provided to staff by the work itself and as part of a good, ethical leadership approach, can increase the workers' motivation, job satisfaction and work performance. The Theory suggests that five major factors (in italics below) lead workers in all areas of work to a greater psychological feeling of understanding the meaningfulness and the responsibility of their work (Piccolo et al., 2012).

There were several positive linkages to features of the Job Characteristics model in this study. DSWs, during their interviews, regularly reported:

- the opportunity to use and develop their skills (*skill variety*);
- definite positive outcomes for many of the people they supported (*task identity*);
- the relationships developed and their efforts impacting on the people they supported (*task significance*);
- their enjoyment of the work and their feelings of 'doing something good' (*meaningfulness of the work*); and
- a positive sense of their contribution to positive outcomes and their own feelings of self-esteem and well-being (*responsibility*).

However, the DSWs also raised a number of issues in their work which they reported feeling were not being adequately addressed by their managers and supervisors. The DSWs' major concerns were:

- their lack of involvement in the planning and development of the support plans for the people they support (*autonomy*); and
- the failure of managers and supervisors to involve DSWs in discussion of issues and to provide clear and direct information and support (*feedback*).

These two factors are also key aspects of Job Characteristics Theory. Management's perceived negative approaches and attitudes will ultimately cause the DSWs to feel that these aspects of their work are not recognised or appreciated by management. These issues may also be expected to cause DSWs' feelings of: the effectiveness of their work; their value to the organisation; their motivation; and commitment to stay in the job to suffer and reduce their feelings of job satisfaction.

If the Job Characteristics and Ethical Leadership models are to be used to improve DSWs' motivation to continue working for the 'long-term', agencies will need to ensure that opportunities for their DSW staff to experience all these positive factors are provided.

7.3 Other issues raised by DSWs during this study

7.3.1 Community awareness

Another area of concern raised by several respondents to all open-ended questions and more than half of the interviewees was the perceived lack of awareness and acceptance of people with disabilities by the general community. Several DSWs stated that this perceived community ignorance often led to prejudice and discrimination against people with disabilities. In turn, they reported that this certainly made the important support role of involving and including people, especially those with more severe disabilities, in community activities more difficult.

These poor community attitudes towards people with a disability have been regularly mentioned in previous research. Although there has been a shift in community attitudes to a generally more positive view of disability issues over time, the basic underlying negative assumptions have not necessarily changed (Helff & Glidden, 1998). A major barrier to achieving the goals of people with disabilities 'was the reluctance of people in the local community to give their time and support' (Robertson et al., 2007, p. 15). A survey by Hudson Global Resources (2007) found that the community generally held a poor image of the sector and had little knowledge or understanding and poor perceptions of disability support work. Several DSWs in the current study also said they believed that the lack of community awareness meant that their own role in support was greatly undervalued by the community.

7.3.2 The aging population

In most western countries, the average age of the population is increasing and consequently the number of people with disabilities is also increasing. The consequent reduction in numbers of the younger proportion of the population, those who can provide services to both the elderly and people with a disability, will also increase the problems of providing adequate support services (e.g. AIHW, 2007a; KPMG, 2006; Larson & Hewitt, 2005).

Two of the participants in this study specifically raised the issue of the increasing number of people who have had a disability since birth but are now reaching old age. In some instances, they reported feeling that this may complicate support issues because of the development of more complex disabilities in this group and the need for DSWs to gain even more diverse skill levels to adequately support this group of aged clients. Also, because many people with disabilities are currently working for at least part of the week, their retirement will place additional requirements on agencies to provide even more support time. These participants were also concerned about the facilities, resources and staff training which would be needed for these older people with intellectual disabilities. One specifically commented on the difficulty of finding a placement for a person with an intellectual disability in the current aged care system. It seems clear that the need for the disability support sector to attract and retain more DSWs will become even more critical (e.g. KPMG, 2006; Sarason, 2007; VRRI, 2005).

7.4 Implications for practice

The findings of this study have implications for our understanding of the nature of disability support work and the motivations and responsibilities of those in the DSW role. The implications discussed below may offer improvements in the retention of DSWs and the consequent improvement in the quality of life of people with intellectual disabilities in residential accommodation.

7.4.1 Changes to management procedures

The most common complaint by DSWs participating in this study was that the management of their agency did not involve them in the planning of the support plans for the people they supported. The DSWs also complained strongly that they failed to receive adequate supervision and support in their work from managers and supervisors. These two management areas have been raised in the research literature for a long period (e.g. Dyer & Quine, 1998; Ford & Honnor, 2000; Iacono, 2010).

The Job Characteristics Theory highlights these two areas as core factors in the development and improvement of DSW's motivation, commitment and satisfaction. Without DSWs being able to be seriously involved in the processes of discussion and development of their clients' support plans, this lack of *autonomy* may reduce the development of the DSWs' sense of *meaningfulness* and *responsibility* for the work. And the lack of regular and clear *feedback* on their work must reduce DSWs' *knowledge* of their performance and, consequently, their feelings of *responsibility* for the outcomes of that work.

If management made an effort to provide support and *feedback* to their DSWs and to also involve their DSWs in the discussion and planning of the client's support services, those DSWs may be willing to take more responsibility in the overall support process and continue working as a DSW for a 'longer-term'.

7.4.2 The need for new support models

The responses to the survey questions and comments during interviews in this study provided a general description of the support model commonly in use, at least in part, in all of the ten participating agencies (see Figure 7.1). Previous research and reports have suggested that new approaches and procedures could, and perhaps should, be developed (e.g. Brown & Brown, 2003; Dempsey & Nankervis, 2006; Larson & Hewitt, 2005). Because of the high turnover of DSWs and difficulties in the recruitment of replacements, the most common current support model does not provide the best possible support to people with a disability in South Australia (Brayley, 2012; ODACS, 2006).

De Waele, van Loon, Van Hove and Schalock (2005) stressed the need for the provision of services to people with disabilities to change from our current Quality of Care model with its impersonal and short-term aims of efficiency and cost-effectiveness managed by simply providing basic needs and care as determined by the service provider. They argued that a change to a Quality of Life model which aims to provide long-term, value based outcomes for people with disabilities by providing good support services is necessary.

The majority of respondents, in all phases of this study, argued that to achieve such a change it was essential for aspects of current management and support models to change. The major management change called for was that the DSWs must be included in the discussion and decision making processes related to the clients with whom they work. And this is a key factor in enhancing worker motivation and satisfaction in Job Characteristics Theory. Indeed, it's 'So obvious, it's breathtaking it's not happening!' (Bruggemann, personal communication, 2012).

7.4.2.1 The current support model

The most common current support model in use is summarised in Figure 7.1. DSWs in this study raised a number of key issues which they believed needed to be changed to increase their involvement and improve the support services currently provided.

Other key areas in need of change raised by the DSWs in this study included a clear focus on the needs and aspirations of the person with a disability. DSWs said it was not sufficient to believe that, for people with disabilities, an outing or some new clothes will meet their needs and wishes. DSWs suggested the formation of trusting relationships between DSWs and their clients, provided neither party becomes over reliant on the other, should be encouraged, not prevented by organisational philosophy and regulations as clearly enforced in one agency in this study. In the recruitment of new support staff, perhaps management needs to reconsider altruism and the feelings of *'doing something for others'* as a major motivating factor in volunteering and compassionate activities including disability support work.

The features of this current model suggest a need for the disability sector, and its administrators and management in particular, to consider the following issues:

- The agency management will usually select, or recruit, a single DSW to work with the person with an intellectual disability.

- In some agencies, the family may be involved in the selection or approval of the DSW and one DSW said that this could lead to major problems with some parents wanting to dictate all aspects of their child's support.

- If long periods of support are required, a small team of DSWs may be selected to cover the range of necessary shifts during the week. Some DSWs mentioned the different pay rates for some shifts (e.g. day, 'passive', weekend) and they suggested these needed to be shared among the team members.

- Interviewees also described the team of DSWs working together during busy times but finding that they spent much of their time in training new DSWs or redoing tasks performed by unskilled DSWs.

- The DSWs all commented at some stage on the requirement for them to carry out a wide range of tasks in their support of the person with a disability.

    - These tasks may cover all aspects of the client's support and range from basic personal care to more important tasks including medication and the emotional support of the person. And, almost always, all household domestic tasks (e.g. cleaning, clothes washing, meal preparation) were also the DSW's responsibility.

    - Perhaps the most common complaint of the DSWs in this study was their lack of involvement in decisions regarding the support. The areas of support and the support plan were usually decided by senior agency staff with little or no consultation or input from the DSWs. Such a lack of involvement and its consequent implication, as several

DSWs reported, of not feeling valued by management must reduce the DSWs job satisfaction and add to their frustrations with the job.

- The DSW may not be adequately trained or experienced in some of the support areas required. This was indicated by the number of respondents in this study who had requested to be able to undertake specific training in certain aspects of disability.

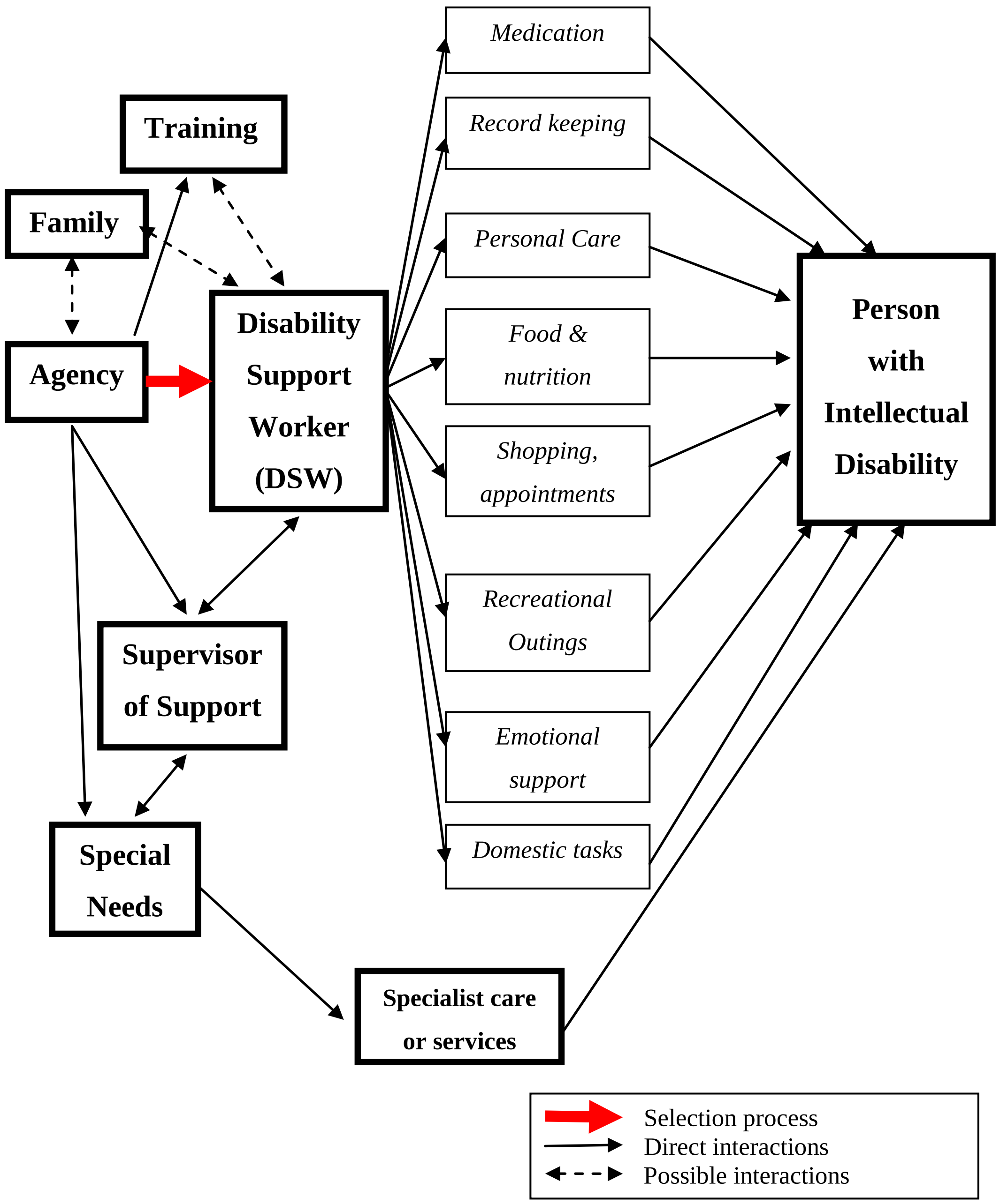

Figure 7.1: The current support model

- Another area of concern for many DSWs in this study was the lack of interaction between them and the agency managers and supervisors. There were also comments about difficulties in talking with other co-workers because of the reduction of time available during shifts and the infrequent team and staff meetings. In some agencies, these staff meetings no longer occurred.

- DSWs also mentioned the ongoing reduction of funding and resources and the increased amount of paperwork and record keeping required to meet accountability demands. Several interviewees commented that this often leads to shorter shifts and a consequent reduction of the available time to carry out the required support tasks. This may cause DSWs to focus on a few necessary tasks (e.g. food preparation; cleaning) rather than providing key supports (e.g talking; assisting the people they support to exercise; or becoming involved in a wider range of activities). This also limits the DSW's ability to identify key tasks, to complete those tasks and to feel that their work is meaningful in helping the person they support.

- Because of the high turn-over rates and the difficulty of recruiting DSWs, many respondents, especially those from the smaller agencies, raised issues of the regular need to work unpaid overtime and the changing of rosters to cover some support shifts. Often shifts involved new or casual staff unknown to the person with a disability and also unfamiliar with the support requirements. Previous research has shown this may be disturbing to the supported person and certainly effects the formation of trusting relationships and disrupts planned support activities (e.g. Test et al., 2003).

The researcher was unable to find any clear evidence in the literature of a new model of support being seriously discussed or promoted. This may simply be a result of the difficulties and complexities of management in a system which is severely underfunded.

A detailed proposal suggesting changes to the current support model is presented in Appendix H (p. 268).

We should perhaps remember that, when planning programs for people with a disability,

> *in many instances,* [intellectually disabled] *persons have been treated in a manner that seemed to meet the needs of the professional community rather than themselves*
>
> Scheerenberger, (1983, p. 254).

7.5 Limitations of the study

Firstly, the survey responses came from a self-selected sample of DSWs and the majority of respondents were 'long-term' DSWs with a median length of service with all employers of 8.3 years. This sample was therefore both small and skewed.

In the interview phase particularly, the responses came mainly from a sample of DSWs who perhaps saw themselves as committed and fully engaged in their work. More than one third of the respondents had volunteered to be interviewed and five of those who were not selected had indicated to the researcher that they *'were rarely asked for their opinions or listened to if they spoke out'* or that they appreciated *'the opportunity to express their thoughts'*.

The respondents to this study all came from agencies in metropolitan Adelaide in South Australia. Other states or areas (e.g. rural agencies) may have different policies and practices for recruiting, training and supporting DSWs so care must be taken in generalising the findings of this study across the whole DSW population.

A second limitation of the study was that the majority of the responding DSWs (52%) worked in community group houses and less than one third supported people with disabilities who were living in their own individual accommodation (Appendix F, Table 26). One could expect differences in the management and delivery of support services in these different types of accommodation (e.g. Larson & Hewitt, 2005).

Thirdly, apart from the DSWs' general descriptions of their daily work practices and the detailed examples described in responses to the open-ended questions or during interviews, no attempt was made to observe or fully record and analyse the daily support tasks and procedures carried out by each DSW. This level of detail was felt to be outside the scope of this study. However, the research literature has discussed the need for a wide range of procedures to deal with different types and levels of disability and different behaviours including aggressive and challenging behaviours (e.g. Allen, 2000; Bambara et al., 2001; Robinson & Chenoweth, 2011). Previous research has also shown that the nature of the support provided may greatly affect the quality of life of those people with disabilities receiving support (e.g. Ford & Honnor, 2000). The type of support required for some clients with more complex disabilities may affect the attitudes to and perceptions of some DSWs working in very difficult situations.

7.6 Future research

7.6.1 Introduction

One of the major concerns raised by the participants in this study was the need for an increase in the government funds and resources to be made available to the disability sector. The current lack of funding was perceived by the participants as having a major negative effect on the recruitment and retention of DSWs, their training and their provision of adequate support to their clients.

In Australia in March 2013, on the unanimous vote of all political parties, legislation to establish a National Disability Insurance Scheme (NDIS) to provide services to all Australians, up to age 65 years, with disabilities resulting from any cause was passed (Macklin, 2013). This scheme has committed both Federal and State governments to providing in excess of $(A)15 billion annually to disability services by 2019.

The NDIS is a social policy which addresses the administrative and management processes and the national funding of disability services. The NDIS does not aim to address the daily problems and issues faced by each individual with disabilities, their families and their support workers. DSWs will still need to respond to the daily needs of each individual with disabilities they support (e.g. bathing, dressing, cooking, domestic activities, outings etc.). Indeed, just like Medicare provides the overall management and funding for health-care but does not even attempt to decide on daily medical treatments for each patient, the NDIS will have little effect on the day to day services provided by DSWs. The need to recruit and retain DSWs will still be an important and significant issue in the provision of support services.

The Federal Government only allocated $(A)1 billion over four years for an initial trial stage of the proposed NDIS in their 2012-13 Budget (McLucas, May 1, 2012). The trial period began in July 2013. But the trial only involved a small number of people with disabilities in four States (Bonyhady, 2012). In South Australia, the complete implementation of the NDIS is not expected until the 2018/19 year and nationally until 2019/20 (Fifield, 2013).

These trials are continuing with many more than the expected numbers of people applying for assessment and the process is running well behind in the expected numbers of people actually being assessed. Even among those who had a completed assessment, 20% have not taken up recommendations or were unable to access any service or agency which could provide the appropriate support (Fifield, 2013).
With the aging of the Australian population and the consequent increase in the number of people with disabilities, the continued development of the NDIS will be very important, perhaps even critical, in the provision of adequate support services. The massive increase in available funding for support services, over the next five or so years, means research on the most effective and efficient methods of providing those services will also be critical.

Developing methods to recruit and retain a larger and more stable workforce with the necessary skills, knowledge and experience is also essential. The decision handed down by Fair Work Australia in the *Equal Remuneration Case – May 2011 Decision* included wage increases to DSWs, ranging from 18% to 41%, to be paid in annual instalments from 2012 to 2018 inclusive (Fair Work Australia, Equal Remuneration Case, 1 February, 2012). This decision should make disability support work a more attractive work option but a greater understanding of the support process and the issues facing DSWs will also be necessary if this is to be achieved.

The findings of this study have identified a range of issues viewed by the participating DSWs as impacting on their work and influencing their decisions about continuing to work in the sector. The following issues may also require further on-going research.

