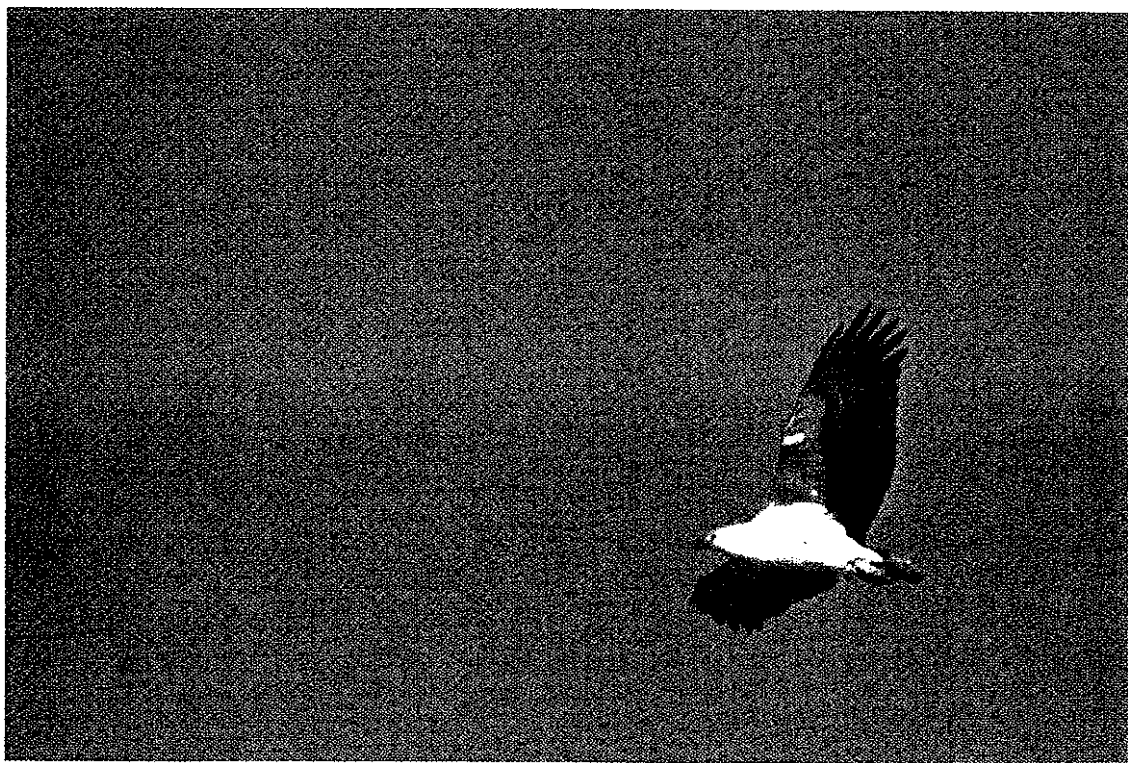


Our Future in Community Care

Policy and practical recommendations and plans
from the community care industry

based on a survey of the community care workforce
in the Illawarra-Shoalhaven region
of the NSW South Coast



Illawarra Forum Inc August 2009



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Our Future in Community Care

is a partnership project involving the Centre for Community Sector Development (an Illawarra Forum / Illawarra TAFE partnership) and practitioners from the Community Care Industry in the Illawarra and Shoalhaven region.

Our report and its recommendations are the result of several years of planning, survey, and discussion. The participants in the project team have brought to it many decades of practical experience and leadership in our local communities.

We secured the participation of a wide range of organisations, their managers, paid workers and volunteers in a survey. This has been the basis for commentary and recommendations.

We make public policy recommendations to governments, which we believe to be practicable and which would contribute efficiency for our industry and fiscal benefits for governments.

We identify a range of things community care organisations anywhere can themselves consider, to improve their effectiveness. Workforce development and the whole process of meeting standards and performance indicators are obligations of tiny as well as large organisations.

As well as making recommendations for others, we have set out those things we wish to do in our region in the next three years, to enhance the whole business of working in community care and making this a good and effective industry in which people can be proud to work.

We acknowledge gratefully the financial support of the NSW Department of Disability, Ageing and Home Care to enable this project to come this far.

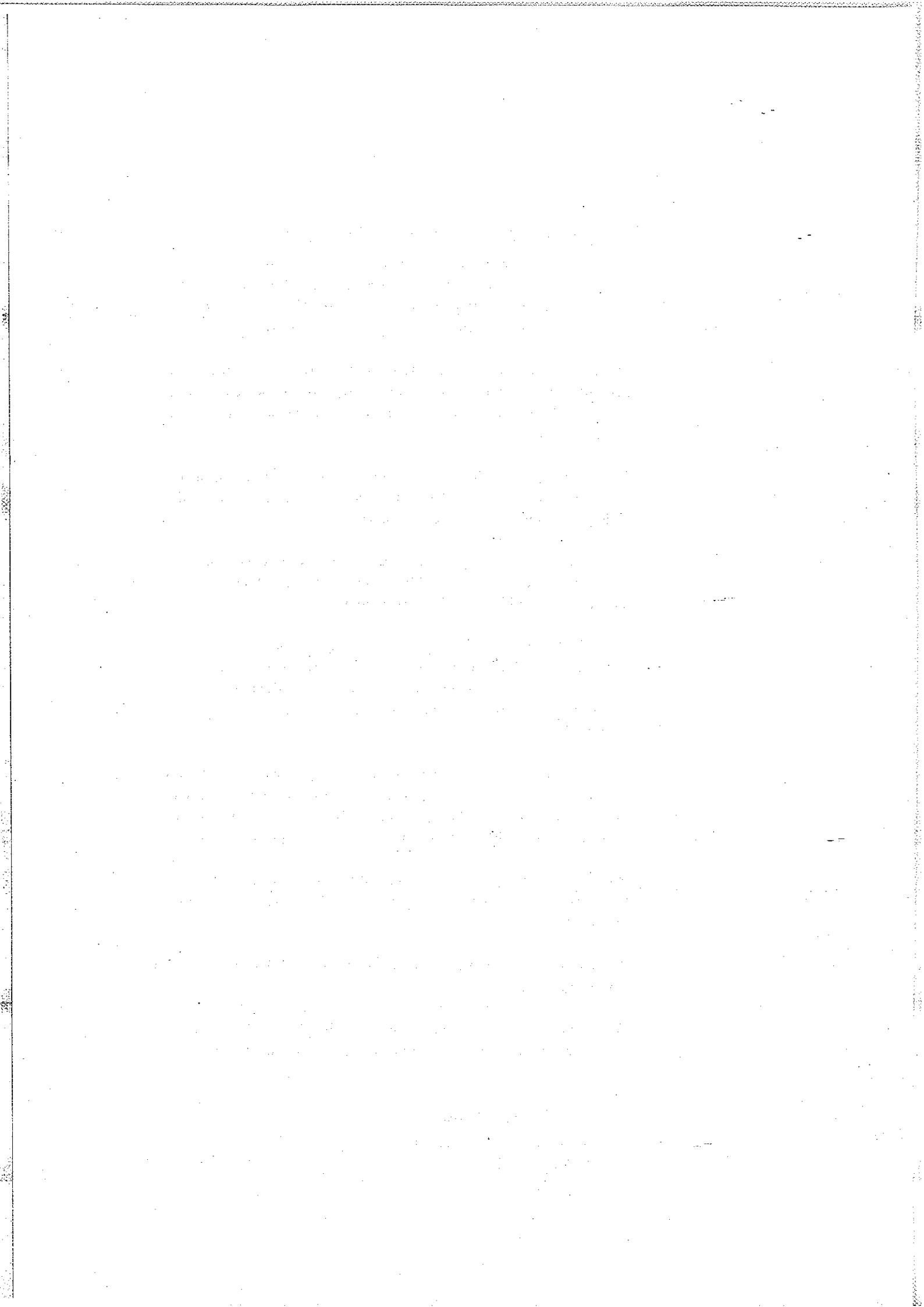
Responsibility for comment and recommendations is entirely that of the Illawarra Forum Inc.