7.6.2 Workforce development

Problems in the recruitment and retention of staff confront all human service areas including preschool, childcare, nursing and aged care (e.g. Fujiura & Parish, 2007; Hayes et al., 2006; Howard & Ford, 2007; KPMG, 2006). Over the next decades, the shortage of adequate staff across the human services has been acknowledged as a major problem (e.g. Hewitt & Larson, 2007; KPMG, 2006). A major focus of research must be on strategies and practices to increase funding and to develop and apply improved organisational management procedures which may encourage workforce development across the human services and particularly in the disability sector. Without an adequate supply of DSWs to provide the 'hands-on' support needed by people with disabilities, there may be little 'direct' support apart from basic care and therefore the quality of life for those people will be unlikely to improve.

7.6.3 Improvement in the quality and access to training

Training was often raised as a major issue by participants in this study. The training provided to DSWs, at all levels, was perceived not to be of sufficient quantity or quality to meet their needs in their day-to-day work requirements. With the number of people with more complex disabilities moving into community living, DSWs already require higher levels of skills and knowledge than ever before (e.g. Dempsey & Nankervis, 2006). And the pressures to improve those skills and maintain their motivation to work in the sector will continue. Research into improved training methods for DSWs and methods to increase opportunities for them to access that training must be undertaken.

7.6.4 Support strategies and procedures

With the continuing closure of institutions, people with more complex disabilities are now being placed in community housing or settings (e.g. Young & Ashman, 2004). Several respondents in this study raised the issue that the disability sector needs to devote considerable effort in developing new strategies and procedures for dealing with this increasing population. Research into new and better procedures in dealing with the daily procedures and pressures of support must continue. While ideas such as 'Person-centred Planning' and 'Active Support' are beginning to be used as regular approaches to support, at the time of writing, problems in the implementation of these procedures were still being reported (e.g. Brown, 2012; Ford et al., 2011).

7.6.5 Organisational and management issues

The findings of this study have shown that organisational and management issues represent a major cause of dis-satisfaction among DSWs. And while work stress has long been considered a major reason for DSWs leaving the sector, this may not be the major cause (e.g. Devereux, Hastings & Noone, 2009). Recent studies have suggested that the organisational environment and characteristics, especially those relating to clear job descriptions, adequate induction and training, involvement of staff in decision making, and the recognition of staff skills are significant in reducing DSW stress and increasing job satisfaction (e.g. Ehrhart & Makransky 2007, Larson & Hewitt, 2005; Nankervis, 2010; Piccolo et al., 2012).). In the current study, although three DSWs reported stressful situations, only one of the interviewees mentioned stress as an issue of concern to themselves.

As discussed previously, most research citing an average length of service has calculated their estimates based on only a single agency (e.g. Felce et al., 1993; Larson & Lakin, 1999; Rose, 1999, Vic. Govt, 2005). The current study has demonstrated that the average length of service for most DSWs is much longer than previously reported. DSWs' are often willing to simply change employers rather than leave the disability sector when dis-satisfied with their work experiences. Indeed, more than half of the DSWs, frustrated with management or agency decisions, simply left that position and moved to a new agency.

Further research on management skills, such as Ethical Leadership and the Job Characteristics Theory, must be pursued to develop appropriate management structures and procedures which will encourage DSWs to stay working in the disability sector.

7.6.6 Stresses when commencing support work

Previous research has clearly demonstrated that a very high proportion of DSWs leave their job in their first year (e.g. Larson & Hewitt, 2005). This study found that stress was of little concern to 'long-term' DSWs. But, when commencing disability support work, high levels of work stress may lead to that high turn-over rate. A detailed study of the perceived problems and work stresses of DSWs in their first year could provide data that may help in developing procedures which support new DSWs and minimise those problems and maintain their incentive to work in the sector.

7.6.7 Relationships between DSWs and the people they support

In this current study, the relationships developed by the DSWs with the people they support were found to be a very important factor in the DSWs' enjoyment and satisfaction with support work. Previous research has also suggested that where these relationships do not develop, the people being supported may report nervousness or even fear of DSWs (Test et al., 2003), may interact less with others (e.g. Felce, 2005) or may develop aggressive behaviours (Allen, 2000).

However, there are strong findings from previous research in the human services that these relationships may lead to abuse or dependency and possibly situations presenting an ethical dilemma for the DSW or the agency (Alexander & Charles, 2009; McVilly & Parmenter, 2006). In this study, three DSWs reported that their agency management had tried to prevent the formation or continuance of such relationships.

Hastings (2010) has argued that these relationship issues have been seriously neglected in previous research. Further research on the area of these relationships and their possible effects on both the DSWs and the people they support needs to be undertaken to clarify these issues.

8. Conclusions

As stated previously, Hastings (2010) has argued that, in the research literature, support worker behaviour has usually been described ‘potentially as a “problem” to be remediated’ (p. 207) rather than an important contribution to improving the quality of life of people with a disability.

The participant responses to both the open-ended questions and the interview phases in this study highlighted a wide range of issues in the current practice and management of support work which the DSWs themselves saw as major problems. These included:

- unrealistic job requirements (e.g. reduction of shift hours resulting in unpaid overtime to complete sometimes essential client services);
- a lack of any involvement in decision making or the planning of support, even when the DSW may have worked with that client for many years;
- a lack of training opportunities for DSW staff apart from regular repetition of required safety programs (e.g. O H & S, Manual Handling, etc);
- the need to avoid forming relationships with clients in some agencies; and
- a perceived failure by management to support their DSW staff.

All of these are issues which Job Characteristics Theory (Piccolo et al., 2012) argues fail to meet the expectations and job satisfaction needs of workers in any industry.

The DSWs in this study suggested that, in the disability sector, our current philosophies and many of our current approaches to the development and implementation of support are in need of change. Their comments recognised both the DSWs themselves and the people they support as individuals with their own needs and values and suggested some basic changes.

8.1 Key issues

8.1.1 How many DSW actually leave the sector?

Previous research clearly shows that a very large number of DSWs leave the job during their first year of work in the disability sector (e.g. Larson & Hewitt, 2005).

But it is also very clear that when researchers have previously cited the ‘length of service’ estimates of DSWs in their studies, most have simply calculated those figures only for the single workplace where the research was carried out (e.g. Rose,1999) or the records of a single employer (e.g. Vic. Govt., 2005).

This has resulted in an underestimate of DSW average ‘length of service’ and assumes that when a DSW leaves employment with a support agency, they also leave the disability sector altogether. The ‘length of service’ of the DSWs participating in this study ranged from less than one year to 39.7 years with an average ‘length of service’ of 11 years and a median ‘length of service’ of 8.3 years (Appendix F, Tables 13 & 14b).

8.1.2 Where do many DSWs go?

While providing support services to people with an intellectual disability, less than half (43.3%) of the 188 DSWs in this study had been working with one employer only. Of these, almost one quarter (24.1%) had only been working in the disability sector for up to two years. More than half (50.2%) of the 188 DSWs had been working for between two and five employers during their work in the disability sector. And more than one in 20 participants (6.5%) had worked as DSWs for six or more agencies (Appendix F, Table 10).

Many DSWs simply move from one disability agency to another during their working life in disability support. This appears to be a major coping strategy to deal with support problems and issues which they were unable to resolve with their previous employer.

8.1.3 Why do DSWs change employers?

The DSWs in this study believed their involvement in the planning of support services and feeling valued by their supervisors and management were critical factors in improving DSWs levels of job satisfaction. Several DSWs indicated that these factors were far more important to them than low pay rates and unpaid overtime.

One DSW interviewed had changed her employment to a new disability agency when she accompanied her husband to another State after he was transferred by his employer. Another interviewee said that she *'took a break'* every five or six years, went on a holiday and then continued her support work but had several times changed the type of disability area in which she worked. But the majority of DSWs worked for more than one employer simultaneously to increase their weekly income or over time when they were dis-satisfied with their current employer and moved to another agency.

8.1.4 Why do DSWs stay?

The 'long-term' DSWs in this study were strongly committed to the people they supported and advocated with management on their behalf as well as, at times, provided additional support outside of usual work hours. They believed that the development of these relationships with the people they support encourages feelings of mutual trust and respect. These feelings in turn encourage greater interactions between the DSW and the person with a disability which improve the person's confidence and overall quality of life.

The DSWs' enjoyment of both the work and these relationships may add significantly to their feelings of altruism and that *'they are doing something good'*. And almost three quarters of the DSWs in this study talked about their enjoyment of the work, the variety and challenge of the work, the opportunity to both use and learn a wide range of skills, the joy of seeing positive outcomes for the people they support and their feelings of job satisfaction and self-esteem. All of these aspects of the work are positive factors described in Job Characteristics Theory.

8.1.5 Provision of 'care' or 'support'?

Several DSWs in this study reported feeling that too many people still tend to focus on the disability, not the person. Far too many people worry more about what the person *can't do* rather than what they *can do* and what they *want to do*. '*Caring*' is doing things for the person with a disability that *others* consider to be appropriate. The '*caring*' approach implies that *others know best* – the best way to do it, the best time to do it. As one interview participant in this study said, support should be about *'recognising the individuality of clients ... [and not about] standardising the support process'*.

DSWs reported feeling strongly that they were not *'carers'* but *'support workers'*. One interviewee was very concerned that the agency insisted that all residents in their group homes had to be in bed by 10.00pm. A group of young men in one home all worked in outside employment from Monday to Friday and had weekends off work. They all wanted to watch football on television on Friday nights and these telecasts often continued past 10.00pm. This DSW could see no reason for them not to watch the entire game and so breached the employer's rules by allowing the group to go to bed after the game was completed. He believed strongly that support must be more about helping people make their own decisions and doing things for themselves.

> *Think of an old man with a disability and his walking stick. In many ways, DSWs are simply that 'walking stick'. The 'walking stick' helps him to walk where he wants to go. The 'walking stick' hasn't any power over where he walks or how far he walks. The 'walking stick' allows him to get through the difficult parts of the journey and get to where he wants to go. And, he probably has several 'walking sticks' and will choose which one he wants to take on any particular walk – the shiny new one to the doctor, the gnarled but trusted stick on a leisurely walk. Remember, without the 'walking stick', he may not go anywhere at all* (Cookson, 2004).

With an aging population and a rapidly increasing demand for workers across all human service areas, the DSW responses in this study raised several issues which the disability sector must address if it is to be able to recruit and retain DSWs and improve the quality of life for the people they support.

8.2 Summary of key findings from this study

- **Many DSWs continue to work in the disability sector for the 'long-term'.**

- **Many DSWs, when dis-satisfied with the approach of their current employer, simply resign and move to another agency.**

- **For many 'long-term' DSWs, strong relationships with and a deep commitment to the people they support are cherished. This commitment**

to people with a disability indicates that altruism is a motivating factor for many DSWs.

- **'Long-term' DSWs raised the importance of developing new support models which focus on the needs and aspirations of the person with a disability.**

- **The longer DSWs work with people with disabilities, the less work related stress they experience.**

- **The most common issue of concern raised by both the survey respondents and the interviewees in this study was their lack of involvement in the decision making about the support plans for the people they support.**

    - **Disability agencies should ensure their DSWs, and wherever possible, the people with disabilities themselves, are fully involved in the planning and provision of all support services.**

- **More than half of the DSWs in this study were dis-satisfied with the poor supervision and the lack of recognition of their work by supervisors and management.**

- **With the increasing complexity of the DSW role, the development and provision of more appropriate training for DSWs to improve their knowledge and skills is an important and necessary aim for improving disability support.**

8.3 In conclusion

In 1983 in *A History of Mental Retardation,* Scheerenberger wrote,

> *the course of ... history does seem to teach ... about the fluidity of philosophies, the fallibility of research or its interpretation, and the dangers of professionalism. ... inadequate research or erroneous interpretations greatly influenced both attitudes and programs.*

> *... Certainly, the past warns that the future progress for mentally retarded persons is never assured. ... One could look toward additional growth in all areas, including the correction of current practices that still restrict life-styles, impede community participation, and adversely affect social integration. Yet, all such advances will remain contingent upon society's respect for the inherent dignity of all people. In turn, society is simply you and me; no more, no less.* (Scheerenberger, 1983, p. 254).

These words are still just as valid and important now as they were then!.

9. Appendices

Appendix A: Survey package

‘Why would you want to be a Disability Support Worker?’

A qualitative survey of ‘long-term’ Disability Support Workers in residential services for people with Intellectual Disabilities.

Peter Cookson **(PhD Candidate, Department of Disability Studies, Flinders University)**

It is generally acknowledged that support workers are crucial to the successful provision of services to and the quality of life of people with disabilities. However, the difficulties in the recruitment and retention of Disability Support Workers (DSWs) have long been a major issue for Disability Agencies in all jurisdictions.

Although considerable research about the reasons for DSW’s job dissatisfaction and turnover exists, there has been little research about why a large number of DSWs continue to work in the field for long periods of time. Therefore, this research aims to investigate the perceptions and experiences of long-term DSWs.

People with intellectual disability are the largest group receiving government funded support. Accommodation support is the largest type of support provided by that government funding. For these reasons, Agencies in metropolitan Adelaide providing accommodation support to people with intellectual disabilities will be approached to participate in this research.

A Survey seeking basic demographic details and length of service information will be distributed to all DSW staff at those Agencies agreeing to participate in the study. The DSWs’ responses to the Survey will provide a reasonable estimate of the average length of service of DSWs in South Australia.

Up to ten long-term DSWs, selected from responding volunteers, will be asked to participate in a six month case study. This study will involve in-depth, semi-structured interviews and on-going monthly contacts of up to an hour in length to provide data on the perceptions, experiences and coping strategies these participating long-term DSWs use in their work.

Analysis of the qualitative data will provide insights into the motivations of long-term DSWs which may be of assistance in recruiting and retaining high quality support staff.

Disability Support Worker Survey

Thank you for taking 30 minutes or so to complete this Survey.

I am a PhD Degree student in the Department of Disability Studies at Flinders University. I am undertaking research leading to the production of a thesis or other publications on the topic, ***Why would you want to be a Disability Support Worker*? *A qualitative survey of 'long-term' Disability Support Workers in residential services for people with Intellectual Disabilities.***

This project is divided into two stages. The first is this Survey which aims to see what you, as a current Direct Support Worker, experience in your work and what you think are the important aspects of your work with people with intellectual disabilities. Your responses will provide valuable information which may help to improve disability support both for the people we support and ourselves as Support Workers.

After this Survey, I will also be seeking to undertake a series of case studies by interviewing a number of Support Workers for up to an hour once a month over a period of six months. A more detailed outline of these case studies is included with this Survey.

Therefore, enclosed with the Survey is a **Contact Details Form** for involvement in a series of interviews as part of a case study. If you are willing to be involved and would like to provide more detailed information about your support work, please complete the Contact Form and return it in the stamped addressed envelope together with your completed Survey.

The confidentiality of any information you provide is guaranteed. You do not need to put your name on this Survey and there are no identifying marks on these forms.

Most questions only require you to tick the appropriate box.

If there is more than one appropriate answer for you, tick all the boxes you feel are appropriate.

Some questions ask you to write some additional information or comments.

It is important that you return the completed Survey as soon as possible.
A reply paid addressed envelope is provided for this purpose.

Even if you choose not to complete the Survey, I would appreciate you returning the blank form in the envelope provided.

Please include the completed volunteer **Contact Details Form** if you are willing or would like to be involved in an interview and case study.

If you work for several agencies, you may receive more than one of these Surveys. Please ensure that you complete and return only one Survey.

Once again, thank you for your help in completing this Survey.

Peter Cookson

Department of Disability Studies
Flinders University

Support Worker Survey

1. **Could you please list the postcode of:**

your home address ....

your employer's local office (if applicable) ....

the place you usually work ....

2. **Do you work for X?**

Yes ☐ No ☐

3. **Are you?**

Male ☐ Female ☐

4. **How old are you?**

under 20 years ☐ 21 - 25 ☐ 26 – 30 ☐
31 – 35 ☐ 36 - 40 ☐ 41 – 45 ☐
46 – 50 ☐ 51 - 55 ☐ 56 – 60 ☐
61 – 65 ☐ 66 – 70 ☐ over 70 years ☐

5. **What was the highest year level you achieved at secondary school?**

Year …………..

6. **What is the highest post school study you have done?**

None ☐
TAFE Qualification partially completed ☐
TAFE Qualification completed ☐
Undergraduate degree partially completed ☐
Undergraduate degree completed ☐
Postgraduate qualification partially completed ☐
Postgraduate qualification completed ☐

Other (please name the course or qualification) ....

....

7. **In what area(s) (eg. disability, education, management) was that post school study done?**

....

....

8. Are you currently studying for any formal qualification?

Yes ☐ No ☐

8a If yes, what is that qualification?

....

9. Apart from the people you support, do you know someone with a disability?

Yes ☐ No ☐

9a. If yes, is that person a

parent	☐	son/daughter	☐	brother/sister	☐
other relative	☐	family friend	☐	friend/acquaintance	☐

9b. Do you feel that knowing someone with a disability has influenced your decision to work in the disability field?

Yes ☐ No ☐

10. Why did you begin working as a disability support worker?

....

....

11. What did you do before beginning work as a disability support worker?

....

....

12. How old were you when you began working as a disability support worker?

under 20 years	☐	21 - 25	☐	26 – 30	☐
31 – 35	☐	36 - 40	☐	41 – 45	☐
46 – 50	☐	51 - 55	☐	56 – 60	☐
61 – 65	☐	66 – 70	☐	over 70 years	☐

NB. ***If you work for more than one employer, you may receive more than one Survey.***

- ***Please ensure that you complete and return only one Survey.***
- ***Answer the following questions by referring to the employer who gave you this Survey as your 'current employer'.***

13. How many agencies or employers in the disability area do you currently work for?

one ☐ two ☐ three ☐
four ☐ more than four ☐

14. How many employers have you had since you began working as a disability support worker?

one ☐ two ☐ 3 - 5 ☐
6 - 8 ☐ 9 - 10 ☐ more than 10 ☐

15. How long have you worked with your 'current employer'?

.... **years** and .... **months**

16. What is the total length of time you have worked as a disability support worker with all your employers?

.... **years** and .... **months**

17. Do you work providing 'hands-on' support directly to people with disabilities?

Yes ☐ No ☐

17a. Do you also work in other roles (eg supervisor, case manager) with your 'current employer'?

Yes ☐ No ☐

17b. If yes, how much of your work time do you spend in these other roles?

up to 25% ☐ up to 50% ☐ up to 75% ☐
more than 75% ☐

18. Which group best describes the people you support in your work?

children ☐ adolescents ☐ adults ☐
elderly ☐ combination of these ☐

19. In which area do you do most of your support work with your 'current employer'?

Day options ☐ Supported employment ☐ Sheltered employment ☐
Respite services ☐ In-home/residential support ☐

Other (please specify) ....