We acknowledge, more than anything else, the daily dedication of managers, paid workers and volunteers who make this possible.

Helen Backhouse

Manager, Illawarra Forum

August 2009

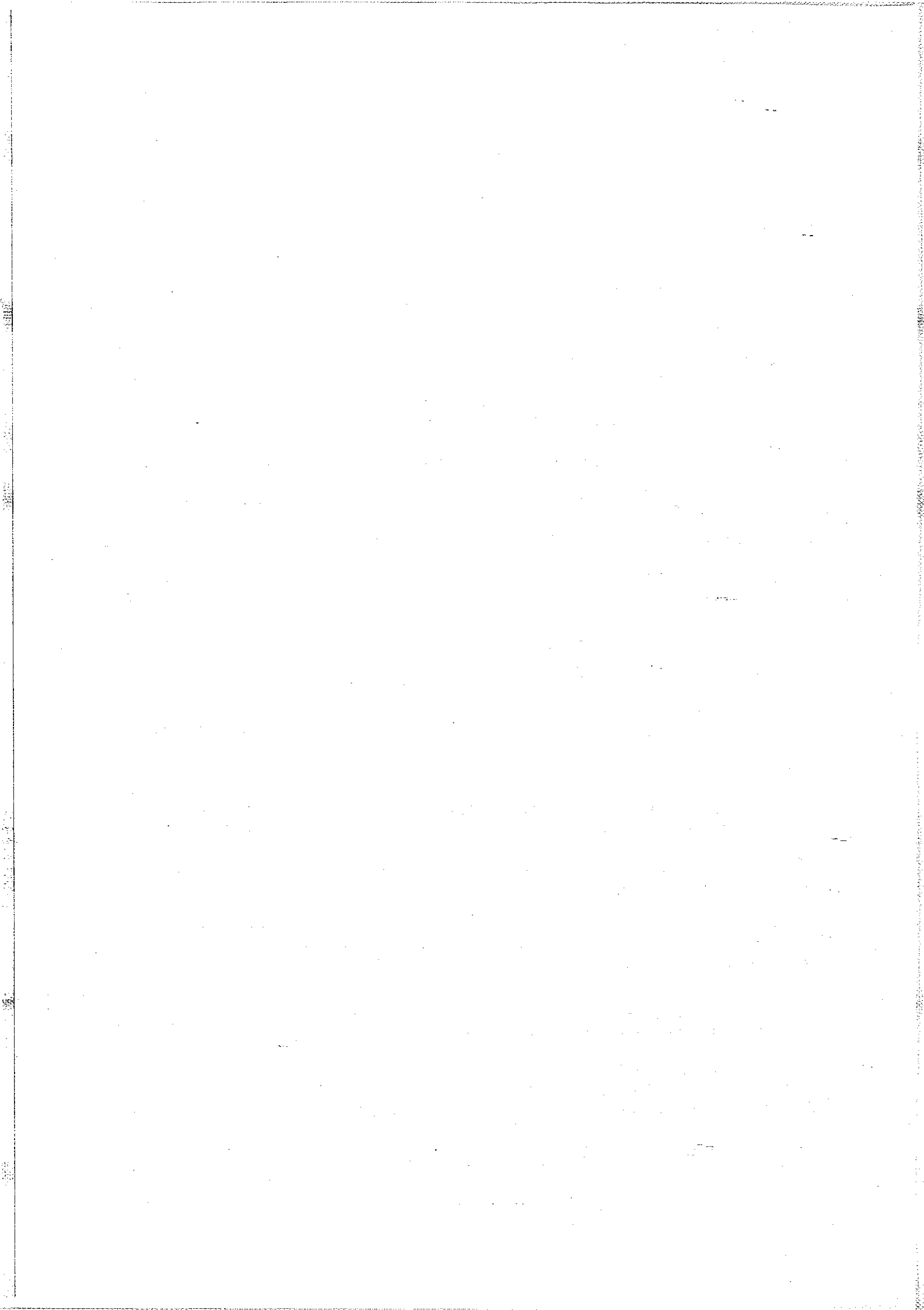


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PROJECT TEAM

BACK COVER



1. Introduction

This report by the Illawarra Forum relates to the intersection of three key areas of public policy:

- Expenditure in the community care sector: the quality of support for members of our families who have a disability or who are frail aged;
- The effective development of the large paid and volunteer (unpaid) workforce in the community sector; and
- Regional policy, the particular situation of coastal NSW, including the Illawarra and Shoalhaven.

The community care sector in our view should be spoken of as the 'community care industry' to elevate it to proper comparability with other 'industries' in this region and elsewhere. The community care industry is a major employer on the south coast. Planning of it – and especially coherent workforce development – does not meet standards expected in other industries. We should not be left off the roster when development of the region is under discussion.

Our research involved respondents in organisations located in the local government areas of Shoalhaven, Kiama, Shellharbour and Wollongong — coastal regional and rural areas of very diverse communities with varied degrees of wealth and poverty, starting at Helensburgh south of Sydney and extending to Durras Lakes in the south, just short of Batemans Bay.

Despite the beauty of this region, levels of poverty and disability are high; the age profile in the population is high. The business of 'sea change' is not just one of idyllic lifestyle choice but for many it is one of necessity or considerable difficulty surviving in city circumstances. This circumstance is shared along the coast. Three NSW coastal Commonwealth electorates – Richmond and Page (north coast) and Gilmore – are among the six worst ranked on a scale of poverty in the nation. Gilmore, 147th of 150 electorates, covers the Shoalhaven and part of the Kiama Municipality. Cunningham (Wollongong) ranks 88th and Throsby (Shellharbour) ranks 121st¹. An improved approach to community care workforce development is a key to life and work and family security through these areas and needs to be at the core of regional policy thinking.

Our study area has a total population of more than 350,000 people. One third of the population was aged over 50 years at the 2006 Census; 6.6% of people over 65 — higher than the state average. The NSW Department of Ageing Disability and Home Care (DADHC) Small Area Estimates of Disability shows approximately 64,000 people with a disability living in these four LGAs, comprising 18% of the total population.