20. Which of the following best describes your current employment status?

full-time ☐ part-time ☐ casual ☐

21. On average, how many hours per week do you work as a disability support worker with your ‘current employer’?

under 5 hours ☐ 5 – 10 hours ☐ 11 – 15 hours ☐
16 – 20 hours ☐ 21 – 25 hours ☐ 26 – 30 hours ☐
31 – 35 hours ☐ 36 – 40 hours ☐ over 40 hours ☐

22. Does this number of hours meet your financial needs?

Yes ☐ No ☐

22a. Does this number of hours meet your personal needs?

Yes ☐ No ☐

22b. Would you prefer to work

less hours ☐ more hours ☐ no change ☐

22c. Why (please explain)? ....

....

....

....

23. Do you work any unpaid overtime for your ‘current employer’?

Yes ☐ No ☐ Sometimes ☐

23a. Do you carry out voluntary work (eg. having a client to stay at your home) for your ‘current employer’?

Yes ☐ No ☐ Sometimes ☐

23b. If yes, approximately how many unpaid hours per week do you work?

.... **hours**

24. Do you work alone or as part of a team when providing direct support?

alone ☐ as part of a team ☐ both ☐

25. If you work in a residential setting, is it best described as

Cluster housing ☐ Group home ☐ Individual residence ☐
Family home ☐ Not applicable ☐

Other (please specify) ....

25a. How many residents with intellectual disability live in this setting?

.... people

26. Do you work the following types of shifts (please tick all shift types you work)?

morning ☐ afternoon ☐ evening ☐
overnight ☐ weekend ☐ “passive” ☐

Others (please specify) ....

27. Are you required to cover emergency shifts when other staff members are unavailable?

Yes ☐ No ☐

27a. If yes, do you cover shifts?

rarely ☐ once a month ☐ more than once/month ☐
regularly ☐ once a week ☐ more than once/week ☐

28. Do you receive support from your

co-workers ☐ supervisors ☐ managers ☐

Others (please list) ....

28a. What is the nature of that support?

....

....

....

29. How often do you have contact with your immediate supervisor?

weekly ☐ monthly ☐ occasionally ☐
rarely ☐ whenever needed ☐

30. How many hours have you spent in training or professional development with your 'current employer' during the following periods?

Last 3 months .... hours

Last 12 months .... hours

31. What topics (eg. Behaviour Support, OH&S) were covered during that training?

....

....

....

32. Which of these topics did you find most useful for your work?

....

....

33. What additional training topics do you feel you need to help you do your job better?

....

....

....

34. What would you like to achieve in your support work?

34a. For the people you support?

....

....

....

....

34b. For yourself?

....

....

....

....

....

35. What do you see as major problems in your work as a disability support worker?

....

....

....

....

....

....

....

36. What do you see as rewarding and positive aspects of your work?

....

....

....

....

....

....

37. Why do you continue working as a disability support worker?

....

....

....

....

....

38. If you could, what things would you change to improve disability support services?

....

....

....

....

....

39. **Are there any other comments you would like to make about your work as a disability support worker?**

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

Thank you once again for completing this survey.

Peter Cookson
(PhD Candidate)
Department of Disability Studies, Flinders University

ARE YOU INTERESTED IN BEING INVOLVED IN THIS RESEARCH?

This study seeks to explore the perceptions and experiences of the work of ‘long-term’ Disability Support Workers. It is clear that the Support Workers providing the direct support to people with an intellectual disability are critical in the success of that support. The way we work and interact with the people we support and are supported ourselves is important if we are to improve services both for the people we support and ourselves as workers. Often there seem to be issues which cause Support Workers to leave the disability field altogether, making the recruitment and retention of staff a major problem. But why do many of us stay working in the field for long periods of time?

After the survey section of my research is completed, I will conduct a series of case studies with a small number of Disability Support Workers. This will involve an initial in-depth interview that will last about one hour and will be conducted at a time and place of your choice. The interview will seek your views and perceptions of issues in support and particularly on why you have continued to work in the disability area. All comments made during the interview will be strictly confidential and no information which could identify you will be made available to any other person. You will also have the right to refuse to answer any question or to withdraw from the interview process at any stage without the need to give a reason.

I will then contact you by phone once a month for the following five months. If new problems have arisen or there are issues that you would like to discuss, we can arrange to meet for a follow-up interview. These five on-going contacts and up to one hour interviews or discussions will provide a realistic idea of how your work and your attitudes to it may vary over time. As with the initial interview, all comments will be strictly confidential. You will also be asked to read and approve the final report to ensure that the information is correct and that there is no information which could identify you.

If you are interested in being involved in this case study, could you please complete the **Contact Details Form** enclosed and return it with your completed survey in the reply paid envelope provided.

Thankyou for your support and willingness to be involved in this important research. I will contact you in a few weeks to arrange an interview if you are still interested.

Peter Cookson

CONTACT DETAILS

I, ………………………………………………………………… (Name), being over 18 years of age, am willing to participate in a case study for the research project ***Why would you want to be a Disability Support Worker? A qualitative survey of 'long-term' Disability Support Workers in residential services for people with Intellectual Disabilities***

In order to arrange an interview, I can be contacted at:

Phone: ………….……….. Mobile: ………………..……....

What would be the most suitable time for me to phone you?

………………………………

Email address: …………………………………………………………………

Employing Agency…………………………..………………………………

The Agency where you work is necessary information to assist in selecting participants (eg it is not appropriate to select all case study participants from one agency only).
No information about any participant will be passed on to the Agency.

Appendix B: Letter of introduction

(Date)

The Manager,
(Agency Name,)
(Address)

Dear (Name of Manager),

This letter is to introduce Peter Cookson who is a PhD Degree student in the Department of Disability Studies, School of Medicine at Flinders University. He will produce his student card, which carries a photograph, as proof of identity.

Peter is undertaking research leading to the production of a thesis or other publications on the topic, ***Why would you want to be a Disability Support Worker? A qualitative survey of 'long-term' Disability Support Workers in residential services for people with Intellectual Disabilities.***

Peter has developed a survey designed to seek basic information from Disability Support Workers regarding their work in supporting people with an intellectual disability, particularly in residential or accommodation areas. This information will be used to identify some key aspects of disability support work including the length of time Disability Support Workers have spent working in the area.

Over a six month period, Peter is also seeking to regularly interview a number of 'long-term' Disability Support Workers. These interviews will provide information on how these workers perceive their role and how they cope with the pressures of support work.

Interviews will be tape recorded for later transcription. Peter will seek the informed consent of all participants to record the interview and to use the transcription in preparing the thesis or other publications. Transcription will be carried out by a professional service whose staff will guarantee confidentiality. The transcript of their interview will be sent for comment and approval to each participant. Your agency and none of the participants will be identifiable in the resulting thesis or publications. All recordings, transcripts and any other information will remain strictly confidential and will not be made available to any other person.

Included with the survey is a **Contact Details Form** inviting Disability Support Workers to volunteer to participate in this case study of their work.

If your Agency is willing to be involved in this study, Peter will discuss with you how best to distribute the survey and Volunteer Contact Forms to all direct support workers employed by your Agency. These may be able to be distributed by inclusion in regular Agency mail-outs to staff, by hand at a staff meeting or other gathering or perhaps electronically.

Sufficient copies of the survey and Volunteer Contact Forms, together with a reply paid addressed envelope, will be provided for the distribution. Four weeks after the initial distribution, a **Reminder Letter** will also be distributed through your Agency. All responses to the survey will be returned directly to Peter at Flinders University.

A copy of the Research Proposal is included for your information.

Peter will contact you during the next four weeks to discuss this proposal in more detail and seek your support. You are, of course, free to decide if you wish to be involved in this research. If you do agree to be involved you are entirely free to withdraw your participation at any time.

Any queries you may have concerning this project should be directed to me at the above address, by telephone on 8201 3431, fax 8201 3646 or e-mail at Jerry.Ford@flinders.edu.au.

The Flinders University Social and Behavioural Research Ethics Committee have approved this research project. Sandy Huxtable, the Secretary of this Committee, can be contacted on (08) 8201 5962 or e-mail at sandy.huxtable@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely,

Dr Jerry Ford
Senior Lecturer, Department of Disability Studies
School of Medicine,
Faculty of Health Sciences.

Appendix C: Follow-up reminder letter

Dear Support Worker,

Recently you received a questionnaire seeking information on your work supporting people with disabilities. This questionnaire will provide critical data which may be able to assist in improving the services offered to both the people receiving support and workers in the disability area.

Also included was an invitation for you to volunteer to be involved in a case study involving a series of interviews about your perceptions and feelings of the day to day work you carry out. This will add detailed information to the research project.

Although we would appreciate your completed survey questionnaire as soon as possible, **there is no obligation for you to volunteer for the interview and case study aspects of the research**.

If you have already returned the survey questionnaire, we thank you for your help and cooperation. Please disregard this letter.

If you have not yet returned the completed Questionnaire and the volunteer Contact Form, **could you please do so as soon as possible** in the reply paid addressed envelope.

If you have lost your copy of this Questionnaire and Form, please ask at your main office and a new copy can be provided.

If you have any queries or concerns about this project, please contact us at Flinders University at any time.

Thank you in advance for your help and cooperation in this matter.

Yours sincerely,

Dr Jerry Ford	Peter Cookson
Supervisor, (08) 8201 3431 Jerry.Ford@flinders.edu.au	PhD Candidate, peter.cookson@flinders.edu.au

Appendix D: Consent Form

CONSENT FORM FOR INTERVIEW

I, ………………………………………………………, (Name) being over the age of 18 years hereby consent to participate in an interview for the research project on ***Why would you want to be a Disability Support Worker? A qualitative survey of 'long-term' Disability Support Workers in residential services for people with Intellectual Disabilities.***

1. I have read all information provided.

2. Details of the research proposal and all procedures have been explained to my satisfaction.

3. I agree to my interview being recorded on tape for later confidential transcription as explained. I understand that the tape will not be made available to any other person.

4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.

5. I understand that:
    - I may not directly benefit from taking part in this research.
    - I am free to withdraw from the project at any time and am free to decline to answer particular questions without giving a reason.
    - While the information gained in this study will be published as explained, I will not be identified and individual information will remain strictly confidential.

6. I have had the opportunity to discuss taking part in this research with a family member or friend.

Participant's signature ………………………………………….. Date ………..

I, Peter Cookson, certify that I have explained the study to the volunteer and consider that he/she understands what is involved and freely consents to participation.

Researcher's signature ……………………………………………Date ……….

7 I, the participant whose signature appears below, have read a transcript of my interview and agree to its use by the researcher as explained.

Participant's signature ……………………………………………Date ……….

Appendix E: Interview pro-forma

FIRST INTERVIEW PRO-FORMA

When did you begin working as a Disability Support Worker?

Why did you decide to work in the disability area?
  Friend or relative with a disability
  Ease of securing work – hours, location
  Wanting to ‘help’ people

Without identifying anyone, can you please tell me about your current work?
  Duties
  People you support
  Co-workers
  The Agency

What do you see as the value of your work?
  For the people you support
  For their families
  For the community

Which aspects of the work do you enjoy?

Do you feel that you get significant rewards from your work? If so, what are those rewards? If not, why not?

What are the problems you face in your work?
  With the people you support
  With their families
  With co-workers
  With supervisors
  With the Agency and management
  With government policy and the general community

How do you cope with those problems?

What aspects of support work do you feel are done well and are good and helpful to every-one involved?

If you could change aspects of your work, what would you change?

Are there any other things that would make the work better?
  For you as a DSW
  For the people you support

Why have you continued working in the disability area?

Final Interview Pro-forma

What aspects of your work have changed over the past year?

- Major changes eg type of work position, place of work, roster hours

Have your feelings about your work changed over the year?

What have been your major problems and issues over the past year?

- With work conditions or administrative procedures
- With the client group

How have they been resolved?

How did you cope with those issues – what things helped you get through those issues?

Are there still things you would like to change?

- In your work with clients?
- In the way the Agency operates?

Where do you see your future employment – will you continue working in this field?

Appendix F: Survey Tables of Results (closed questions)

List of Tables

Introduction

In early March 2008, the researcher presented a research proposal to explore the reasons and strategies which keep some Disability Support Workers (DSWs) working for many years to provide support for people with disabilities. Although the recruitment and retention of DSWs has been a major problem for many years and is currently becoming worse, no one seems to have asked these ‘long-term’ workers why they have continued to work in the sector.

The research proposal involved identifying those ‘long-term’ DSWs by distributing a survey to the direct support staff of agencies providing residential support services to people with intellectual disabilities in the Adelaide metropolitan area. These agencies were selected from those on the Provider Panel List, 2007. The agencies also needed to employ less than 100 DSW staff because of the limited resources available to the researcher. Respondents to the survey would also be asked to volunteer to take part in an on-going six-month case study involving regular interviews about their work.

In late August, a large organisation confirmed that it would provide funding to support the research and to allow their 400+ DSW staff to be included in this research. This also allowed the researcher to include other agencies employing up to 200 DSWs in the study.

In September 2008, 14 agencies were contacted and asked to participate in this study. One agency did not feel they had sufficient time available, one felt their staff provided emergency support only, two provided support to people with physical disabilities and one agency was deemed to be outside the metropolitan area. In September and October 2008, the survey seeking responses to 39 questions, the last six questions being open-ended and seeking respondents’ opinions on a range of issues, was sent to the DSW staff of ten agencies. The invitation asking DSWs to volunteer to be involved in a series of ongoing interviews about their work was also included. In all, 842 surveys were distributed.

Responses to the survey were received until early December 2008. Because of the need to finalise the selection of interviewees and contact them to arrange interviews, preparation of this initial report was commenced on the 11th December. It was also felt that further responses were unlikely as no responses had been received in the previous two weeks. By 11th December 2008, 199 responses had been received. Of these, 11 surveys were returned blank. One survey was returned by a new mother who was not currently working so did not include responses to the questions about current work conditions. However, this response was included in the preparation of the initial summary report. Two further responses were received in January 2009, and were not included in these results. Overall, 201 responses were received representing a final response rate of 23.9%.

This report is an initial summary of the responses to the first 33 questions in the survey described above. Not all respondents completed all questions so the number of responses to each grouping of questions is specified in the following Tables. Apart from the data about the contacts with people with disabilities influencing decisions to work in the disability sector and the length of service of respondents, no attempt has been made to analyse the data in detail for this report.

Agency distribution and responses:

Of the 842 surveys distributed to staff of ten agencies, 201 (23.9%) were returned. Of these responses, 11 were not completed and two were returned too late to be included in this summary.

Of the 188 included respondents, 132 were female (70.2%) and 56 were male (29.8%).

Age and Gender:

Table 1

Respondents by Age and Gender (n=188)

Age in years	**Respondents**			**Percentage**	
	Female	**Male**	**Total**	**Respondents**	**Cumulative**
< 20	1	0	1	**0.5%**	**0.5%**
21 - 25	5	1	6	**3.2%**	**3.7%**
26 - 30	6	0	6	**3.2%**	**6.9%**
31 - 35	12	4	16	**8.5%**	**15.4%**
36 – 40	13	5	18	**9.6%**	**25.0%**
41 – 45	13	4	17	**9.0%**	**34.0%**
46 - 50	36	12	48	**25.5%**	**59.5%**
51 – 55	24	14	38	**20.2%**	**79.7%**
56 - 60	17	5	22	**11.7%**	**91.4%**
61 - 65	4	10	14	**7.4%**	**98.9%**
66 - 70	1	1	2	**1.1%**	**100.0%**
Totals	**132**	**56**	**188**	**100.0%**	

Of the 188 respondents, 65 (34.6%) volunteered to be interviewed.

Of the 65volunteers, 47 (72.3%) were female and 18 (27.7%) were male.

Table 2

Volunteers by Age and Gender (n=65)

Age in years	**Volunteers**			**Percentage**	
	Female	**Male**	**Total**	**Volunteers**	**Cumulative**
< 20	1	0	1	**1.5%**	**1.5%**
21 – 25	3	0	3	**4.6%**	**6.1%**
26 – 30	3	0	3	**4.6%**	**10.7%**
31 - 35	7	1	8	**12.3%**	**23.0%**
36 – 40	2	1	3	**4.6%**	**27.6%**
41 – 45	2	2	4	**6.2%**	**33.8%**
46 - 50	9	4	13	**20.0%**	**53.8%**
51 – 55	8	1	9	**13.8%**	**67.6%**
56 - 60	9	2	11	**16.9%**	**84.5%**
61 - 65	2	6	8	**12.3%**	**96.8%**
66 - 70	1	1	2	**3.2%**	**100.0%**
Totals	**47**	**18**	**65**	**100.0%**	

Qualifications:

Table 3

Respondent Qualifications by Gender and Age (n=182^{ab})

Gender	Age in years	School level completed				Qualifications						
							TAFE		Graduate		Post Grad	
		Year 9	Year 10	Year 11	Year 12	No Qualification	Disability	Other	Disability	Other	Disability	Other
Female	**< 20**				1		1					
	21 - 25		1		4		3		1	1		
	26 – 30				6			1	1	4		
	31 - 35		1	4	7		5	4	1	1		1
	36 - 40		3	4	6		6	2		4		1
	41 – 45		1	4	8		7	3	1	2		
	46 – 50	2	8	12	14	2	22	6	2	2	1	1
	51 – 55^{a}	3	2	9	10	3	9	5	2	3	1	1
	56 – 60^{a}	5	2	6	3	3	9	1		3		
	61 – 65^{a}	1		1			3	1				
	66 - 70				1	1						
Male	**21 - 25**				1		1					
	26 - 30											
	31 - 35			3	1		2			2		
	36 - 40	1		3	1			3				
	41 – 45			2	2	1		1				1
	46 – 50^{b}		3	4	4		7	1		3		
	51 – 55^{a}		1	6	6	2	8		1	1		1
	56 – 60		3	2			2	1	2			
	61 – 65^{b}			1	8	2	4	2		1		1
	66 - 70				1		1					
Totals		**12**	**25**	**61**	**84**	**14**	**90**	**31**	**11**	**27**	**2**	**7**

[a] 5 females & 1 male did not record highest school level [b] 5 females & 6 males did not record subject area

Table 4

Respondents currently enrolled in studies (n=72)

Gender	**Age in years**	**TAFE**			**Graduate**		**Post grad**	
		Disability		**Other**	**Disability**	**Other**	**Disability**	**Other**
		Cert III	**Cert IV**					
Female	**< 20**		1					
	21 - 25					1		1
	26 – 30		1			3		1
	31 - 35		3	3	1	1		
	36 - 40		2	3		2		
	41 – 45		4			2		
	46 – 50	3	7	5		2		
	51 – 55		2	2		2		
	56 – 60[a]	1	2			1		
	61 – 65					1		
Male	**31 - 35**					2		
	36 - 40	1	1					
	41 – 45		1					
	46 – 50		2					
	51 – 55		3	1				
	56 – 60		2					
	61 – 65		1					
Totals		**5**	**32**	**14**	**1**	**17**	**0**	**2**

[a] One female did not report the subject or level of her study

Of the 182 respondents, 103 (56.6%) currently have a qualification in Disability and a further 38 (20.9%) are currently studying in the disability area.

Prior experience with people with disability

Table 5

People with disabilities known to the respondent (n=145[ab])

Age in years	**Type of relationship with people with disabilities**								**Reason to work in area**	
	Self	**Spouse**	**Parent**	**Child**	**Sibling**	**Relative**	**Family friend**	**Acquaintance**	**Yes**	**No**
21 – 25				1		2	1	1	2	1
26 – 30					1		1	1	1	1
31 - 35				1		5	4	6	3	10
36 - 40					6	3	3	5	7	8
41 – 45			1	2	1	3	3	6	2	11
46 – 50	2		3	6	3	6	10	20	17	22
51 – 55		1	4	4	1	8	5	11	8	21
56 – 60				4	4	5	4	9	6	11
61 – 65			1	4		2	2	6	6	5
66 - 70						1	1			2
Total [a]	**2**	**1**	**9**	**22**	**16**	**35**	**34**	**65**	**52**	**92**

[a] 27 respondents cited more than one relationship

[b] One male did not record if this was a factor in his commencing work in the disability sector

Of 188 DSWs surveyed, there were 145 respondents (77.1%) to this question stating that they had contact with a person with a disability before commencing work in the disability area.

Of those 145 respondents, 50 (34.5%) reported that a member of their immediate family and 35 (24.1%) reported that a relative had a disability.

Of those 145 respondents, 85 (58.6%) had contact with a family member or relative with a disability.

Of the 144 respondents with previous contact with a person with disability, a total of 52 (36.1%) reported that this was a factor in them deciding to work in the disability sector.

Of the 49 respondents with a direct family member with a disability who responded to the question, 31 (63.3%) reported this was a factor in deciding to work in the disability sector.

Commencing support work

Table 6

Reasons for commencing support work (n=180[a])

Reason	Number of respondents	Percentage
Worker wanted to do this sort of work	36	**20.0%**
Needed a job	34	**18.9%**
Need for career change	29	**16.1%**
Interest/Challenge/Enjoyment of work	18	**10.0%**
Referred to area by a friend/family	18	**10.0%**
Personal issues related to disability	18	**10.0%**
Did volunteer work in disability area	15	**8.3%**
Flowed on from studies	8	**4.4%**
Approached by employer	2	**1.1%**
The work hours suited	2	**1.1%**
Totals	**180**	**100.0%**

[a] Eight respondents did not reply to this question

Table 7

Previous work type before commencing support work (n=185[a])

Type of work	**Number of respondents**	**Percentage**
Community service work (eg Aged and Child care, Youth work, Welfare)	33	**17.8%**
Student	21	**11.4%**
Management / Professional / Artistic	20	**10.8%**
Retail sales	19	**10.3%**
Office / Clerical	19	**10.3%**
Factory work	17	**9.2%**
Mother / Home duties	15	**8.1%**
Self-employed	12	**6.5%**
Nursing	5	**2.7%**
Other eg Hospitality, Cleaner, Labourer	24	**12.9%**
Totals	**185**	**100.0%**

[a] Three respondents did not reply to this question

Table 8

Age at commencement of support work (n=187[a])

Age in years	**Female**	**Male**	**Total**	**Percentage**	**Cumulative percentage**
< 20	20	8	28	**15.0%**	**15.0%**
21 - 25	19	4	23	**12.3%**	**27.3%**
26 - 30	4	5	9	**4.8%**	**32.1%**
31 - 35	18	10	28	**15.0%**	**47.1%**
36 - 40	19	4	23	**12.3%**	**59.4%**
41 - 45	23	8	31	**16.6%**	**76.0%**
46 - 50	19	7	26	**13.9%**	**89.9%**
51 - 55	7	8	15	**8.0%**	**97.9%**
56 - 60	2	2	4	**2.1%**	**100.0%**
Totals	**131**	**56**	**187**	**100.00%**	

[a] One female did not reply to this question

Employers, employment type and length of service

Table 9

Number of current employers (n=187[a])

Employers	Female	Male	Total	Percentage
One	114	45	159	**85.0%**
Two	14	8	22	**11.8%**
Three	2	3	5	**2.7%**
Four	1		1	**0.5%**
Totals	**131**	**56**	**187**	**100.0%**

[a] One female did not reply to this question

Table 10

Number of employers since commencing support work (n=187[a])

Employers	Female	Male	Total	Percentage
One	57	24	81	**43.3%**
Two	38	9	47	**25.1%**
3 - 5	30	17	47	**25.1%**
6 - 8	6	4	10	**5.4%**
> 10		2	2	**1.1%**
Totals	**131**	**56**	**187**	**100.0%**

[a] One female did not reply to this question

Table 11

Type of employment (n=184[a])

Employment type	**Female**	**Male**	**Total**	**Percentage**
Casual	19	4	23	**12.5%**
Part time	78	28	106	**57.6%**
Full time	33	22	55	**29.9%**
Totals	**130**	**54**	**184**	**100.0%**

[a] Two males and two females respondents did not reply to this question

Table 12

Length of service as a Support Worker with current employer (n=183[a])

Service length in years	**Female**	**Male**	**Total**	**Percentage**	**Cumulative percentage**
< 1	20	7	27	**14.8%**	**14.8%**
1 - 2	11	6	17	**9.3%**	**24.1%**
2 - 3	15	5	20	**10.9%**	**35.0%**
3 - 4	11	6	17	**9.3%**	**44.3%**
4 - 5	9	2	11	**6.0%**	**50.3%**
5 - 10	31	10	41	**22.4%**	**72.7%**
10 - 15	16	7	23	**12.6%**	**85.3%**
15 – 20	9	3	12	**6.6%**	**91.9%**
20 – 25	5	4	9	**4.9%**	**96.8%**
25 – 30	1	3	4	**2.1%**	**98.9%**
30 – 35	1	1	2	**1.1%**	**100.0%**
Totals	**129**	**54**	**183**	**100.00%**	

[a] Three females and two males did not provide an estimate of length of service with their current employer

Table 13

Total length of service as a Support Worker with all employers (n=187[a])

Service length in years	Female	Male	Total	Percentage	Cumulative percentage
< 1	6	5	11	**5.9%**	**5.9%**
1 - 2	10	5	15	**8.0%**	**14.7%**
2 - 3	12	1	13	**7.0%**	**25.0%**
3 - 4	6	7	13	**7.0%**	**33.6%**
4 - 5	8	2	10	**5.3%**	**37.9%**
5 - 10	34	9	43	**23.0%**	**61.2%**
10 - 15	24	6	30	**16.0%**	**75.0%**
15 - 20	16	8	24	**12.8%**	**89.7%**
20 - 25	6	5	11	**5.9%**	**93.1%**
25 - 30	6	4	10	**5.3%**	**95.7$**
30 - 35	1	4	5	**2.7%**	**99.1%**
35 - 40	2		2	**1.1%**	**100.0%**
Totals	**131**	**56**	**187**	**100.00%**	

[a] One female did not provide an estimate of length of service with all her employers

Table 14a

Length of service, *in months*, with current employer and with all employers since commencing as a support worker

Gender	**Current employer**			**All employers**		
	Range	**Average**	**Median**	**Range**	**Average**	**Median**
Female	3 - 476	83.8	60.0	3 - 476	123.8	95.0
Male	1 - 408	107.0	65.0	1 - 408	149.8	118.0
Total	1 - 476	90.7	60.0	1 - 476	131.6	100.0

Table 14b

Length of service, *in years*, with current employer and with all employers since commencing as a support worker

Gender	**Current employer**			**All employers**		
	Range	**Average**	**Median**	**Range**	**Average**	**Median**
Female	0.25–39.7	6.9	5.0	0.25-39.7	10.3	7.9
Male	0.08-34.0	8.9	5.4	0.08-34.0	12.5	9.8
Total	0.08-39.7	7.6	5.0	0.08-39.7	11.0	8.3

Hours worked

Table 15

Hours worked per week (n=180[a])

Hours worked	**Female**	**Male**	**Total**	**Percentage**	**Cumulative percentage**
< 5	1		1	**0.6%**	**0.6%**
5 - 10			0	**0.0%**	**0.6%**
11 - 15	2	4	6	**3.3%**	**3.9%**
16 - 20	15	4	19	**10.6%**	**14.5%**
21 - 25	18	9	27	**15.0%**	**29.5%**
26 - 30	16	8	24	**13.3%**	**42.8%**
31 - 35	26	10	36	**20.0%**	**62.8%**
36 - 40	35	15	50	**27.8%**	**90.6%**
> 40	14	3	17	**9.4%**	**100.0%**
Totals	**127**	**53**	**180**	**100.00%**	

[a] Five females and three males did not provide a reply to this question

Table 16

Unpaid overtime worked (n=186[a])

Overtime worked	**Female**	**Male**	**Total**	**Percentage**
No	57	27	84	**45.2%**
Yes	40	9	49	**26.3%**
Sometimes	34	19	53	**28.5%**
Totals	**131**	**55**	**186**	**100.0%**

[a] One female and one male did not provide a reply to this question

Table 17

Unpaid voluntary time worked (n=186[a])

Volunteer hours worked	Female	Male	Total	Percentage
No	107	43	150	**80.6%**
Yes	10	5[b]	15	**8.1%**
Sometimes	14	7	21	**11.3%**
Totals	**131**	**55**	**186**	**100.0%**

[a] One female and one male did not provide a reply to this question

[b] One male replied that he was sometimes paid for this work

Table 18

Need and frequency to cover emergency shifts (n=179[ab])

Cover shifts	Frequency	Female	Male	Total	Percentage
Yes	Rarely	39	11	50	**27.9%**
	Regularly	31	14	45	**25.1%**
	Once/month	20	6	26	**14.5%**
	>Once/month	11	6	17	**9.5%**
	Once/week	6	3	9	**5.0%**
	> Once/week	6	1	7	**3.9%**
No		13	12	25	**14.1%**
Totals		**126**	**53**	**179**	**100.0%**

[a] Five females and two males did not reply to this question.

[b] One female responded ‘sometimes’ and is not included in the Table

Table 19

Satisfaction with hours worked (n=186[a])

Gender	Age in years	Financially satisfied		Personally satisfied		Work hours preference		
		Yes	No	Yes	No	No change	Less hours	More hours
Female	< 20		1		1			1
	21 - 25	3	1	1	3		2	2
	26 – 30	2	4	4	2	2	2	2
	31 - 35	6	6	9	3	4	4	4
	36 - 40	9	4	7	6	3	5	4
	41 – 45	8	5	9	3	6	5	2
	46 – 50	25	11	30	5	19	8	9
	51 – 55	18	6	18	5	13	5	6
	56 – 60	12	5	11	6	10	1	6
	61 – 65	4		3	1	2	2	
Male	31 - 35	2	2	4		3	1	
	36 - 40	3	2	3	2	3	1	1
	41 – 45	4		4		2	2	
	46 – 50	9	3	7	5	5	2	5
	51 – 55	8	6	12	2	7	2	5
	56 – 60	5		5		5		
	61 – 65	6	4	10		6	4	
	66 - 70	1		1		1		
Totals		**125**	**60**	**139**	**44**	**92**	**45**	**47**

[a] Four females and one male did not reply to all questions

Table 20

Reasons for wanting more hours (n=42[a])

Reasons	Number
To earn more to meet financial needs	27
To provide increased stability, consistency and flexibility	7
Recovering from injury	3
Enjoy the work	2
To provide better work conditions (eg no split shifts, more variety, more training)	2
To meet more people	1
Only want to work for current employer	1

[a] One female gave two reasons

Table 21

Reasons for wanting less hours (n=45[a])

Reasons	Number
To spend more time with family	21
Would prefer less hours but cannot afford it	9
To reduce stress and burnout	8
Roster issues (eg passive shifts, on call, management overtime)	8
Will be leaving sector	2
Personal ageing and injuries	2
Need more time for studies	1
Employed by more than one employer	1

[a] Seven respondents gave more than one reason

Table 22

Reasons for wanting no change in hours (n=92[a])

Reasons	**Number**
No reason given	29
Meets family and lifestyle needs	19
Would really prefer less or more flexible hours but satisfied	10
Happy with the job	10
Hours suit study needs	8
Prefer current roster (eg no overnight, no ‘passive’ shifts, weekends only)	6
Work in other jobs so time committed	5
Limited by own health and retirement issues	5
Other (eg learning new role, have worked in far worse situations)	3

[a] One female gave more than one reason

Working conditions

Table 23

Type of shifts worked by the respondents (n=188[a])

Type	Female	Male	Total
Morning	112	45	157
Afternoon	111	45	156
Evening	92	36	128
Overnight	57	25	82
Week end	104	40	144
‘Passive’	59	20	79
Only Day	6	7	13
Only Weekend	1	0	1
Only Overnight	4	1	5
Only ‘Passive’	2	1	3
All shifts	36	16	52

[a] Most respondents worked multiple types of shifts

Table 24

Direct support and other work roles (n=186[a])

Gender	Type of work				
	100% ‘Hands-on’ support only	Percentage of time spent in other roles (eg supervisory role)			
		< 25%	< 50%	< 75%	> 75%
Female	78	19	16	9	9
Male	36	10	5	2	2
Totals	**114**	**29**	**21**	**11**	**11**

[a] One female and one male did not reply to this question

Table 25

Client age groups and type of support provided (n=187[a])

Gender	Client age group					Type of support provided						
	Children	Adolescents	Adults	Elderly	Combination	Day Options	Sheltered employment	Supported employment	Respite Services	Residential Support	Other
Female	1	3	86	5	36		1	1	14	113	2
Male	1		40	2	13	4	1	1	2	47	1
Totals	**2**	**3**	**126**	**7**	**49**	**4**	**2**	**2**	**16**	**160**	**3**

[a] One female did not reply to this question

Table 26

Type of Work-site and Style of work (n=187)

Gender	Type of Work-site[a]					Style of work		
	Cluster	Group	Individual	Family	Other [b]	Alone	Team	Both
Female	12	72	40	12	12	33	35	63
Male	3	26	16	8	3	13	20	23
Totals	**15**	**98**	**56**	**20**	**15**	**46**	**55**	**86**

[a] 16 females worked in more than one type of work-site and one did not specify a type of workplace

[b] Other Work-sites included Respite, Supported Residential Facility (SRF), Aged Care, Nursing Home, On call

Table 27

Type of support provided to Disability Support Workers (n=188)

Gender	Support provided by									
	No response to question	No support provided	Co-workers	Supervisors	Managers	Co-worker & Supervisor	Supervisors & Managers	Co-workers only	Supervisors only	Other [a]
Female	5	1	108	72	76	11	48	16	5	1
Male	1	2	43	33	30	7	21	4	3	4
Totals	**6**	**3**	**151**	**105**	**106**	**18**	**69**	**20**	**8**	**5[a]**

[a] One male listed ‘the CEO’, two males listed ‘friends’, one male listed ‘a Registered Nurse’ and one female listed ‘family’ as a source of support

Table 28

Frequency and availability of support (n=187[a])

Gender	Availability of the support provided				
	Rarely	Occasionally	Monthly	Weekly	Whenever needed
Female	4	9	10	32	90
Male	1	3	6	20	34
Totals	**5**	**12**	**16**	**52**	**124**

[a] Fourteen respondents indicated both regular meetings and freely available support

Table 29

Comments on types of support provided (n=158[a])

Comment / Type of support	Number of respondents
Direct practical support	63
Advice, problem solving, ideas	45
Talking, listening, discussing issues	40
Debriefing, venting, letting off steam	22
Encouragement, feedback	16
Emotional support	14
Rosters and organisational issues	12
Phone contact available	11
Training issues	6
Very limited, all staff overstretched	3
Social activities	3
Checking on worker’s welfare	2

[a] Multiple responses from 78 respondents

Training

Table 30

In-service training topics attended in past year (n=170[ab])

Topics	Number attending
Medication Accreditation or Training	67
Occupational Health and Safety (OH&S)	67
First Aid	52
Specific Health Conditions (eg epilepsy, asthma, dementia)	45
Behaviour Support	38
Professional Assault Response Training(PART) Non-violent crisis intervention	34
Manual Handling	33
Fire Safety	25
Food Handling	22
Management issues	19
Specific Policy Areas (eg Mandatory reporting, Guardianship, Planning)	19
SRV (Social Role Valorisation)	8
Specific Support Issues (eg Signing, hearing aids)	6
Active Support	5
Computer Skills	4
Other (eg home safety, healthy living)	10

[a] Eighteen respondents listed only one topic

[b] Twenty three respondents listed five or more topics

Table 31

In-service training topics requested by support workers (n=92[a])

Topics	Number requesting
Behaviour Support	23
Computer Skills	16
Specific Support Issues (eg signing, program activities)	13
Specific Disability Conditions (eg autism)	13
Update and Refresher courses (eg First Aid, medication)	12
Management Issues (eg time management, team building, staff interaction)	11
Personal Skills (eg stress management, conflict resolution, assertiveness training)	5
Support for Aging Clients	4
Specific Health Issues (eg diabetes, mental health)	3
Active support	2
Legal and Ethical Aspects of Support	2
Self-defence	2

[a] Fifteen respondents listed two or more topics that they felt ‘may help you do your job better’

Appendix G: Ethics Committee Approval

Flinders University and Southern Adelaide Health Service
SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE
Room 105, Registry Building, Flinders University,
GPO Box 2100, ADELAIDE SA 5001
Phone: (08) 8201 5962
Email: sandy.huxtable@flinders.edu.au

FINAL APPROVAL NOTICE

Principal Researcher:	Mr Peter Cookson
Address:	PO Box 232 Upper Sturt SA 5156
Project Title:	'Why would you want to be a Disability Support Worker?' A qualitative survey of 'long-term' Disability Support Workers in residential services for people with Intellectual Disabilities

Project No.:	**4127**	Approval Expiry Date:	**31 January 2012**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comment:

Please amend the Information Sheet to include full disclosure of the new role of Minda Inc., including all funding and the provision of access to de-identified and anonymous demographic data for Minda employees.

In accordance with the undertaking you provided in your application for ethics approval for the project, please inform the Social and Behavioural Research Ethics Committee, giving reasons, if the research project is discontinued before the expected date of completion.

You are also required to report anything which might warrant review of ethical approval of the protocol. Such matters include:

- serious or unexpected adverse effects on participants;
- proposed changes in the protocol; and
- unforeseen events that might affect continued ethical acceptability of the project.

In order to comply with monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress and/or final report must be submitted. A copy of the pro forma is available from http://www.flinders.edu.au/research/info-for-researchers/ethics/committees/social-behavioural.cfm.