Community care, as a major part of the human services sector, makes a major contribution to the human services sector and to the economy of the region. While the workforce has been expanding, it is under-studied, with difficulties in gaining baseline data from Australian Bureau of Statistics (ABS) or other studies.

Viable regional development requires effective service delivery. It is necessary to cease to regard the work of the community care sector, supporting the frail aged and people with a disability, as a liability.

We should nurture it as a vital social good. The already considerable funding to this sector needs to be made more effective. Because a high proportion of funding in this sector is spent on the workforce, the workforce

¹ www.aph.gov.au/Library/Pubs/m/2004-05/05m49.htm

needs to be optimised in its recruitment, in skilling, support, effectiveness, responsibilities and retention: this is workforce development

It is appropriate and desirable in 'community care' that there should be substantial involvement of community by way of volunteers. The same issues of recruitment, skilling, support, effectiveness, responsibilities and retention apply, with more complexity. Volunteers do not diminish organisational obligations. In many ways they make them more substantial: volunteers need skills, support and development.

Our concern about these issues led in 2008 to discussion with the NSW Department of Ageing, Disability and Home Care (DADHC). DADHC proposed modest funding to the Illawarra Forum for training. The Illawarra Forum proposed instead that, given the existence of many registered training organisations in the field, we were better placed to use a modest grant for a survey from which to draw lessons which could be applied to training and other workforce issues. DADHC agreed.

For the purposes of our research, the community care sector was defined as those agencies (government, non-government and private) that provide services and support for frail older people, people with a disability and their carers living at home. Therefore, low and high care residential services and supported accommodation services were not included in the research sample. The Community Care Sector is supported by an array of Commonwealth funded programs administered by the state government most notably by the Department of Ageing, Disability and Home Care (DADHC) and especially the Home and Community Care (HACC) Program². The State Government itself funds a Disability Services Program (DSP) administered by DADHC.

This is the report of that survey, in context, with recommendations.

² Note that the report A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009 by the National Health and Hospitals Reform Commission, released by the Commonwealth Government on 27 July 2009 recommended “consolidating aged care under the Commonwealth Government by making aged care under the Home and Community Care (HACC) program a direct Commonwealth program.”
<http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report> , recommendation 45.

2. Policy context and recommendations

"We need the community to want better services for people with a disability. We need them to value the work you do. We need a political movement in disability... this will lead to a better deal for all involved — people with a disability, their families and the professional... workers"

Bill Shorten, MP, Parliamentary Secretary for Disabilities and Children's Services, writing in *Care Professional*, ASU. 2009, Vol. 1 Issue 3 p.7

"We are also providing resources to some of our hardest working, and most important Queenslanders. Community sector workers who care and support some of our most vulnerable Queenslanders, the frail elderly, the disabled and the unwell, have recently had the value of their work recognised by the independent Queensland Industrial Relations Commission.

"The single biggest allocation of additional resources in this Budget—some \$414 million across four years—is provided to support the community sector to continue their essential work."

Queensland Budget Speech, 16 June 2009, Hon Andrew Fraser MP Treasurer and Minister for Employment and Economic Development

The purpose of this chapter is to place the analysis and commentary in policy context and to make recommendations for action.

Our recommendations cover:

- Those things that we believe should be addressed in public policy;
- Those things which we think organisations can reflect on and act on now;
- In particular, those things which could be done within our own networks in Illawarra-Shoalhaven

We don't want to do the usual cop-out and say simply "there needs to be further research"; but we do want our study – including lessons and shortcomings – to inform statewide research.

The public perception of community care workers may be of their being as modestly selfless as mothers, or as menial as maids. This detracts from the quality of care and the confidence of the workforce. Daily duties vary dramatically from the mundane that others disdain to sensitive and extensive and at times complex care, between the same workers and clients, day by day. Comparison with the nursing profession is instructive. Within a generation

"The more problems a person has the less likely they are to receive the treatment they need. This is the inverse care law – a term coined in the 1970s by Dr Julian Tudor Hart, a remarkable Welsh General Practitioner: more problems, more needs, but less access to care.

"The health system likes to deal with 'clean skins', not the messy business of complexity, especially if the social world is involved: patients with complex problems are often considered ineligible for treatment by the health service system.

More than 30 years ago the head of the US Department of Health and Welfare said: "If you have one problem in America there is about a 60% chance that it will be picked up on presentation to the human services; if there are two, the chances fall to 30% and three – the chances fall exponentially.

"In our age of super-specialisation, how much more likely is that to be the situation now?"

Jan Webster, Emeritus Professor of Public Health and Community Medicine at the University of New South Wales, "Dealing with Complex Health Problems" *Ockham's Razor*, Radio National, 19 July 2009. <http://www.abc.net.au/rn/ockhamsrazor/stories/2009/07/26/27755.htm> transcript accessed 27 July 2009.

Comment: While it should be an objective in community care to bring holistic rather than specialized and fragmented support to those we care for, the reality of the interface with government services is that all too often units of government deal only with fragments of human need. It can be very difficult, or frustratingly difficult, to secure comprehensive and effective outcomes in the community care sector, much as in the health sector.

We have a concern that the proposals to enhance HACC made to the Commonwealth (footnote 2 above) have full regard for the overall integrity of community care and its integrated workforce.

nursing has moved from a menial and lowly 'caring women's business' to a complex profession of widening responsibility, regard, career, professionalism and trust.

Within the same generation, the business of community care has grown and it will continue to grow — as the population ages, as care for the elderly is increasingly needed and as the cohort of elderly includes more people with disabilities. Policies and programs to increase care in the community rather than in institutions adds to the need for this workforce. With most of the children of the elderly and most of the parents and siblings of people with disabilities at work, the community care workers take on a higher proportion of roles otherwise taken by family. There remains an expectation in the community that care be personal and of 'family' quality.

The law evolves to assert the importance of care. The passage through the Commonwealth Parliament in June 2009 of new Commonwealth legislation (the *Disability Discrimination and Other Human Rights Amendments Bill 2008*) is a further strengthening of a framework which is only meaningful if there are actual results in terms of quality care.

There are many community care organisations. There will always be many organisations where there is healthy encouragement of community involvement and this is a healthy start point for policy. The tasks in diverse organisations will nonetheless cover a lot of common ground; the skill needs and development needs of workers and volunteers will also be common. Within the smallest organisations there are likely to be duties involving complex professional judgement. We need a raft of policies that will embrace these patterns, which will enable us to work out how things are best done locally, sustaining local organisations rather than bureaucratic webs.

Organisations of whatever size also need to meet standards, at broadest, those of the International Standards Organisation (ISO), in the greatest details those of Key Performance Indicators (KPI): see glossary for these terms. These latter begin as a simple matrix at Commonwealth level but some subordinate programs demand in excess of 100 pages of form-filling and a day or two of audit on-site. There are two issues here: how to reduce the overkill and how to skill small organisations so they are not stifled in their frontline duties by this back office morass. For competition policy and practice not to crush local organisations they need support to meet standards, to promote themselves, to train and develop staff and volunteers. They also need relief from the pressures and uncertainties arising from short term contracting.