Sandy Huxtable
Secretary
Social and Behavioural Research Ethics Committee
15 July 2008

cc: Dr Jerry Ford, Disability Studies
Dr Michelle Bellon, Disability Studies

NB: ***If you are a scholarship holder and you receive funding for your research through the National Health & Medical Research Council please forward a copy of this letter to the Head, Higher Degree Administration and Scholarships Office, for forwarding to the NHMRC***

Appendix H: A proposed new support model

The current support model

Figure 1 outlines the key features of the current support model as described by the DSWs in this study. Many respondents in this study suggested this model needed major changes if DSWs were to provide appropriate support. Their comments are reported in Section 7.3.2.1.

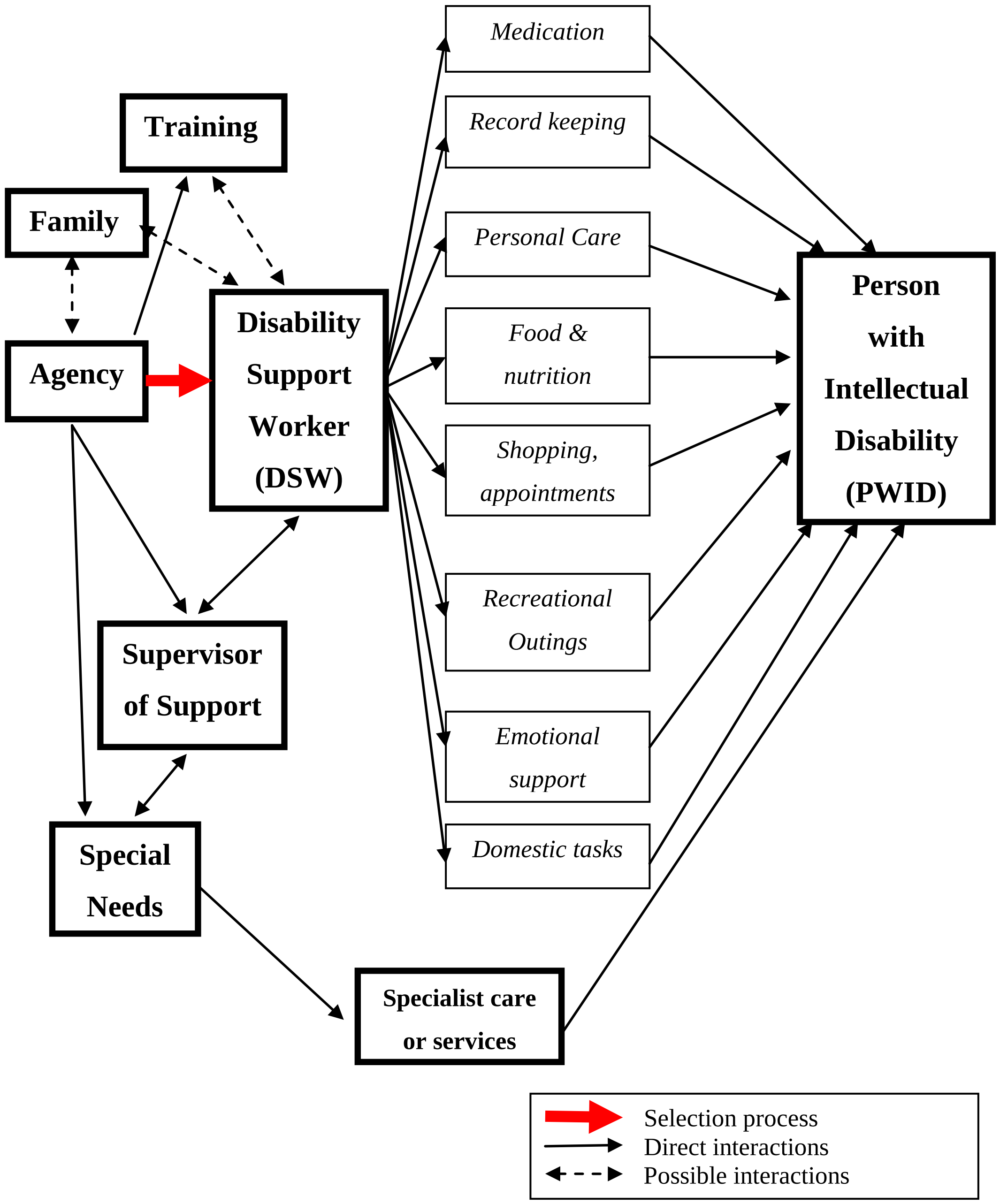

Figure 1: The current support model

The key features of this current model are:

- The agency management will usually select, or recruit, a single DSW to work with the person with an intellectual disability.

- DSWs were often responsible for the provision of all aspects of the client's support. This may range from basic personal care to more important tasks including medication and the emotional support of the person. And, almost always, all household domestic tasks (e.g. cleaning, clothes washing, meal preparation) were also the DSW's responsibility.

- DSWs, even if they have worked with the individual who they are supporting for a long period of time, are seldom involved in the development of the support plan.

- In smaller agencies there are often extended shifts, regularly worked as unpaid overtime, or changes to the usual DSWs in order to simply cover planned shifts.

- New DSW recruits generally do not receive sufficient induction or adequate training on commencing support work and there are only limited opportunities for in-service training in most agencies. Many 'long-term' DSWs need to spend much of their time training and helping new support staff.

Person Centred Planning

As stated above, one of the most common complaints by DSWs in this study was their concern about the lack of their involvement in the development of individual support plans. Studies in person centred planning (e.g. Brown, 2012; Dempsey & Nankervis, 2006) have argued that if the support provided is expected to meet the aims and wishes of the person with a disability, it is essential that all stakeholders, especially the person with a disability themselves and the DSWs who will provide the support, ***must*** be involved in the development of support plans. And support plans ***must*** include procedures to encourage personal development and the achieving of life ambitions where possible as well as the basic needs of the person being supported. This form of person centred support planning, for many people with a disability, will almost certainly involve the development and use of new strategies and techniques to record and, at times, to assess their personal aims. The Job Characteristics Theory also suggests that this involvement of the DSWs providing the support could assist greatly in increasing their levels of job satisfaction and help them to continue in the work.

For each major goal developed in the support plan, there must be detailed outcomes specified for the development of adaptive behaviours, independent living and lifestyle skills as well as plans to change and minimise inappropriate and challenging behaviours (Ford et al, 2011). It has also been suggested that the plan should be produced in a format which best allows the person with a disability to understand. This may be a document with pictures, a voice recording, a video or other reasonable method (Bruggemann, personal communication, May, 2012). The methods of assessing outcomes should also be included (Ford et al, 2011). The findings of this study indicate that current procedures used to develop these plans rarely meet these goals.

A proposed model of the interactions necessary to create detailed person centred plans based on both previous research and the participants' comments in this study are discussed below and outlined in Figure 2.

The key features of this model are:

- The major issue raised by the majority of respondents to this study was that all people who work with and know the person with a disability (the person themselves, their family, senior agency staff and the DSWs who have worked with the person and those who will ultimately be those required to implement the plan) must be involved in the development of the plan.

- Professional input from people who may have previously provided (or maybe required in the future) specialist services or advice should also be involved if possible.

- The Plan must be in a format of the PWID’s choosing (e.g. audio or video recording, CD or DVD, graphic representation).

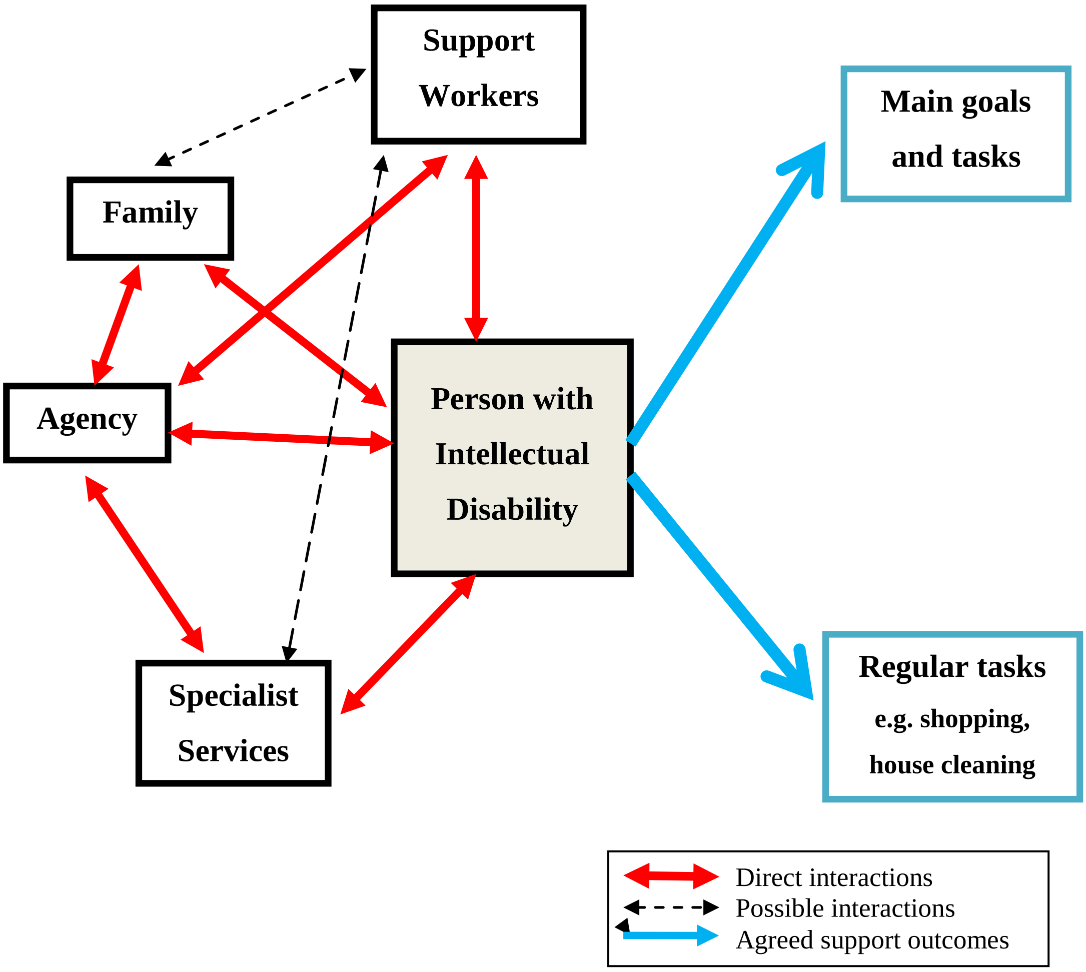

Figure 2: Person centred planning interactions

- The *main goals* of the plan, designed to meet the needs and aspirations of the person receiving the support, must be clearly identified and prioritised wherever possible.

- The supporting DSWs must be included in the process of identifying strategies and procedures to be used to implement the plan and specialist training in some areas could be provided to those DSWs.

- The plan must contain clear procedures to evaluate the outcomes at regular stages. Since the DSWs are the people who spend most time with the person with a disability and observe the person's experiences and any changes in activity or behaviours, a key DSW involved in the implementation of the support plan should take responsibility for this on-going evaluation. This responsibility would clearly add to that DSWs job satisfaction and self-esteem.

- If the support is not achieving good positive outcomes, a review process should be held to re-examine and modify, if necessary, the goals, priorities, strategies and procedures being used.

A proposed new support model

A proposed new model to provide support is discussed below and outlined in Figures 3, 4 and 5.

The key features of this model are:

- The person with a disability is the focus of all support.

- All stakeholders are of equal importance in the provision of support and interactions and consultations can occur between everyone involved.

- A Key DSW is selected to provide support focused on achieving the *main goals and tasks* identified and prioritised in the individual's Person Centred Plan.
    - The Key DSW may have particular experience, skills or qualifications in the main areas of support required.
    - The Key DSW may require additional training to assist them in providing the agreed support procedures.
    - The Key DSW may also work with other agency clients in both the Key DSW and the Residential DSW roles.

- A group of at least two Residential DSWs are also selected to work with and support the individual by regular involvement in their residence and undertaking basic *regular tasks* (e.g. shopping, domestic cleaning).

- The Residential DSWs may spend only short periods in each individual’s residence and move from residence to residence carrying out those basic support tasks for several agency clients.
- By removing the need for the Key DSW to spend time on these basic tasks, the use of Residential DSWs frees up time for the Key DSW to focus on the main support goals and priorities.
- The Residential DSWs become familiar with the individual by their regular contacts and this helps to provide more consistency to the provision of support. These Residential DSWs to *‘cover shifts’* when other regular staff are unavailable.

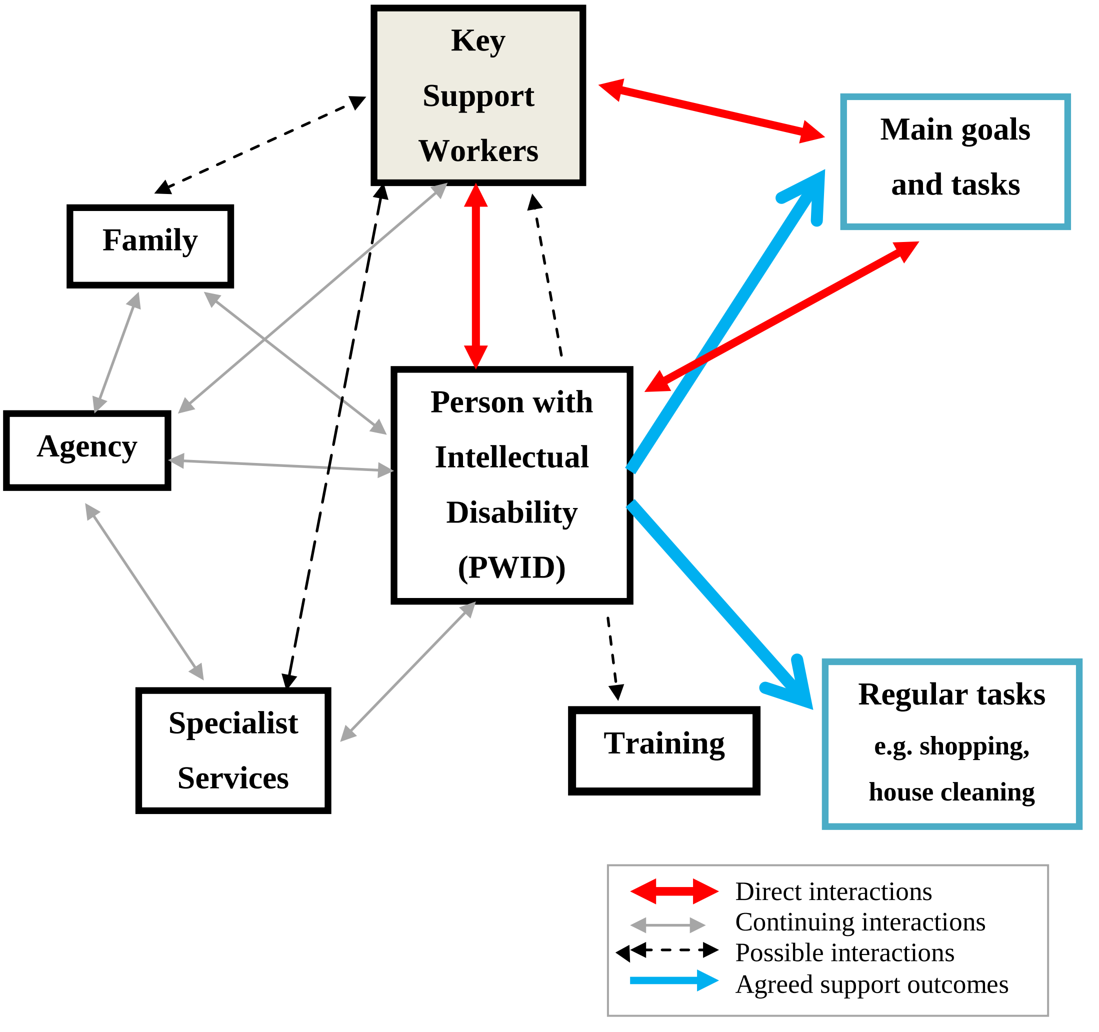

Figure 3: Key support worker interactions

  - A Residential DSW can take over the role of the Key DSW if necessary (e.g. holidays, illness) without causing the disruptions which often occur when new and unfamiliar staff appear.
  - Newly recruited DSWs, especially those with little or no prior contact with people with disabilities, can initially be placed as a member of a Residential DSW group and so can be slowly introduced to a number of people with different disabilities and a wide range of support tasks and issues without the stresses of having to take full responsibility for the provision of full support on starting work.
  - In some situations, the use of these two differing DSW roles may help in reducing staff stress and frustrations by allowing breaks or other modifications to long, rostered shifts.

- There is no reason why this structure, although involving more DSWs working with each person receiving support, should increase the number support hours or the overall cost of the support.
  - The Residential DSW groups may be rostered to visit several people during a single day to carry out the persons' basic support needs.
  - When focussed on completing only basic tasks, a Residential DSW group will be able to complete those tasks more quickly than would normally be achieved by a single DSW dealing with all support tasks.

- This model may provide additional career pathways within the agency. One issue often discussed in the disability research literature is the lack of career pathways in disability support work (e.g. Larson & Hewitt, 2005).
  - Only one interviewee in this study said she was interested in a promotion position. The others indicated they did not want to change from the direct, 'hands-on' support role. The position as a Key DSW could be used as a promotion position without the need for committed DSWs to leave the direct 'hands-on' support which they enjoy.

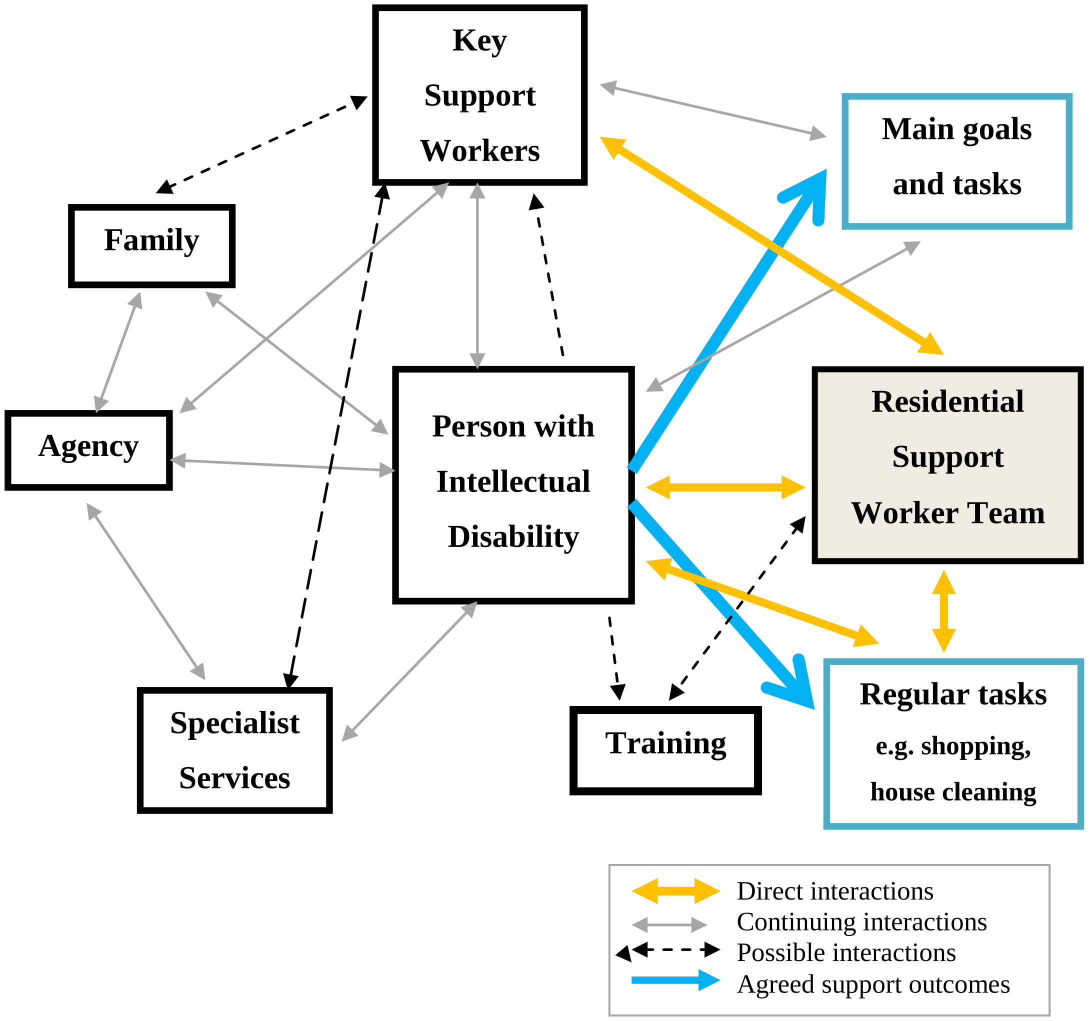

Figure 4: Residential support worker interactions

As mentioned previously, professionals providing specialist services to assist in the support and treatment of particular conditions are often employed by the agency or the family in current support models. In this proposed model, specialist service providers should be part of the support program and should interact with and be involved with all key stakeholders whenever appropriate (Figure 5).

The above model may also allow management to improve training, but at reduced costs, by providing specialist training to only a small number of Key DSWs and using their new skills to provide specialist services to all clients requiring such support. This may also provide management with a possible career pathway within direct ‘hands-on’ support which may improve the retention of well qualified and experienced staff. The requirement for the involvement and interactions between all stakeholders should also increase and improve the support provided to DSWs by management and supervisors.

This proposed new model addresses the major problems reported by the DSWs in this study. This model provides DSWs with opportunities for:

- involvement in all aspects of planning and decision making;
- accessing high quality training to improve their skills;
- taking more responsibility in deciding on the support procedures; and
- feeling more valued and recognised for the work they do.

These are all major factors described in Job Characteristics Theory as enriching the features of support work and increasing the motivation, satisfaction and performance of DSWs.

> *Individuals both old and young are now seeking employment at organisations in which they can take pride and job assignments that allow them to feel as though work has an impact on the lives of others ... employees come to pursue not only economic and social rewards in challenging jobs but also ideological rewards including the experience of meaning and significance in their work.* (Piccolo et al, 2012)

Without an increase in funding to the sector to provide better wages and work conditions, this model may have little effect on the recruitment of new support workers. However, this model may increase the retention of staff by allowing new DSWs to ease into support work by working with another more experienced worker and focusing on basic skills until they feel comfortable. One agency in this study was reported by one of its staff to be trialling new migrant workers working with experienced DSWs because of the problems resulting from their poor spoken or written English.

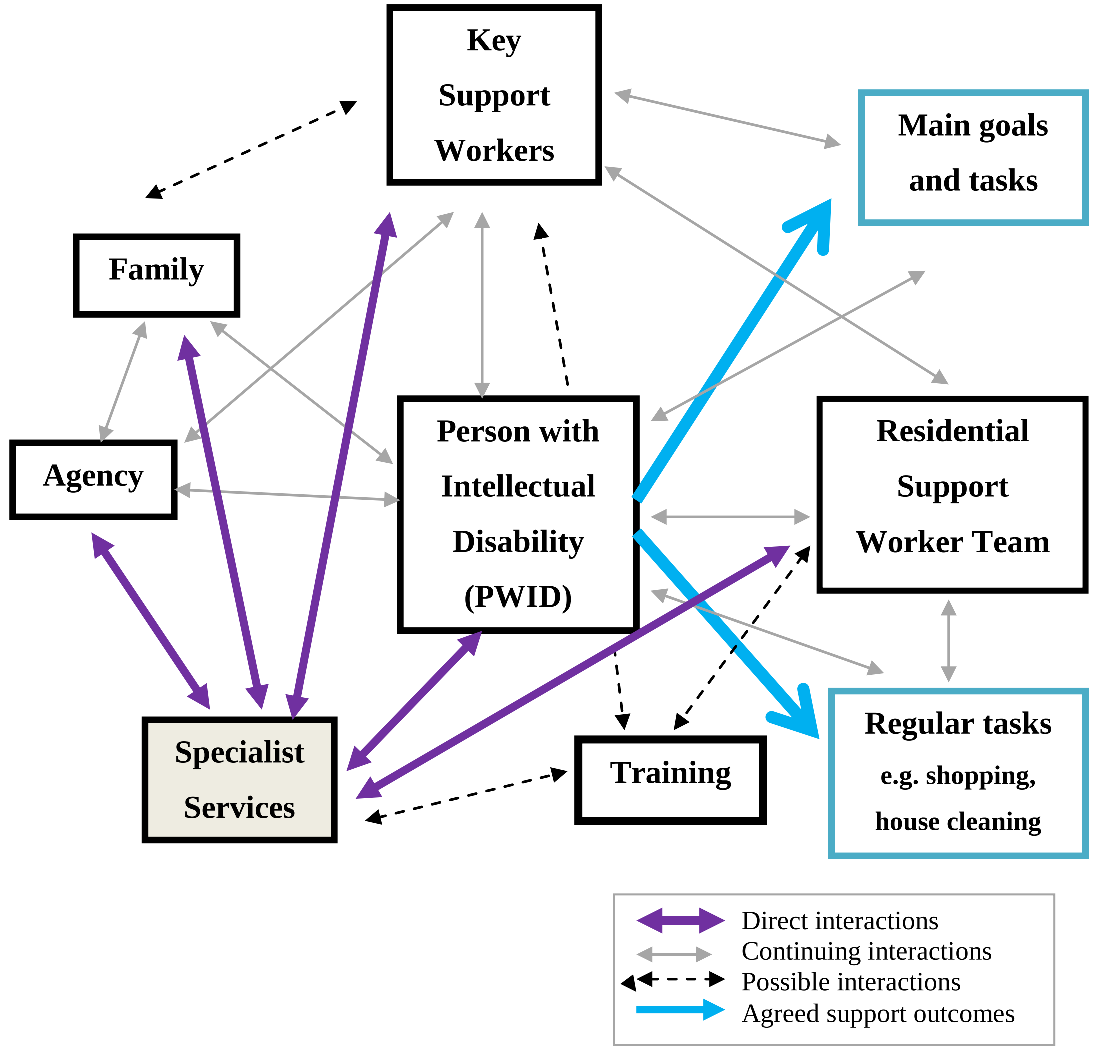

Figure 5: Specialist service interactions

10. References

ABS (Australian Bureau of Statistics) (2008), *Year Book, Australia*, Canberra

Adams M. & Lovejoy H. (Eds) (1972), *The Mentally Subnormal: Social Work Approaches*, William Heinemann Medical Books, Trowbridge, Wiltshire.

Ager A. & O'May F. (2001), Issues in the definition and implementation of "best practice" for staff delivery of interventions for challenging behaviour, *Journal of Intellectual & Developmental Disability* 26 (3), 243 – 256.

AIHW (Australian Institute of Health and Welfare) (2001), *Disability support services 2000: national data on services provided under the Commonwealth/State Disability Agreement*, AIHW cat no. DIS 23, Canberra, AIHW (Disability Series).

AIHW (2005), 'Some trends in the use of accommodation support services for people with intellectual disabilities in Australia', *Journal of Intellectual & Developmental Disability* 30 (2), 120 – 124.

AIHW (2007a), *Current and future demand for specialist disability services*, Disability series Cat. no. DIS 50, Canberra.

AIHW (2007b), *Disability in Australia: acquired brain injury*, Bulletin 55, Canberra.

AIHW (2009), *Health and community services labour force 2006*, National health labour force series number 42.Cat no. HWL 43. Canberra: AIHW.

Alexander C. & Charles G. (2009), Caring, Mutuality and Reciprocity in Social Worker – Client Relationships: Rethinking Principles of Practice, *Journal of Social Work* 9 (1), 5 – 22.

Allen D. (2000), Recent research on physical aggression in persons with intellectual disability: An overview, *Journal of Intellectual & Developmental Disability* 25 (3), 41 – 57.

Antaki C., Young N. & Finlay M. (2002), Shaping Clients' Answers: departures from neutrality in care-staff interviews with people with a learning disability, *Disability & Society*, 17 (4), 435-455.

Argyle M. (1972), *The Social Psychology of Work*, Penguin Books, England

ASSID (Australasian Society for the Study of Intellectual Disability) (2007), *Australasian Code of Ethics for Direct Support Professionals*, Authors, Victoria, Australia.

Baines D., Hadley K., Slade B., Fay K., Pollack S., Brooker A., Preston S., Lewchuk W. & Dimitrova D. (2002), *Improving Work Organization to Reduce Injury and Illness: Social Services, Stress, Violence and Workload. Final Report*, Hamilton Ontario, McMaster University, Institute for Work in a Global Society.

Bambara L.M., Gomez O., Koger F., Lohrmann-O'Rourke S & Xin Y.P. (2001), More Than Techniques: Team Members' Perspectives on Implementing Positive Supports for Adults With Severe Challenging Behaviors, *Journal of the Association for Persons with Severe Handicaps* 26 (4), 213 – 228.

Banister P., Burman E., Parker I., Taylor M. & Tindall C. (1994), *Qualitative Methods in Psychology – A Research Guide*, Open University Press, Buckingham UK.

Bank-Mikkelsen N.E. (1980), Denmark, in Flynn R.J. & Nitsch K.E. (Eds), *Normalization, social integration and community services*, University Park Press, Baltimore, MD, 51 – 70.

Barber N. (2004), *Kindness in a Cruel World: The Evolution of Altruism*, Prometheus Books, NY.

Bennett M.M. & Beehr T.A. (2013), Collegial Relationships and Social Supports in Organizations in Morrison R. & Cooper-Thomas H, (Eds), *Relationships in Organizations: A Work Psychology Perspective*, Palgrave McMillan, 193-217.

Bernabe E., Sheiham A. & Sabbah W. (2009), Income, Income Inequality, Dental Caries and Dental Care Levels: An Ecological Study in Rich Countries, *Caries Research* 43, 294 – 301.

Bersani H.A. & Heifetz L.J. (1985), Perceived stress and satisfaction of direct-care staff members in community residences for mentally retarded adults, *American Journal of Mental Deficiency* 90 (3), 289 – 295.

Bigby C. & Ozanne E. (2001), Shifts in the model of service delivery in intellectual disability in Victoria, *Journal of Intellectual & Developmental Disabilities* 26 (2), 177 – 190.

Blatt B. & Kaplan I. (1966), *Christmas in Purgatory*, Allyn & Bacon, Boston.

Blumenthal S., Lavender T. & Hewson S. (1998), Role clarity, perception of the organization and burnout amongst support workers in residential homes for people with intellectual disability: a comparison between a National Health Service trust and a charitable company, *Journal of Intellectual Disability Research* 42 (5), 409 – 417.

Bogdan R. & Bicklen S. (2003), *Qualitative research for education: An introduction to theory and methods*, (4th Edit), Allyn & Bacon, Boston.

Bondi H. (1992), The philosopher for science, *Nature*, 358 (6385), 363.

Bonyhady B. (2012), *National disability Insurance Scheme: Key Features and Next Steps*, Presentation to Australasian Society for Intellectual Disability (ASID), 2012 Annual General Meeting, 7 August, 2012.

Brayley J. (2009), *Annual Report 2009*, South Australian Office of the Public Advocate, viewed February 2013 at http://www.opa.sa.govv.au.

Brayley J. (2012), *Annual Report 2012*, South Australian Office of the Public Advocate, viewed February 2013 at http://www.opa.sa.govv.au.

Brody H. (2000), Mindover Medicine, *Psychology Today* 33 (4), 60 – 65.

Broom A. (2005), Using qualitative interviews in CAM research: A guide to study design, data collection and data analysis, *Complementary Therapies in Medicine* 13, 65 – 73.

Brown F. (2012), *Getting a Real Life in a Real Place: The impact of Person Centred Thinking Approaches on the lives of people with intellectual disabilities*, Unpublished Honours Thesis, Flinders University, Adelaide, South Australia.

Brown I. & Brown R.I. (2003), *Quality of Life and Disability: An Approach for Community Practitioners*, Jessica Kingsley, London.

Brown L. & Nepal B. (2010), *Health lies in wealth: Health inequalities in Australians of working age*, National Centre for Social and Economic Modeling (NATSEM), University of Canberra, Canberra, Australia.

Brown W.A. (1998), The Placebo Effect, *Scientific American* 278 (1), 68 – 73.

Bruggemann R. (2010), Lao Tsu, Entropy, the Coroner, Problem Clients and Lost Dreams . *Interactions* 23 (4), 7 – 14.

Bruininks R., Thurlow M., Thurman K. & Fiorelli J. (1980), Deinstitutionalisation and Community Services, in Wortis J. (Ed), *Mental Retardation and Developmental Disabilities XI*, Brunner/Mazel, NY, 55 – 101.

Bryson L. (1992), *Welfare and the State: Who Benefits?*, St Martin's Press, NY.

Buntinx W. (2008), The logic of relations and the logic of management, *Journal of Intellectual Disability Research* 52 (7), 588 – 597.

Burchard S. & Thousand J. (1988), Staff and Manager Competencies, in Janicki M., Krauss M. & Seltzer M. (Eds) *Community Residences for Persons with Developmental Disabilities: Here to Stay*, Paul H Brookes, Baltimore MD, 251 – 266.

Business SA (2003), *Disability Services Award, Loose Leaf Award Service*, Authors, Unley, South Australia.

Carson E., Maher C. & King P. (2007), *Careers At The Coalface? Community Services In South Australia: Workforce Development*, University of SA Social Policy Research Group and SACOSS, Adelaide.

Castle N.G. (2006), Measuring Staff Turnover in Nursing Homes, *The Gerontologist* 46 (2), 210 – 219.

Cathcart M. (1995), *Manning Clark's History of Australia: abridged by Michael Cathcart*, Melbourne University Press, Victoria.

Clegg J. (2008), Holding services to account, *Journal of Intellectual Disability Research* 52 (7), 581 – 587.

Cocks E. (1998), *Vision, Values and Strategies for the Future: Time to return to Basics*, paper presented to CIDA Conference, Melbourne, 7-8 May, 1998.

Cocks E. (2001), Normalisation and Social Role Valorisation: Guidance for Human Service Development, Hong Kong Journal of Psychiatry 11 (1), 12 – 16.

Cocks E. & Stehlic D. (1996), History of services, in Annison J,. Jenkinson J., Sparrow W. & Bethune E. (Eds), *Disability: a guide for health professionals*, 8 – 33, Thomas Nelson, Melbourne.

Conway N. & Sturges J. (nd), *An investigation of overtime working among the part-time workforce*, viewed April 2012 at http://www.kcl.ac.uk.

Cookson P. (2004), *So, what is support work?* Unpublished Training Program, Adelaide.

Cookson P. (2006), *Support Worker Terminations – 1st January 2003 to 1st November 2005*, Unpublished report, Disability Agency, Adelaide.

Cookson P. (2010a), *The Nature of Support: A survey of the support by job coaches from the perspective of people with intellectual disabilities in open employment*, Lambert Academic Publishing, Germany.

Cookson P. (2010b), Entrenched Negativity in the Disability Sector?, *Opinions* 1 (1), 30 – 32, Disability Professionals Australasia – South Australian Chapter, Viewed March, 2010 at http://www.ADP.org.au.

Craig E. (Ed) (2005), *The Shorter Routledge Encyclopedia of Philosophy,* Routledge Taylor &Francis Group, NY.

De Gieter S., Hofmans J. & Pepermans R. (2011), Revisiting the impact of job satisfaction and organizational commitment on nurse turnover intention: An individual differences analysis, *International Journal of Nursing Studies* 48 (12), 1562 – 1569.

Delp L., Wallace S., Geiger-Brown J. & Muntaner C. (2010), Job stress and Job Satisfaction: Home Care Workers in a Consumer-Directed Model of Care, *Health Services Research*, 45 (4), 922 – 940.

Dempsey I. & Arthur M. (1998), Characteristics and professional development needs of staff working in employment services for people with a disability, *Journal of Intellectual & Developmental Disability* 23 (4), 333 – 342.

Dempsey I. & Arthur M. (2002), Support staff in a sample of Australian community-based services for people with a disability: career intentions, personal characteristics and professional development needs, *Journal of Intellectual & Developmental Disability* 27 (3), 201 – 214.

Dempsey I. & Nankervis K. (Eds), (2006), *Community Disability Services: An Evidence-based Approach to Practice*, UNSW Press, Sydney, Australia.

DEST (Department of Education Science and Training) (2002), *The Nursing Workforce – 2010*, Commonwealth of Australia, viewed November, 2007 http://www.detya.gov.au/highered/nursing/pubs/nursing workforce.

Devereux J., Hastings R. & Noone S. (2009), Staff stress and burnout in Intellectual Disability Services: Work stress theory and its application, *Journal of Applied Research in Intellectual Disabilities*, 22 (6), 561 – 573.

Devereux J., Hastings R., Noone S., Firth A. & Totsika V. (2009), Social support and coping as mediators or moderators of the impact of work stressors on burnout in intellectual disability support staff, *Research in Developmental Disability* 30, 367 – 377.

De Waele I., van Loon J., Van Hove G. & Schalock R.L. (2005), Quality of Life Versus Quality of Care: Implications for People and Programs, *Journal of Policy and Practice in Intellectual Disabilities*, 2 (3-4), 229 – 239.

DiRita P., Parmenter T. & Stancliffe R. (2008), Utility, economic rationalism and the circumspection of agency, *Journal of Intellectual Disability Research* 52 (7), 618 – 625.

Disability SA (2008), *The Provision of Disability Services in South Australia* viewed August 22nd 2010 at http://www.dfc.sa.gov.au/pub.