While our recommendations arise from a concern about workforce, we believe concern for quality workforce development should be consistent with policy focused on the client rather than service-driven.

WHAT ARE WE ON ABOUT?

Case description fictitious but realistic:

Maria, 52, recently completed her Certificate III in Disability, having no previous formal higher education.

As a Personal Care Assistant (PCA), Maria is rostered four times a week to provide a service to Patrick, a 21-year-old male who has paraplegia following a motor bike accident 12 months ago.

Maria is one of six PCA's who provide Patrick with care at different times but Maria was the first PCA to enter Patrick's home. She was faced with a young man who was angry, non-compliant and depressed. He did not feel comfortable with strangers coming into his home and providing all of his personal care, including bowel care.

Patrick wanted his girlfriend or mother to do these things, but both of them were getting burnt out.

Maria and the rest of the staff therefore were responsible not simply for the narrowly defined care tasks, but had to gain and sustain Patrick's trust and build rapport with him.

POLICY AND SOCIAL OBLIGATION:

We must recognize the impossibility of the family meeting all needs, and the depth of integrity and multiple skills asked of the caring industry.

Volunteering is an integral part of the community care sector. As the submission by Volunteering Australia to the current Productivity Commission study "Contribution of the Not for Profit Sector" states:

"Without volunteering, the not for profit sector would not exist. Volunteers play a major role in advocacy; the identification of need; governance; development and delivery of services".

Many organisations across our region rely on volunteers to assist in their work with people who are frail and aged, younger people with a disability and/or their carers. We know that volunteers undertake many varied activities and a third of volunteers participating in this research are not just volunteers for one but several organisations at the one time. Some volunteers may be introduced to volunteering as a requirement of Centrelink or as students completing a TAFE or university course. Among its dimensions, therefore, the volunteering experience is seen as integral to learning and preparation for work.

Our research confirms the experience of many organisations that there should be proper reimbursement for costs incurred by volunteers. Volunteers should not be financially disadvantaged for having provided a community service. Rectifying inadequate or nonexistent reimbursements are cited in this survey as the most effective way to improve levels of satisfaction in the volunteer role.

We note also that ill health, fear of having an injury or serious incident, too much stress and workload being too heavy are the most significant reasons offered by volunteers that would make them resign from their volunteering. It is important that national public policy as well as local managers warmly support rather than exploit volunteers.

Note also that our research results are consistent with findings in Volunteering Australia's *National Survey of Volunteering Issues 2007*.³

Yes, all this takes money. The question for government is how to make things work at least cost.

We suggest that:

- top-down approaches, reflecting portfolio divisions rather than community reality inevitably have difficulties engaging community and involve coordinative contortions or contradictions.
- Centralised systems are too often prone to tabloid fault-finding, yielding preoccupation with crisis management and catchup expense.
- Paying a workforce to be efficient and effective and working to enable local community systems to work is the more sensible and cost-effective.

Our recommendations for governments and organisations and our statement of our own intentions begin on the next page...

3

<http://www.volunteeringaustralia.org/files/DKAOGD0CB8/National%20Survey%20of%20Volunteering%20Issues%202007-web.pdf>

Recommendations to Commonwealth and State Governments

1. That both Commonwealth and State Governments regard and review the community care industry as a major element of the economy, as a fundamental force in community and family life and a major component in employment, especially in regional areas.
2. That both Commonwealth and State Governments recognise:
 - a. The need to focus on the client rather than be service-type driven;
 - b. The virtue of sustaining a diversity of community care organisations and building policies that embrace their existence and sustain local community support and enhancing their efficiency and effectiveness;
 - c. The importance at local level of delivering integrated community care services across the board, whatever rearrangements may occur between governments in such matters as HACC, arising from the report *A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009* by the National Health and Hospitals Reform Commission, or otherwise.
3. That both Commonwealth and State Governments recognise the commonality of skill sets for community care, including both disability and frail aged care – at recruitment and in training and development needs – and consider:
 - a. Setting common and practicable standards for entry, for on-the-job (workplace learning) and external training;
 - b. Enabling recognition in TAFE courses of training provided in-house by organisations and expand the places available within the TAFE system for workplace learning;
 - c. Working towards enhanced education and training options as for nursing and allied health — the recognition of *Community Care Workers* as such;
 - d. Investing in management and leadership skills development and maintenance for managers and staff at all levels of the community care sector, and
 - e. Following the lead of Queensland (*see top of p3*) in recognising and remunerating work value.

Recommendations to State Government

4. That the NSW Government, on the basis of and consistent with the evolution of common standards across the industry, encourage and enable (with whatever necessary legal framework) staffing transfers, secondments, etc.; as well as portability of entitlements across the industry, without prejudice or disadvantage to small (or large) organisations — drawing upon the experience of the Victorian Government which has taken the lead in these matters;
5. That the NSW Government, as well as acknowledging the invaluable work provided by volunteers in the community care sector, give this real meaning by building a funding framework that supports volunteering in the areas of recruitment, training, development and ongoing support and supervision, safety management and reimbursements of costs;
6. That the NSW Government, having declared a general intention as in Recommendation 1:

- a. Undertake a state-wide survey with guidance from the learning (positive and negative) from our survey (see Appendix 2), and
- b. Note, support, encourage and participate as appropriate in trialling/piloting some initiatives in the Illawarra region (see **Recommendations and Affirmations for Our Region** below).

Recommendations for Community Care Organisations

Before shifts in public policy and to demonstrate the virtue in such policy development, our analysis suggests the following matters for boards and management, workers and volunteers to consider now:

7. Developing and adopting **standard reimbursement schedules** to cover out of pocket **expenses incurred by volunteers**;
8. Building programs to develop and improve the **capability of management and leadership teams**, with emphasis on key human resource functions such as recruitment, development and retention;
9. Ensuring that they have **formal and structured induction and orientation programs** for both staff and volunteers. We recommend that:
 - a. Such programs be offered prior to commencement of duties and utilise a practical component that might include mentoring or 'buddying' with another staff member;
 - b. Staff and volunteer handbooks be developed and contain specific information relating to the organisation and its philosophical approach;
 - c. That induction be focused on broad ethical purposes and team principles and ways of communicating and obtaining support in organisations, in addition to regulatory and safety issues, and
 - d. In the construction of such training, organisations shape standard units of learning to include legal and ethical frameworks, OH&S, mandatory reporting and rights and responsibilities.
10. Ensuring **regular effective supervision**, to encourage people to remain working and volunteering in the sector. Organisations should:
 - a. Examine time allocated to supervision so that workers and volunteers feel supported in their roles, as a strategy to retain workers and volunteers, demonstrating that they are valued;
 - b. Regard supervision as a process where staff members reflect on work related issues, review their skills and professional practices and get feedback from other/s, often their supervisor;
 - c. Ensure support and supervision approaches are positive and accessible;
 - d. Ensure performance is measured against agreed goals and performance indicators which are clearly identified and understood, and
 - e. Ensure that the central focus of these processes is staff and volunteer growth and development rather than performance management, control and discipline.
11. Recognising the **importance of debriefing**, aware that critical incidents may seriously impact on the safety of staff and volunteers — acknowledging that workers in the community care sector are often very isolated and confronted by new and unusual situations, some of which are very complicated and difficult and may be without precedent, requiring initiative and new judgements. Thus organisations should:

- a. Have in place clear policy and practice to support staff and volunteers after a critical incident; so as to...
 - b. Encourage participants to learn and develop as part of the process in an environment of trust and respect, where privacy and confidentiality are upheld;
 - c. Ensure staff know, including from experience, that the purpose of debriefing is to ensure they feel safe, secure and supported in the workplace, and
 - d. Through the debriefing process, review, reflect and improve upon policy and work practice.
12. Recognising the **importance of recruitment and retention**, adopt strategies to meet current and future demand, specifically:
- a. Develop management and leaderships teams who can drive effective recruitment practices, attract and develop younger workers, retain older and more experienced workers and provide flexible working conditions with improved remuneration;
 - b. Devote resources to marketing and promoting the community care sector as a **'career of choice'** to potential applicants to overcome the poor image the sector has as a place to work;
 - c. Developing career paths for promotion and advancement along with more formalised succession planning, and
 - d. Embrace up-to-date technology -- avenues of job search used most commonly -- when embarking on recruitment campaigns such as recruitment websites and online applications.
13. Embracing the value of **secondment and portability of entitlements** acknowledging that overall workforce development and quality recruitment requires not only good individual workplaces, but also sector sector-wide strategies. Specifically:
- a. Consider how to provide portability of long service and other leave entitlements — noting again the experience of the Victorian Government, which has taken the lead in this matter, and
 - b. Promote secondment between organisations to improve learning by both people and by organisations.
14. Recognising that **clear patterns of education and training** increase skills and work satisfaction AND can be an important marketing and promotion tool in future recruitment, organisations need to:
- a. Budget for a well-resourced staff and volunteer development program to improve skills and knowledge;
 - b. Establish clear processes and rules for recognition of prior learning, experience and qualifications to build on staff strengths;
 - c. Document and certify in-house training;
 - d. Shape training packages and in-house training to build core competencies;
 - e. Recognise current competencies;
 - f. Improve the formal recognition by the industry of training and development and
 - g. Embrace new and different modes of delivering staff and volunteer training, including online courses.

Recommendations and Affirmations for Illawarra and Shoalhaven

We have well-established collaborative relationships in the area covered by this report (Illawarra to Shoalhaven) which will enable us to do some things now, prior to any shift in public policy.

15. We will pursue the recommendations for community organisations (7 to 14 above):

- a. For our own industry benefit and
- b. As demonstrations or pilots to encourage other organisations and
- c. To inform central policy makers in the State Government.

That is, we will work out what is really practicable, efficient, simple and positive in local organisations, advantaged by tacit local knowledge and experience and economies and qualities achieved by small scale;

16. Our priorities will be:

- a. Within three years, to bring all existing community care workers in our region to Certificate III level. We will do this with a systematic approach to recognising core competencies, prior learning and workplace development. This will need multiple sources of funding support;
- b. As key to workforce development generally we will establish programs to develop and improve the capability of management and leadership teams, with emphasis on human resource functions such as recruitment, development and retention;
- c. We will enable secondment within the sector and portability of entitlements, and
- d. We will use these steps as a basis to promote careers in community care as attractive and competitive in the marketplace.

17. Illawarra Forum will seek funding to enable appointments to these tasks:

- a. A senior person to advance and promote the issues and recommendations in this report and provide leadership in a reform and change phase in the community care industry in our region
- b. A person to be a business and training development advisor.

Elsewhere, we have inserted boxes in the report with *fictional but realistic accounts* of the nature, complexity and integrity required of work in community care, to give the report life.

Here are two real-life personal stories, from Interchange Illawarra, an organisation providing respite for carers of people with disabilities.

There are many thousands who live the life of client, carer, volunteer, paid worker, manager, every day.

Story 1 is about Faye. Faye has provided respite for twenty years.

Faye has background as a teacher's aide in special needs and has developed an interest and insight into the need for carers to have access to reliable, flexible respite support whilst their son/daughter enjoys the opportunity to spend time with friends away from home.

What Faye does as a volunteer is provide respite support in her home at weekends for a number of young people. When at Faye's they enjoy a 'sleep over' with friends and do usual things like movies, beach, shopping, etc. Many ongoing relationships have been forged over the years. Faye has become a meaningful part of these families and often attends birthday parties, Christmas celebrations and other family get-togethers.

Story 2 is about Jenny and xxx, as written by xxx, who is mother of Gracie, a child with severe disabilities and high needs. Xxx has also become a volunteer, in management and leadership and is doing heaps of other things.

I was introduced to the Interchange via a friend, at a time when attempting to arrange child care for Gracie had become traumatic. I felt safe and comfortable immediately. I immediately identified with Lynne, our case manager, as she has walked the talk. Lynne introduced me to a volunteer, Jenny. Jenny quickly became a part of Team Gracie, and she cares for and enjoys our girl like she is one of her own family. Having Jenny take Gracie for a walk on a Friday has allowed me to enjoy some time doing something I love, which is singing, as well as giving Gracie a well-needed change of scenery. Jenny's involvement was also a godsend when Sophie was born, as it allowed me some extra time adjusting to that major family change. I am very thankful for that first introduction and the service and support we have received from this organisation from that very first day.

I was honoured when it was suggested I might fill a recently vacated parent position on the committee of management of Interchange. I nominated for the role without hesitation. I cannot always be available, but I do my best to give back to an organisation that has given so much to our family and to me in particular. Having a child with special needs is not always a smooth ride and the major personal, career and financial sacrifices I made personally had taken their toll on me.

I support Interchange wholeheartedly, and the opportunity to feel worthwhile to someone other than my family has assisted in repairing my self image. I experienced at all levels a professionalism and belief in me, belief that I still has something worthwhile to share. This helped me to begin believing in myself again. I had previously worked in the disability industry, and then later in the private sector in a variety of professional roles. Taken with my personal experiences, one might think me a logical parent representative. However for the first few years of Gracie's life I had very little faith in my ability to do anything other than care for my special girl. Becoming involved in Interchange has given me confidence to tackle other challenges I might otherwise have been unable to, such as parent representation on my children's child care management committee, and in recent works, re-entering the workforce and working from home.

Thank you Interchange and thank you Jenny.

Volunteering has made a big difference to the well being of our family as a whole.

3. Background and Methodology

This is an extensive study, using web based survey technology, with oversight by a group of experienced people in the sector.

This is a study of the community care sector in the Illawarra-Shoalhaven region of the NSW south coast, based on data collected in late 2008 and analysed in the first half of 2009. It contains views of managers, paid employees and volunteers in very diverse work circumstances; these lead to some comments and recommendations. The Department of Disability, Ageing and Home Care (DADHC) provided financial support for this study. However all responsibility for its content rests with Illawarra Forum Inc. All the participants in data collection and analysis did so outside normal work responsibilities. The team is listed in Appendix B.

Survey methodology

The research methodology entailed the development of an online cross sectional survey using the web based tools available in Survey Monkey. <http://www.surveymonkey.com>

Survey preparation

The Workforce Development Project team included a range of managers and staff from the community care sector, the Illawarra Forum and TAFE NSW-Illawarra. The focus of workforce analysis was the community care sector.

For the purposes of our research, the community care sector was defined as those agencies (government, non-government and private) that provide services and support for frail older people, people with a disability and their carers to live at home. Therefore, low and high care residential services and supported accommodation services were not included in the research sample. The community care sector is largely funded through the Home and Community Care and the National Disability Agreement programs administered by Department of Ageing, Disability and Home Care in addition to other funding sources from both Commonwealth and State government departments.

The impetus for the research emanated from a workforce development workshop "A Better Tomorrow in Community Care across the Illawarra" (2006). This report made recommendations for an integrated workforce development plan for the community care sector.

The broad survey goals were to clarify:

- The demography of the local community care workforce
- The perspectives of managers, paid workers and volunteers about job satisfaction and workforce capability needs
- Strategies for attracting and retaining a skilled workforce

The survey targeted four Local Government Areas: Wollongong, Shellharbour, Shoalhaven and Kiama.

Survey Implementation

The survey was initially trialled with a group of 15 students at Wollongong TAFE and a small group of staff at Interchange Illawarra to identify structural flaws, navigation problems and question ambiguity. It was then re-designed and sent by email to a large data base of community services organisations. Participation was also actively promoted by project team members at various network meetings. Simple instructions on how to complete the survey were included in the email.

Initial consultation with industry managers about the project indicated that access to computers, the Internet and lack of computer skills would limit participation for volunteers and the paid staff. Consequently the survey was also sent out in hard copy to a wide network of services.

Reporting results

The results were analysed using tools from Survey Monkey by the research team. The research report was written using a collaborative approach; project team members analysed and interpreted the data and developed recommendations for an integrated workforce development plan for the community care sector.

COMMENT:

This study does not meet all standards of academic research, however:

- It enables consideration of the need for a state-wide study, to provide a base for future funding;
- It provides a thoughtful basis for recommendations for organisations wishing to enhance their existing workforce and volunteer management practice;
- It draws out areas for consideration in the public policy arena;
- It provides a guide to better practice in training and skill development, and
- Recommendations for a future wider survey are at Appendix 2.

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About the Respondents

The organisations surveyed are relatively well-established, more than ten or 20 years old. The workforce is mature and predominantly female. Funding for the most part through major government programs.

The survey responses provide indicative data only on the Community Care sector in the Illawarra. The respondents consisted of:

- 153 paid workers,
- 55 volunteers, and
- 25 managers, who provided information on their organisations.

The survey responses were voluntary and by invitation: they provide a sample of opinion from the community care sector in the Illawarra that should not be described as statistically representative. The information provided in this report may be read as an *indication only* of characteristics and trends. It is a modest-budget initiative to pave the way for more authoritative work, which the NSW Council of Social Service has urged the state government to undertake, as a necessary base for cost-effective planning and expenditure. This survey does provide stimulus for immediate consideration by organisations of things they could do swiftly to enhance recruitment, development and retention of staff.

The total number of paid staff covered by the questions asked in the Managers survey was 2,361. Of these 1,400 were employed in one agency. The remaining 22 organisations who answered the relevant question was from two to 360 staff. This is an indication of the diversity of size of organisations providing community care in the Illawarra and Shoalhaven.

Twenty two organisations provided information on the numbers of volunteers utilised. The range was from three organisations with no volunteers to one organisation utilising 600 volunteers. The 25 organisations in this survey are assisted by 2,177 volunteers who contribute on average 5,580 hours per week.

More in-depth surveying of 153 paid staff and 55 volunteers complemented the information provided by managers.

Age and gender of the workforce

This sample of the community care workforce shows a mature aged, predominately female workforce. Three quarters of managers, and three quarters of paid staff and volunteers are aged 40 years and over. Only 10 of the 153 paid workers responding to our survey were aged between 20 and 30 years old.

85% of worker respondents were women and 75% of the managers are women. Of the 55 volunteers who responded to this survey, half were female.

Cultural diversity of respondents

Twenty four of the paid workers, two of the managers and five of the volunteers were from a linguistically or culturally diverse group. Six of the paid workers and one volunteer identified as being of Aboriginal or Torres Strait Islander descent.

Volunteers were asked more in-depth questions around diversity as one way of validating life experience and gauging whether life experience may be a factor in volunteering in this sector. Eight respondents identified as

a person with a disability or special need, four identified as having different religious or ideological beliefs and six identified as having experienced many disadvantages in life. Three volunteers were receiving the Carer Allowance or Carer Pension.

Volunteer Profile

In drafting the survey we were not anticipate our finding from responses that among the 55 participant volunteers, nine 'volunteered' as a compulsory part of a course, nine others as part of a Centrelink agreement. Any further study needs to disaggregate the volunteers to achieve better understanding of their situations.

Organisation profile

Questions 20 to 28 in the manager's questionnaire were intended to gain insight into the profile of organisations within the community care sector; such matters as:

- Funding source and funding programs and the main source of funding when there was more than one funding source
- The types of community care services delivered by HACC, Disability Services Program and Department of Health and Ageing funding
- The number of years the organisation has been operating, and
- Whether the organisation had undergone any significant change within the past two years; if so, what was the nature of the change

Twenty five managers responded to the questionnaire, but not all responded to every question.

Source of Funding and Funding Programs

All 25 managers responded to the question relating to government funding programs. Three quarters are funded through the HACC program; HACC is the major funding source within the community care sector; HACC is the major source of funding for half the organisations responding. Another quarter of organisations received HACC funding as a secondary or minor source of total organisational funds; this group's major funding source was either DADHC's Disability Services Program or the Commonwealth Department of Health and Ageing. Half receive Commonwealth Department of Health and Ageing funding. One organisation's main source of funding was the Commonwealth Department of Education, Employment and Workplace Relations. The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) fund a third of the organisations

Just under half the organisations are also funded from other sources including:

- NSW Department of Community Services
- Commonwealth Department of Veterans Affairs
- Commonwealth Department of Employment and Workplace Relations
- NSW Department of Education and Training
- Catholic Education Office

WE HAVE DIFFERENT JOBS WHICH MUST MESH WELL

Case management and brokerage providers often have to plan, implement, monitor and evaluate services to people requiring multiple services from different service providers in order to respond to the person's assessed needs, as in the case of Mary.

Mary (*this is a realistic fiction*) has a neurological condition which has resulted in severe seizures over a number of years, as well as some intellectual and functional disability. In response to her and her carer's needs, she receives services from seven different service providers for a variety of activities to support her life, goals and activities. These include personal care, day care, social activities, transport, respite for her mother and case management.

There are a number of people with complex care needs who receive services from several providers, which is a good case for having a standard level of worker skill, knowledge, training and support.