Disley P., Hatton C. & Dagnan D. (2009), Applying equity theory to staff working with individuals with intellectual disabilities, *Journal of Intellectual & Developmental Disability*, 34 (1), 55 – 66.

Disney J. (2004), Social Policy, in Manne R. (Ed), *The Howard Years*, Black Inc., Schwartz Publishing, Melbourne, pp 191 – 215.

Doidge N. (2007), *The Brain That Changes Itself*, Scribe Publications Pty Ltd, Victoria, Australia.

Dollard M.F., Dormann C., Boyd C.M., Winefield H.R. & Winefield A.H. (2003), Unique Aspects of Stress in Human Service Work, *Australian Psychologist* 36 (2), 84 – 91.

Dollard M.F. & Winefield A.H. (2002), Mental health: overemployment, underemployment, unemployment and healthy jobs, in Morrow L., Verins I. & Willis E. (Eds) *Mental Health and Work: Issues and Perspectives*, Commonwealth of Australia, Adelaide 3 – 42.

Dura-Vila G., Dein S. & Hodes M. (2010), Children with intellectual disability: A gain not a loss: Parental beliefs and family life, *Clinical Child Psychology and Psychiatry* 15 (2), 171 – 184.

Dyer C. (1995), *Beginning Research in Psychology*, Blackwell, Oxford.

Dyer S. & Quine L. (1998), Predictors of job satisfaction and burnout among the Direct Care Staff of a Community Learning disability Service, *Journal of Applied Research in Intellectual Disabilities* 11 (4), 320 – 332.

Ehrhart K.H. & Makransky G. (2007), Testing vocational interests and personality as predictors of person-vocation and person-job-fit, *Journal of Career Assessment* 15, 206 – 226.

Evans-Turner T. (2010), *The Maslach Burnout Inventory and its relationship with staff transition in and out of the intellectual disability workforce*, presented to NZASID Conference, August, Dunedin, NZ.

FaCSIA (Department of Families, Community Services and Indigenous Affairs) (2007), *Disability Services Standards*, Australian Government, Canberra.

Fair Work Australia (1 February, 2012), *DECISION, Equal Remuneration Case,* Melbourne.

Fakunmoju S., Woodruff K., Kim H., LeFevre A. & Hong M. (2010), Intention to leave a job: The role of Individual factors, job tension, and supervisory support, *Administration in Social Work* 34 (4), 313 – 328.

Fehr E. & Fischbacher U. (2003), The Nature of Human Altruism, *Nature* 425, 785 – 791.

Fehr E. & Renninger S. (2004), The Samaritan Paradox, *Scientific American Mind* 14 (5) 15 – 21.

Feinberg R. & Jeppeson N. (2000), Validity of exit interviews in retailing, *Journal of Retailing and Consumer Services*, 7 (3), 123 – 127.

Felce D. (2005), Support in the Community: Staffing and staff support in relation to service user needs, *Intellectual Disability Australasia* 26 (2), 10 – 13.

Felce D., Lowe K. & Beswick J. (1993), Staff turnover in ordinary housing services for people with severe or profound mental handicaps, *Journal of Intellectual Disability Research* 37, 143 – 152.

Fewster S. & Robertson D. (2009), Blakiston mother of 16-year-old boy charged with murder, *The Advertiser July 24, 2009*, Adelaide, South Australia Viewed August 2009 at http://www.adelaidenow.com.au/news/.

Fifield M. (20 November, 2013), Address to the National Press Club, Canberra.

Finlay L. (2009), Debating Phenomenological Research Methods, *Phenomenology & Practice* 3 (1), 6 - 25

Fogarty G.J., Machin M.A., Albion M.J., Sutherland L.F. Lalor G.I. & Revitt S. (1999), Predicting Occupational Strain and Job Satisfaction: The Role of Stress, Coping, Personality, and Affectivity Variables, *Journal of Vocational Behaviour* 54, 429 – 452.

Ford J. & Ford C. (1998), Self-reported training needs of supported employment program managers in South Australia, *Journal of Intellectual & Developmental Disability* 23 (2), 171 – 182.

Ford J. & Honnor J. (2000), Job satisfaction of community residential staff serving individuals with severe intellectual disabilities, *Journal of Intellectual & Developmental Disability* 25 (4), 343 – 362.

Ford J., Kirby N., Wilson L. & Rillotta F. (2011), *The Strathmont Centre Redevelopment and Community Living Project, Summary Report*, Department for Families and Communities, Government of South Australia, Adelaide, Viewed 2011 from http://www.dfc.sa.gov.au/research/.

Fottler M., Crawford M., Quintana J. & White J. (1995), Evaluating nurse turnover: comparing attitude surveys and exit interviews, *Hospital, Health Services and Administration*, 40 (2), 278 – 295.

Fujiura G.T. & Parish S.L. (2007), Emerging Policy Challenges in Intellectual Disability, *Mental Retardation and Developmental Disability Research Reviews,* 13, 188 – 194.

Garretson P. & Teel K. (1982), The exit interview: effective tool or meaningless gesture?, *Personnel* 59 (4), 70 – 77.

Gaventa W. (2008), Rekindling commitment: reflections from a pastoral educator enmeshed in direct support professional workforce development and person centered supports, *Journal of Intellectual Disability Research* 52 (7) 598 – 607.

George M.J. & Baumeister A.A. (1981), Employee Withdrawal and Job Satisfaction in Community Residential Facilities for Mentally Retarded Persons, *American Journal of Mental Deficiency* 85 (6), 639 – 647.

Gilbert T. (2006) Mixed methods and mixed methodologies: The practical, the technical and the political, *Journal of Research in Nursing* 11 (3), 205 – 217.

Gintis H., Bowles S., Boyd R. & Fehr E. (2003), Explaining altruistic behaviour in humans, *Evolution and Human Behavior* 24, 153 – 172.

Gray J.A. & Muramatsu N. (2013), When the job has lost its appeal: Intentions to quit among direct care workers, *Journal of Intellectual and Developmental Disability* 38 (2), 124 - 133

Grbich C. (1999), *Qualitative Research in Health: An Introduction,* Allen & Unwin, New South Wales, Australia.

Grey I.M., Hastings R.P. & McClean B. (2007), Staff Training and Challenging Behaviour, *Journal of Applied Research in Intellectual Disabilities,* 20 (1), 1 – 5.

Griffen M.L., Hogan N.L. & Lambert E.G. (2012), Doing “people work” in the prison setting: An examination of the Job Characteristics Model and correctional staff burnout, *Criminal Justice and Behavior* 39 (9), 1131 – 1147.

Hackman J. & Oldham G. (1975), Development of the job diagnostic survey, *Journal of Applied Psychology* 60, 159 – 170.

Hackman J. & Oldham G. (1976), Motivation through the design of work: Test of a theory, *Organizational Behavior and Human Performance* 16, 250 – 279.

Halasz G. (2004), Hidden truths: the politics of brain, mind and soul in Australian psychiatry, *Australian Psychiatry* 12 (1), 3 – 10.

Hall P.S. & Hall N.D. (2002), Hiring and retaining Direct Care Staff: After fifty years of research, what do we know?, *Mental Retardation* 40 (3), 201 – 211.

Hamaideh S. H. (2011), Burnout, Social Support, and Job Satisfaction among Jordanian Mental Health Nurses, *Issues in Mental Health Nursing* 32 (4), 234 – 242.

Hastings R.P. (2002), Do Challenging Behaviours Affect Staff Psychological Well-Being? Issues of Causality and Mechanism, *American Journal on Mental Retardation* 107 (6), 455 – 467.

Hastings R.P. (2010), Support staff working in intellectual disability services: The importance of relationships and positive experiences, *Journal of Intellectual and Developmental Disability* 35 (3), 207 – 210.

Hastings R.P. & Brown T. (2002), Coping Strategies and the Impact of Challenging Behaviours on Special Educators’ Burnout, *Mental Retardation* 40 (2), 148 – 156.

Hastings R.P. & Taunt H.M. (2002), Positive Perceptions in Families of Children With Developmental Disabilities, *American Journal on Mental Retardation* 107 (2), 116 – 127.

Hastings R.P. & Horne S. (2004), Positive perceptions held by Support Staff in Community Mental Retardation Services, *American Journal on Mental Retardation* 109 (1), 53 – 62.

Hatton C. & Emerson E. (1993), Organisational Predictors of Staff Stress, Satisfaction, and Intended Turnover in a Service for People With Multiple Disabilities, *Mental Retardation* 31 (6), 388 – 395.

Hatton C., Emerson E., Rivers M., Mason H., Mason L., Swarbrick R., Kiernan C., Reeves D. & Alborz A. (1999), Factors associated with staff stress and work satisfaction in services for people with intellectual disability, *Journal of Intellectual Disability Research* 43 (4), 253 – 267.

Hatton C., Emerson E., Rivers M., Mason H., Swarbrick R., Mason L., Kiernan C., Reeves D. & Alborz A. (2001), Factors associated with intended staff turnover and job search behaviour in services for people with intellectual disability, *Journal of Intellectual Disability Research* 45 (3), 258 – 270.

Hayes L.J., O’Brien-Pallas L., Duffield C., Shamian J., Buchan J., Hughes F., Spence Laschinger H.K., North N. & Stone P.W. (2006), Nurse turnover: A literature review, *International Journal of Nursing Studies* 43, 237 – 263.

Helff C.M. & Glidden L.M. (1998), More Positive or Less Negative? Trends in Research on Adjustment of Families Rearing Children With Developmental Disabilities, *Mental Retardation* 36 (6), 457 – 464.

Hewitt A. (2001), The Crisis in the Direct Support Professional Workforce – Finding, Keeping, and Training DSPs, *Exceptional Parent*, 31 (8), 12 – 24.

Hewitt A. & Larson S. (2007), The direct workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices, *Mental Retardation and Developmental Disabilities Research Reviews*, 13 (2), 178 – 187.

Hewitt A.S., Larson S.A., Lakin K.C., Sauer J., O'Nell S. & Sedlezky L. (2004), Role and essential competencies of the Frontline Supervisors of Direct Support Professionals in Community Services, *Mental Retardation* 42 (2), 122 – 135.

Hewitt A. & Lakin K.C. (2001), *Issues in the Direct Support Workforce and their Connections to the Growth, Sustainability and Quality of Community Supports,* Minneapolis, University of Minnesota, Research and Training Center on Community Living.

Hile M.G. & Walbran B.B. (1991), 'Observing Staff-Resident Interactions: What Staff Do, What Residents Receive', *Mental Retardation* 29 (1), 35 – 41.

Hilliard L. & Kirman B. (1965), *Mental Deficiency*, J & A Churchhill Ltd., London.

Hodge A. (2000, March 4-5), *Crimes of neglect*, The Weekend Australian, 28.

Hogan W.P. (2004), *Review of Pricing Arrangements in Residential Aged Care – Full Repor*t, Department of Health and Ageing, Canberra, Australia.

Holborn S. & Jacobson J.W. (2006), Residential Services Research in the Developmental Disabilities Sector, *International Review of Research in Mental Retardation* 32, 41 – 76.

Howard, Robin. & Ford J. (2007), The roles and responsibilities of teacher aides supporting students with special needs in secondary school settings, *The Australasian Journal of Special Education* 31 (1) 25 – 43.

Howard, Ruth. & Hegarty J. (2003), Violent Incidents and Staff Stress, *British Journal of Developmental Disabilities* 49 (1), 3 – 21.

Hudson Global Resources (2007), *Education Pathways for Community Service Carers, Interim Report, January 2007,* Queensland Government Department of Communities and Disability Services, Queensland.

Iacono T. (2010), Addressing increasing demands on Australian disability support workers, *Journal of Intellectual and Developmental Disability* 35 (4), 290 – 295.

Ife J. (1997), *Rethinking Social Work: Towards critical practice*, Longman, Melbourne.

Ito H., Kurita H. & Shiiya J. (1999), 'Burnout Among Direct-Care Staff Members of Facilities for Persons With Mental Retardation in Japan', *Mental Retardation* 37 (6), 477 – 481.

Jahr E. (1998), Current Issues in Staff Training, *Research in Developmental Disabilities*, 19 (1), 73 – 87.

Janicki M., Krauss M. & Seltzer M. (Eds) (1988), *Community Residences for Persons with Developmental Disabilities: Here to Stay,* Paul H Brookes, Baltimore MD.

Jenkinson J.C. (1998), Work preferences of students over a three year degree course in intellectual disability studies, *Journal of Intellectual & Developmental Disability* 23 (3), 255 – 261.

Johnson N., Jenkinson S., Kendall I., Bradshaw Y. & Blackmore M. (1998), Regulating for Quality in the Voluntary Sector, *Journal of Social Policy* 27 (3), 307 – 328.

Judge T., Piccolo R., Podsakoff N., Shaw J. & Rich B. (2010), The relationship between pay and job satisfaction: A meta-analysis of the literature, *Journal of Vocational Behaviour* 77 (2), 157 – 167.

Kammeyer-Muller J., Wanberg C., Rubenstein A. & Song Z. (2013), Support, Undermining, and Newcomer Socialisation: Fitting in During the First 90 Days, *Academy of Management Journal* 56 (4), 1104 - 1124

Kobe F. & Hammer D. (1993), Who Is Interested in Careers in Mental Retardation and Developmental Disabilities, *Mental Retardation* 31 (5) 316 – 319.

Korman R.J. & Petronko M.R. (2004), Community inclusion of individuals with behavioural challenges: Who supports the careproviders?, *Mental Retardation* 42 (3), 223 – 228.

KPMG (2006), *National Disability Administrators: Investigation into disability workforce capacity issues Research Report*, Authors, Australia.

Krasner D (2001a), Qualitative research: A different paradigm – Part 1, *Journal of Wound, Ostomy & Continence Nursing* 28 (2), 70 – 72.

Krasner D (2001b), Qualitative research: A different paradigm – Part 2, *Journal of Wound, Ostomy & Continence Nursing* 28 (3), 122 – 124.

Kwak C., Chung B., Xu Y. & Eun-Jung C. (2010), Relationship of job satisfaction with perceived organizational support and quality of care among South Korean nurses: A questionnaire survey, *International Journal of Nursing Studies* 47 (10), 1292 – 1298.

Lakin K. C. (1988), Strategies for Promoting the Stability of Direct Care Staff, in Janicki M., Krauss M. & Seltzer M. (Eds) *Community Residences for Persons with Developmental Disabilities: Here to Stay*, Paul H Brookes, Baltimore MD, 231 – 238.

Lakin K.C., Prouty R. & Coucouvanis K. (2006), Changing Patterns in Size of Residential Settings for Persons With Intellectual and Developmental Disability, 1977 – 2005, *Mental Retardation* 44 (4), 306 – 309.

Lambert E. (2001), To Stay or Quit: A review of the Literature on Correctional Staff Turnover, *American Journal of Criminal Justice* 26 (1), 61 – 76.

Larson S. & Hewitt A. (2005), *Staff Recruitment, Retention, & Training Strategies for Community Human Services Organizations*, Paul H Brookes, Baltimore.

Larson S. & Lakin C. (1999), Longitudinal Study of Recruitment and Retention in Small Community Homes Supporting Persons With Developmental Disabilities, *Mental Retardation* 37 (4), 267 – 280.

Lawler J. (1999), De(con) struction of nursing work: economic rationalism and regulation, *Nursing Inquiry* 6, 141 – 142.

Leidy P. (2004), Shoulder to shoulder: Celebrating the important work of Direct Support Workers, *Mental Retardation* 42 (4), 304 – 307.

Lester S. (1999), *An introduction to phenomenological research*, Stan Lester Developments, Taunton UK.

Levitt S. & Dubner S. (2009), *Superfreakonomics*, Harper Collins, NY.

Lim J., Bogossian F. & Ahern K. (2010), Stress and coping in Australian nurses: A systematic review, *International Nursing Review* 57 (1), 22 – 31.

Lobban M. J. (2002), A Journey of Self Discovery: Inclusion of individuals with intellectual disability in university, Unpublished Thesis, Flinders University.

Lutfiyya Z. M. (1993) When “Staff” and “Clients” Become Friends, in Amado A. N. (Ed), *Friendships and community connections between people with and without developmental disabilities*, Paul Brookes, Baltimore, MD, 97 – 108.

Macklin J. (2013), *Gillard Government passes NDIS Bill through Parliament*, viewed March 21 at http//jennymacklin.fahcsia.gov.au/node/2281.

McLucas J. (May 1, 2012), *Media Release: Designing the National Disability Insurance Scheme*, retrieved from http://www.janmclucas.facsia.gov.au/mediareleases/2012/ on 2/5/12.

Mactavish J.B., Mahon M.J. & Lutfiyya Z.M. (2000), “I can speak for Myself”: Involving individuals with intellectual disabilities as research participants, *Mental Retardation*, 38 (3), pp 216-227.

Malin N. & Race D. (2010), The impact of social policy on changes in professional practice within learning disability services: different standards for children and adults? A two-part examination Part 1. The policy foundations: from welfare markets to Valuing People, personalization and Baby P, *Journal of Intellectual Disabilities* 14 (4), 315 – 328.

Mansell J. & Elliott T. (2001), Staff Members’ Prediction of Consequences for Their Work in Residential Settings, *American Journal on Mental Retardation* 106 (5), 434 – 447.

Mansell J., Beadle-Brown J., Whelton B., Beckett C. & Hutchinson A. (2007), Effect of Service Structure and Organisation on Staff Care Practices in Small Community Homes for People with Intellectual Disabilities, *Journal of Applied Research in Intellectual Disabilities*, 21 (5), 398 – 413.

Marmot M. & Wilkinson R.G. (Eds) (1999), *Social determinants of health*, Oxford Uni Press, Oxford.

Marmot M. & Wilkinson R.G. (2001), Psychosocial and material pathways in the relation between income and health: a response to Lynch et al, *British Medical Journal* 322, 1233 – 1236.

Maslach C. (1982a), Understanding Burnout – Definitional Issues in Analyzing a Complex Phenomenon, in Paine W.S. (Ed), *Job stress and burnout: research, theory, and intervention perspectives*, SAGE Publications, California.

Maslach C. (1982b), *Burnout – The Cost of Caring*, Prentice-Hall Inc., New Jersey.

McClimens A. (2010), These self-evident truths: Power and control in intellectual disability research, *Journal of Intellectual and Developmental Disability* 35 (2), 64 – 65.

McConkey R. & Collins S. (2010), The role of support staff in promoting the social inclusion of persons with an intellectual disability, *Journal of Intellectual Disability Research* 54 (8), 691 – 700.

McConkey R., McAuley P., Simpson L. & Collins S. (2007), The Male Workforce in Intellectual Disability Services, *Journal of Policy and Practice in Intellectual Disabilities* 4 (3) 186 – 193.

McCord W.T. (1981), Community Residences: The Staffing, in Wortis J. (Ed) *Mental Retardation and Developmental Disabilities XII*, Brunner/Mazel, NY, 111 – 128.