- NSW Ministry of Transport
- Commonwealth Attorney-General's Department
- NSW Community Relations Commission
- NSW Area Assistance Scheme

Responses from 23 managers indicated funding from non-government sources:

- Client fees (16 organisations)
- Other donations, (16)
- Business loans and grants, (2)
- Church (1)

Organisational history

Community care organisations are well established, providing services to people who are frail and aged, younger people with a disability and their carers for many years. Of 22 organisations responding:

- Seventeen have been operating more than 20 years
- Five have been operating for between 10 and 20 years.

Organisational change

In the two years prior to this survey, twelve organisations had undergone organisation restructuring, realignment or other change. These changes were described as:

- 'added new services' (9)
- 'undergone restructure' (7)
- 'realigned job roles' (4)
- 'Dropped services' (1)

One response highlighted the employment of a new CEO.

Nine managers said that their organisation had not undergone such organisational change and one of the respondent managers was 'not sure'.

Comment:

Organisations are mature, they are carrying out some reorganisation, but the age of the workforce is an issue requiring attention. Young people are not entering and moving up; half the workers recruited in the past two years are forty or older.

Workforce Structure

The workforce is predominantly part time and/or casual. Most respondents are female. Almost half regularly work unpaid hours. Two thirds have been in their current work for over two years. There are some over-award incentives provided. Union connection is limited and diffuse. There is a sense of need for remuneration for working in difficult case environments. There is a lack of portability in entitlements.

Terms of Employment – hours of work

The NSW Department of Industrial Relations defines full-time employees as working between 35 and 40 hours per week. Part-time employees work on a regular basis for less than full-time employees and receive pay and benefits on a pro-rata basis. Casual employees are engaged on an hourly or daily basis and are paid a loading to compensate for not receiving conditions such as paid public holidays or sick leave.⁴

The workforce reflected by this survey is predominantly part-time and/or casual.

Managers provided information on 2,331 staff in 22 organisations⁵. In total, of the workforce in these 22 organisations less than a quarter of employees worked in permanent full-time positions. Part time workers make up over half; casuals almost a fifth.

Of the 153 paid workers who responded to the survey, more than half work full-time and 40% work part-time. The disparity between these percentages and workforce information provided by managers may reflect variations in access to the internet and time (or inclination) to complete surveys.

Of 24 managers responding to questions about their own work hours, five are employed part-time, two work between ten and 20 hours p.w., three work more than 20 hours and less than 35 hours per week.

Employees working extra hours on an unpaid basis

A quarter of worker respondents work additional unpaid hours on a weekly basis. Almost a fifth work additional hours on a monthly or irregular basis.

The main reasons given by employees for working unpaid hours were:

- “I don’t feel I can do a good job in the time allowed” (two fifths) and
- “I enjoy doing it”. (one third)

Only one employee said “I will lose my job if I don’t (work additional unpaid hours)”.

Longevity of Service

Of the 153 paid workers who responded to the survey, just over one third (53) had commenced with their current employer in the last two years. Half of these 53 employees are aged 40 – 50 years and 45 are female.

⁴ http://www.industrialrelations.nsw.gov.au/Employers/Recruiting_staff/Awards/Basic_award_conditions.html (accessed 6/7/09)

⁵ One of these organisations employs approximately 1,400 workers.

Of twelve respondents from culturally and linguistically diverse (CALD) background, half commenced work in their organisations in the past two years. Five of the six Aboriginal or Torres Strait Islander respondents similarly commenced in current work within the last two years.

Respondents recruited in the past two years were primarily recruited to roles in assessment, case management or client care coordination, followed by client support, information and counselling.

Over half the positions to which respondents were recruited in the previous two years were full-time; a third part-time and four casual.

Award and over-award entitlements

Half the managers responding received special allowances or payments above award conditions. These included salary packaging, provision of laptops, mobile phones, cars on lease back, meal concession cards, additional annual leave, meal allowances and early access to long service leave.

Twenty managers provided information from their organisation on the conditions provided to staff that are above award provisions and act as job incentives:

- 17 offer salary packaging as a major incentive and wage enhancer;
- 8 offer salaries set at above award rates;
- 10 employ full time staff on a 35 hour week (The SACS award is based on a 38 hour working week);
- 9 offer staff Bonus Leave between Christmas and New Year, and
- 6 offer their staff a period of paid parental leave.

Only half the organisations offer study leave.

Recompense for skill

In terms of offering additional pay or providing extra conditions for special skill areas:

- Only two organisations do so for workers working with people with challenging behaviours;
- No organisations offer additional pay or conditions for providing:
 - medication assistance;
 - working in isolated or risky locations,
 - heavy workloads or manual handling,
 - using specialist equipment or
 - working with people who have high care or complex needs.

This in part comes about because the Social and Community Services (SACS) Award (under which 18 of the organisations employ some or all of their staff) makes conventional provision for recompense for management responsibility but does not cover sector-specific circumstances of work as in the previous paragraph.

Other awards utilized in the industry include:

- Miscellaneous Home Care Workers Award (four organisations)
- Residential Care Award (one organisation)
- Community Employment Training and Support Services Award (one organisation)
- Clerical and Administrative Employees Award (two organisations) and
- Caterers Award (one organisation)

When asked whether their salary was a fair reward for their skills, over a third said yes. Half said their salary was an insufficient reward for their skills.

Workers predominantly considered extra pay or conditions were appropriate in these situations:

- Working with people who have challenging behaviours;
- Working with people who have high or complex needs, and
- Out of hours work.

Respondents commented that the nature of their work is complex and that aspects of working with clients with complex needs can be very draining. Others commented that there is little recognition of the true value of their professional skills and knowledge.

Union membership

Thirty two of 153 paid worker respondents were members of a union and 11 out of 24 managers are members of a union.

The unions of which respondents are members include:

- The Health Services Union;
- The Australian Services Union – Social And Community Services division;
- Public Services Association;
- United Services Union (representing clerical and administrative workers), and
- Liquor Hospitality and Miscellaneous Union (represents disability and aged care workers).

Portable entitlements

The survey asked managers whether they would see advantage in providing portable entitlements for employees between non-government community care service agencies. The question was worded thus:

"In Victoria, the Government recently introduced portable long service leave for the community sector. This enables workers who move jobs within the community sector to transfer their leave entitlements to a new employer. Would you consider supporting a portable entitlement scheme in NSW?"

Responses:

- Thirteen managers said yes they would
- Two stated they would not support portable leave entitlements, while
- The remaining ten were unsure or didn't answer the question.

When asked what job entitlements they would include in a portable entitlement scheme, all thirteen in support of portable leave nominated long service leave, seven nominated sick leave and nine nominated parental leave.

COMMENT:

Workers working beyond hours without pay + inadequate remuneration + evidence of personal commitment.

Workers responding to the survey who were recruited to their current positions in the past two years show a different profile to the results overall: twice as many positions were full-time and a higher

percentage of these respondents were from a Culturally and Linguistically Diverse Background or from an Aboriginal and Torres Strait Islander background.

Only half the organisations provide study leave: this has implications for development and retention.

The uncertainty evident in managers' responses on portability may reflect lack of awareness of possibilities, perhaps also mixed with apprehension about costs to the organisation and prospects of losing staff.