McKernon S., Allen R. & Money E. (2002), Mentally healthy workplaces – a living toolkit, in Morrow L., Verins I. & Willis E. (Eds) *Mental Health and Work: Issues and Perspectives*, Commonwealth of Australia, Adelaide 3 – 42.

McKnight J. (1995), *The Careless Society: Community and its counterfeits*, Basic Books, NY.

McMahon A., Thomson J. & Williams C. (Eds) (2000), *Understanding the Australian Welfare State: key documents and themes*, Tertiary Press, Victoria.

McVilly K. (1997), ‘Residential Staff: How They View Their Training and Professional Support’, *British Journal of Learning Disabilities* 25, 18 – 25.

McVilly K. (2002), *Positive Behaviour Support for People with Intellectual Disability: Evidence-based practice, promoting quality of life*, Australian Society for the Study of Intellectual Disability, Sydney, Australia.

McVilly K. & Parmenter T. (2006), Professional ethics and disability services, in Dempsy I. and Nankervis K. (Eds), *Community Disability Services*, UNSW Press, Sydney, 241 – 271.

Miller P. (2003), The Last Ten Years: Trends in Australian Jurisdiction Stress Claims: Statistical Data to Accompany Jurisdictional Activity, *Australian Psychologist* 36 (2), 81 – 83.

Minor K., Wells J., Angel E. & Matz A. (2011), Predictors of early job turnover among juvenile correctional facility staff, *Criminal Justice Review* 36 (1), 58 – 75.

MoHNZ (Ministry of Health New Zealand) (2004), *Disability Support Services in New Zealand: The Workforce survey. Final Report*, New Zealand Government, Wellington, NZ.

Mintzberg H. (1989), *Mintzberg on Management: Inside Our Strange World of Organisations*, The Free Press, NY.

Mitchell D. & Braddock D. (1994), Compensation and turnover of direct-care staff in developmental disabilities residential facilities in the United States II: Turnover, *Mental Retardation* 32 (1), 34 – 42.

Mitchell G. & Hastings R.P. (2001), Coping, Burnout, and Emotion in Staff Working in Community Services for People With Challenging Behaviors, *American Journal on Mental Retardation* 106 (5), 448 – 459.

Moll J., Krueger F., Zahn R., Pardini M., Oliveirs-Souza R. & Grafman J. (2006), Human fronto-mesolimbic networks guide decisions about charitable donation, *Proceedings of the National Academy of Sciences USA*, 103 (42), 15623 – 15628.

Moore D, (2001), Friend or Foe? A selective review of literature concerning abuse of adults with learning disability by those employed to care for them, *Journal of Intellectual Disabilities*, 5, 245 – 258.

Murrells T., Robinson S. & Griffiths P. (2009), Nurses' job satisfaction in their early career: Is it the same for all branches of nursing?, *Journal of Nursing Management* 17, 120 – 134.

Nankervis K. (2010), *10 years on: Looking back but moving forward*, Presentation at ASID 10th Annual DSW Conference, Melbourne, 17 – 18th November, 2010.

Newton J.S., Horner R., Ard W., LeBaron N. & Sappington G. (1994), A conceptual model for improving the social life of individuals with mental retardation, *Mental Retardation*, Vol 32 (6), pp 393 – 402.

Nirje B. (1980), *The normalization principle*, in Flynn R.J. & Nitsch K.E. (Eds), *Normalization, social integration and community services*, University Park Press, Baltimore, MD, 31 – 49.

Nirje B. (1985), The Basis and Logic of the Normalization Principle, *Australia and New Zealand Journal of Developmental Disabilities* 11 (2), 65 – 68.

Nirje B. (1999), Normalization, in Flynn R.J. & Lemay R.A. (Eds), *A Quarter-Century of Normalization and Social Role Valorization: Evolution and Impact*, University of Ottawa Press, Canada, 112 – 113.

Nisbet J. & Hagner D. (Eds), (2000), *Part of the Community: Strategies for including everyone*, Paul H. Brookes, Baltimore.

O'Brien G. (1986), *Psychology of Work and Unemployment*, John Wiley & Sons Ltd.

O'Brien J. & O'Brien C. L. (1993), Unlikely Alliances: Friendships and People with Developmental Disabilities, in Amado A. N. (Ed), *Friendships and community connections between people with and without developmental disabilities*, Paul Brookes, Baltimore, MD, 9 – 39.

ODACS (Office of Disability and Client Services) (2006), *SA Disability Sector Workforce Development Survey*, South Australian Government, Adelaide.

Oldham G.R. & Hackman J.R. (2010), Not what it was and not what it will be: The future of job design research, *Journal of Organizational Behavior* 31, 463 – 479.

Owen S. & Standen P. (2007), Attracting and retaining learning disability student nurses, *British Journal of Learning Disabilities* 35, 261 – 268.

Parsons M.B., Reid D.H. & Crow R.E. (2003), Best and Worst Ways to Motivate Staff in Community Agencies: A Brief Survey of Supervisors, *Mental Retardation* 41 (2), 96 – 102.

Parsons S., Simmons W., Penn K. & Furlough M. (2003), Determinants of satisfaction and turnover among Nursing Assistants: The results of a Statewide Survey, *Journal of Gerontological Nursing* 29 (3), 51 – 58.

Patton M.Q. (2002), *Qualitative Research & Evaluation Methods, 3rd Edition*, Sage Publications, Thousand Oaks CA.

Payne R. (1980), Organizational Stress and Social Support, in Cooper C.L. & Payne R. (Eds), *Current Concerns in Occupational Stress*, John Wiley & Sons Ltd, 269 – 298.

Pelham B. (1999), *Conducting research in psychology: measuring the weight of smoke*, Brookes/Cole, Pacific Grove, CA.

Perske R. (2004), Nirje's Eight Planks, *Mental Retardation* 42 (2), 147 – 150.

Phillips A. & Taylor B. (2010), *On Kindness*, Penguin, London.

Piccolo R.F. & Colquitt J.A. (2006), Transformational leadership and job behaviors: The mediating role of core job characteristics, *Academy of Management Journal* 49, 327 – 340.

Piccolo R.F., Greenbaum R., den Hartog D.N. & Folger R. (2010), The relationship between ethical leadership and core job characteristics, *Journal of Organizational Behavior* 31 (2-3), 259 – 278.

Piccolo R.F., Greenbaum R. & Eissa G. (2012), Ethical leadership and core job characteristics: Designing jobs for employee well-being, in Reilly N, Sirgy J. & Allen G. (Eds), *Work and Quality of Life: Ethical practices in organizations*, Springer Science + Business Media, B.V.

Pickert K. & Wilkinson R. (2007), Child wellbeing and income inequality in rich societies: ecological cross sectional studies, *British Medical Journal* 335, 1080.

Priest H. (2002), An approach to the phenomenological Analysis of data, *Nurse Researcher* 10 (2), 50 – 63.

Productivity Commission (2011), *Disability Care and Support*, Draft Inquiry Report, Australian Government, Canberra.

Pusey M. (1993), *Reclaiming the Middle Ground ... From New Right Economic Rationalism*, Public Sector Research Centre, Discussion Paper 31, UNSW.

Pusey M. (2003), *The Experience of Middle Australia: The Dark Side of Economic Reform*, Cambridge University Press.

Quiggin J. (2004), Economic Policy, in Manne R. (Ed), *The Howard Years*, Black Inc., Schwartz Publishing, Melbourne.

Race D. & Malin N. (2011), The impact of social policy on changes in professional practice within learning disability services: different standards for children and adults? A two-part examination: Part 2. Professional services under the coalition: the trends continue apace, *Journal of Intellectual Disabilities* 15 (4), 289 – 299.

Ramcharan P., O'Neill K., Rogalla B., Hall J., Evans A., Grattidge M., Heeney M. & Nankervis K. (2007), *ASSID Questionnaire Results 2007*, Presented at the Disability Support Worker Conference, November 23rd, 2007, Melbourne.

Rapanaro C., Bartu A. & Lee A.H. (2008), Perceived Benefits and Negative Impact of Challenges Encountered in Caring for Young Adults with Intellectual Disability in the Transition to Adulthood, *Journal of Applied Research in Intellectual Disabilities* 21 (1), 34 – 47.

Reinders H. (2008a), The transformation of human services, *Journal of Intellectual Disability Research* 52 (7), 564 – 572.

Reinders H. (2008b), Internal and external goods: a philosophical critique of the hybridisation of professionalism, *Journal of Intellectual Disability Research* 52 (7), 634 – 638.

Rice D.M. & Rosen M. (1991), Direct-Care Staff: A Neglected Priority, *Mental Retardation* 29 (4), iii – iv.

Robertson, J., Emerson, E., Hatton, C., Elliott, J., McIntosh, B., Swift, P., Krijnen-Kemp, E., Towers, C., Romeo, R., Knapp, M., Sanderson, H., Routledge, M., Oakes P.& Joyce, T. (2007). *The Impact of Person Centred Planning for People with Intellectual Disabilities in England: A Summary of Findings*. Institute for Health Research: Lancaster University.

Robinson S. & Chenoweth L. (2011), Preventing abuse in accommodation services: From procedural response to protective cultures, *Journal of Intellectual Disability* 15 (10), 63 – 74.

Roche A., Duraissingam V., Trifonoff A. & Tovell A. (2012), The health and well-being of indigenous drug and alcohol workers: Results from a national Australian survey, *Journal of Substance Abuse Treatment*, in press, viewed April 2012 at http://www.sciencedirect.com/science/article/pii/so740547212000220.

Rogers D. (2013), *A Bloke shed or a …? .. Men Working in the Human Services/ Community Sector in Rural Queensland*, Ingham Disability Support Group.

Rose J. (1999), Stress and residential staff who work with people who have an intellectual disability: a factor analytic study, *Journal of Intellectual Disability Research* 43 (4), 268 – 278.

Rosen J. & Burchard S. (1990), Community activities and social support networks: A social comparison of adults with and without mental retardation, *Education and Training in Mental Retardation* 25, 193 – 204.

Ryan J. & Thomas F. (1987), *The Politics of Mental Handicap*, Free Association Books, London.

Sandel M. (2009), *Markets and Morals*, The BBC Reith Lecture, viewed 1st October, 2012 at http://www.bbc.co.uk/programmes/b00kt7sh.

Sandel M. (2012), *What Money Can't Buy*, Penguin, London.

Sanderson H. (2000), *Person Centred Planning: Key features and approaches*, Joseph Rowntree Foundation, United Kingdom.

Sarason S.B. (2007), *Centers for Endings. The Coming Crisis in the Care of Aged People*, viewed 30th January, 2010 at http://www.seymoursarason.com/doc/SarasonsCenter_1.pdf.

Saunders P. (1994), *Welfare and Inequality: National and International Perspectives on the Australian Welfare State*, Cambridge University Press.

Scheerenberger R. (1983), *A History of Mental Retardation*, Brookes, Baltimore.

Schmuttermaier J., Schmitt D., King C. & Gwynne A. (2011), Whole of client health care in a gridlocked system: An insider dialogue between the theory and practice of community case management, *Home Health Care Management & Practice* 23 (1), 36 – 49.

Seys D., Duker P., Salemink W. & Franken-Wijnhoven J. (1998), Resident Behaviours and Characteristics as Determinants of Quality of Residential Care: An Observational Study, *Research in Developmental Disabilities*, 19 (3), 261 – 273.

Shaddock A.J., Hill M. & van Limbeek C.A.H. (1998), Factors associated with burnout in workers in residential facilities for people with an intellectual disability, *Journal of Intellectual & Developmental Disability* 23 (4), 309 – 318.

Shinn M. (1982), Methodological Issues – Evaluating and Using Information, in Paine W.S. (Ed), *Job stress and burnout: research, theory, and intervention perspectives*, SAGE Publications, California, 61 – 79.

Shorten W. (2009), *Keynote Address*, Presented at the ASSID Disability Support Worker Conference, Wednesday 18th November, University of Melbourne, Victoria.

Silverman D. (2006), *Interpreting qualitative data (3rd ed.)*, Thousand Oaks, CA:Sage.

Skirrow P. & Hatton C. (2007), 'Burnout' Amongst Direct Care Workers in Services for Adults with Intellectual Disabilities: A Systematic Review of Research Findings and Initial Normative Data, *Journal of Applied Research in Intellectual Disabilities* 20 (2) 131 – 144.

Stack S. (2002), Community care: creating efficiencies and raising concerns, in Morrow L., Verins I. & Willis E. (Eds) *Mental Health and Work: Issues and Perspectives*, Commonwealth of Australia, Adelaide, 200 – 215.

Stancliffe R.J. (2002), Provision of residential services for people with an intellectual disability in Australia: an international comparison, *Journal of Intellectual & Developmental Disability* 27 (2), 117 – 124.

Stancliffe R.J., Lakin K.C. & Prouty R.W. (2005), Growth in residential services in Australia and the United States: 1997-2002, *Journal of Intellectual & Developmental Disability* 30 (3), 181 -184.

Sternberg E.M. (2001), *The Balance Within: The science concerning health and emotions*, W.H. Freeman, New York.

Sternberg E.M. (2009), *Healing spaces: The Science of Place and Well-being*, Harvard University Press, Cambridge, Massachusetts.

Stoneham Z. & Crapps J.M. (1988), Correlates of Stress, Perceived Competence, and Depression Among Family Care Providers, *American Journal on Mental Retardation* 93 (2) 166 – 173.

Stove D. (1998), *Anything goes: origins of the cult of scientific irrationalism*, MacLeay Press, NSW.

Sundram C.J, (1999), Pitfalls in the Pursuit of Life, Liberty and Happiness, *Mental Retardation*, 37 (1) 62 – 67.

Swenson S. (2008), Neoliberalism and human services: threat and innovation, *Journal of Intellectual Disability Research* 52 (7), 626 – 633.

Test D., Flowers C., Hewitt A. & Solow J. (2003), Statewide study of the Direct Support Staff workforce, *Mental Retardation* 41 (4), 276 – 285.

Test D., Flowers C., Hewitt A. & Solow J. (2004), Training needs of Direct Support Staff, *Mental Retardation* 42 (5), 327 – 337.

Thompson L. & Rose J. (2011), Does organizational climate impact upon burnout in staff who work with people with intellectual disabilities? A systematic review of the literature, *Journal of Intellectual Disabilities* 15 (3), 177 - 193

Thornley C. (2007), Efficiency and Equity Considerations in the Employment of Health Care Assistants and Support Workers, *Social Policy & Society* 7 (2), 147 – 158.

Thorpe K., Boyd W., Ailwood J. & Brownlee L. (2011) Who wants to work in childcare? Pre-service early childhood teacher's consideration of work in the child-care sector, *Australasian Journal of Early Childhood* 36 (1), 85 – 94.

Toon R. (2001), It's 1 am. Do You Know Where the Third Shift Is? *Exceptional Parent* 31 (8), 26.

Vassos M. & Nankervis K. (2011), *Predictors of job burnout amongst a sample of Australian disability support workers*, presented at the 46th ASID Conference, Adelaide.

Verenikina I. (2011), From theory to practice: What does the metaphor of Scaffolding Mean to Educators today? *Outlines. Critical Practice Studies* 6, viewed 2011 http://ojs.statsbiblioteket.dk/index.php'outlines'article/view/2140/1886.

VICRAID (Victorian Regional Associations for the Intellectually Disabled) (2003), *Victorian Disability NGO Workforce Analysis Project*, Melbourne, Victoria.

Vic. Govt. (Victorian Government) (2005), *Disability Services Workforce Study*, Melbourne, Victoria.

VRRI (The Vocational and Rehabilitation Research Institute) (2005), *Trends, Issues and Best Practices: A Synthesis of the Labour Market Intelligence About the Rehabilitation Field in Alberta*, Authors, Calgary, Alberta, Canada.

Waldman J., Kelly F., Aurora S. & Smith H. (2004), The Shocking Cost of Turnover in Health Care, *Health Care Management Review* 29 (1), 2 – 7.

Wampold B.E., Minami T., Tierney S.C., Baskin T.W. & Bhati K.S. (2005), The placebo is powerful: estimating placebo effects in medicine and psychotherapy from randomised clinical trials, *Journal of Clinical Psychology* 61 (7), 835 – 854.

Watson D. (2003), *Death Sentence: The decay of public language*, Vintage Books, Sydney.

Webber G. (2006), *Reiki: Practitioners' Perceptions of the Effectiveness of a Complementary Therapy in the Treatment Regime of People with Dementia*, Unpublished Masters Thesis, Flinders University, South Australia.

WHO (World Health Organisation) (1998), *Social Determinants of Health: The Solid Facts*, Regional Office, Europe.

Wilkinson J. (1992), The use of exit interviews in health service facilities, *Contemporary Nursing* 1 (1), 19 – 23.

Wilkinson R.G. (2006), The Impact of Inequality, *Social Research* 73 (2), 711 – 732.

Wilkinson R.G. & Pickett K. (2009), *The Spirit Level: Why more equal societies almost always do better*, Penguin Books, London.

Williams R (2010), Thirty years on: Contract culture, LINK MAGAZINE 19 (3), 41 – 42.

Wilson D. & Wilson E.O. (2007), Rethinking the Theoretical Foundation of Sociobiology, *The Quarterly Review of Biology*, 82 (4), 327-348.

Wolery M., Bailey D. B. & Sugai G. M. (1988), *Effective Teaching: Principles and Procedures of Applied Behavior Analysis with Exceptional Students*, Allyn and Bacon, Massachusetts.

Wolfenden K., Blanchard P. & Probst S. (1996), Recruitment and Retention: Perceptions of Rural Mental Health Workers, *Australian Journal of Rural Health*, 4 (2), 89 – 95.

Wolfensberger W. (1980), The definition of normalization: Update, problems, disagreements and misunderstandings, in Flynn R.J. & Nitsch K.E. (Eds), *Normalization, social integration and community services*, University Park Press, Baltimore, MD, pp 71 – 115.

Wolfensberger W. (1983), Social Role Valorization: A proposed new term for the principle of normalization, *Mental Retardation* 21, 234 – 239.

Young L. & Ashman A. (2004), 'Deinstitutionalisation in Australia Part I: Historical Perspective', *British Journal of Developmental Disabilities* 50, 21 -28.

Young L., Sigafoos J., Suttie J., Ashman A. & Grevell P. (1998), 'Deinstitutionalisation of persons with intellectual disabilities: A review of Australian studies', *Journal of Intellectual & Developmental Disabilities* 23 (2), 155 – 170.

Zahavi A. & Zahavi A. (1997), *The Handicap Principle: The Missing Piece of Darwin's Puzzle*, Oxford University Press, NY.

Zeytinoglu I., Denton M., Davies S., Blythe J. & Boos L. (2006), Retaining nurses in their employing hospitals and in the profession: Effects of job preference, unpaid overtime. Importance of earnings and stress, *Health Policy*, 79 (1), 57 – 72.