The diffuse connection with unions must impact on coherent development of industry standards.

The absence of portability underscores the impression that this is an industry that is fragmented, made up of organisations struggling with measures of isolation, all dependent on the pursuit of grant funding, hanging on to what they have.

The nature of volunteering in the community care sector

Volunteers do many different tasks, some of those responding work many hours a week (the managers' statistics for total numbers show most contribute fewer hours, though some contribute enormously), most are retirees, but one fifth are also in paid employment.

Fifty five volunteers responded to the survey. This sample is not of sufficient size to draw conclusive data and it is likely to be skewed through representing volunteers who are very involved in their organisations and/or who have had encouragement to complete the survey. Our survey brought to light that eighteen of the volunteer respondents were in fact there as part of obligation to TAFE training (nine) or Centrelink (nine). The survey provides some insights, nonetheless, into the minds of more dedicated individuals, noting the length of hours contributed by the respondent sample compared with the managers' overall numbers.

Twenty-one of the 55 said they volunteer for between 10 and 20 hours each week. One respondent volunteers for more than 21 hours per week. Seventeen volunteer for more than one community service organisation.

Managers were asked: "on average how many volunteers usually work the following number of hours?" Twenty of 25 replied as follows:

- Less than ten hours per week: 1,699
- More than ten hours per week: 288
- More than 40 hrs per week 91

Two thirds of volunteers worked mainly during core business hours.

Of the 55 volunteers who responded to the survey, nine were wage earners; the majority of the remainder were in receipt of a government pension or benefit.

Volunteers said that they undertook a broad range of roles within organisations. Those surveyed reported providing the following services:

- Meals or food preparation (24)
- Social Support (22)
- Day Programs (20)
- Transport (16)
- Domestic Assistance (12)
- Administration (9)
- Personal Care (8)
- Home Respite (6)
- Neighbour Aid (5)
- Information and Advocacy (5)
- Outside of school programs (4) and
- One each of: Handyman or home maintenance, I.T./ computer support, work assistance, policy and procedure development, veterans pensions applications, radio, child support, keeping clients amused and interested and in a school for children with special needs.

In response to a question regarding the length of time they had been volunteering in their current organisation, 20 said they had been volunteers where they were for less than one year, seven had volunteered for one to two

years, 18 had volunteered for two to five years, four had volunteered for 6 to 10 years, four had volunteered for 10 to 20 years... and one had been a volunteer for more than 20 years.

COMMENT:

More than one third of volunteer respondents had commenced in the previous twelve months. They may have been those more eager to respond, or perhaps short term volunteering is a natural pattern. In any case, questions arise about recruitment, enthusiasm, support, development and retention. There are clearly different classes of 'volunteer' – unpaid workers – and these classes need study. See Appendix 2.

Induction and Orientation

There are quite different perceptions by managers on the one hand and paid workers and volunteers on the other. These deserve a good look and are commented on briefly at the end of this section and in Chapter 5.

The survey asked separate questions of volunteers and paid workers about their experiences of induction and orientation. Managers were asked about their organisation's policy and practice of induction and orientation.

Manager responses

All of the managers who answered these questions responded that their organisations had an induction or orientation program; two thirds said that it was a formal process, one third said it was informal.

Paid Workers' experiences of induction and orientation

Thirtyone of the 143 respondent paid workers stated that they had not attended an induction or orientation program for new staff members.

Of the 118 paid workers who had attended a program, 63 had gone through the induction or orientation program *prior to commencing* employment. This pre-employment induction was most frequently reported as:

- Spending time with the supervisor prior to commencing duties (43 responses)
- Reading an induction manual before commencing employment (27 responses)

A further 27 of the paid worker respondents stated that although an induction or orientation program did exist, it was only carried out if there were sufficient new workers.

Under half of paid workers (in contrast to the two thirds of managers) stated that there was a formal induction and orientation program in their organisations. Only two paid workers stated that there was no induction program in their organisation.

Other information workers provided on the induction or orientation in their organisations included:

- New staff are inducted by "buddying" with other staff;
- The induction and orientation program offered was not directly related to their job duties;
- Involved only OH&S and use of computers;
- An online induction program that was accessed at work in the first couple of days and then the supervisor goes through an induction checklist to ensure the new workers have understood the online content.

In general, the majority of workers stated that the induction and orientation programs were helpful in providing the basic knowledge they needed to start doing the job. However, 20 out of 114 stated that they only learned some of the basic knowledge needed to start doing their jobs.

There were a further 65 comments about improving induction and orientation. One quarter spoke positively and made no proposals. The balance made suggestions for improvement, including the following, reflecting divergent needs or preferences:

- Being more practical and with a personal touch rather than just reading material;

- Using an online system;
- Being more formal;
- Including mentoring or "buddying" with another worker;
- Providing more time for induction and orientation;
- Being more consistent within the organisation;
- Providing a staff handbook;
- Including disability and cultural awareness;
- Providing ongoing training;
- A program prior to commencement of duties, and
- Follow it up with weekly formal support and supervision for the first month

Volunteers' experiences of induction and orientation

Forty-nine of 55 responding volunteers provided information about their experience of their organisation's volunteer orientation and induction programs. These responses were similar to those of paid workers.

Volunteers described their organisations' induction and orientation in the following ways:

- Seventeen said new volunteers attend a pre-arranged induction and orientation program;
- Eleven stated that the induction and orientation program was only run if there were sufficient new volunteers;
- Eight stated that volunteers spent time with a supervisor prior to commencing;
- Two stated that volunteers spent time with a supervisor for orientation purposes after commencing volunteer work;
- Six stated that volunteers read an induction manual prior to commencing volunteer work;
- Three stated that volunteers read an induction manual after commencing, and
- Two volunteers stated that there was no induction or orientation program for volunteers in their organisation.

Regarding their own experiences with orientation programs, 27 volunteer respondents said that they had participated in induction/orientation activity prior to starting; thirteen said that the orientation took place after starting; eleven had no such program and three were not sure.

Thirty-six of the 40 volunteers who had attended orientation or induction programs found them helpful, giving the basic knowledge needed. Four stated that they only learned some of the basic things needed. All these volunteers who attended induction or orientation found it helpful to some extent.

From 53 volunteer respondents, fourteen met with a supervisor both before and after starting their duties, 29 before, four after starting and six said they had not met with a supervisor to discuss their new role.

Twenty volunteers offered comments in response to a question on what their organisation could do to help volunteers learn about the organisation and their role. Sixteen of these were positive comments such as "they are great", or "it's all good". The remaining four recommended:

- The provision of more time for orientation;
- Explanation of roles and expectations from volunteers, and
- Two favoured regular training.

COMMENT:

On the evidence we have there are major differences in responses of managers on the one hand and paid workers and volunteers on the other. These things need consideration: the existence or not of programs, their character, their content and its value to particular duties.

Simply reading a manual (as reported by one third of workers) does not seem adequate for happy work environments, not least in sensitive care services.

There is a time cost for managers in carrying out induction and orientation; however, the cost and risks to operations are greater where induction and orientation are inadequate.

Supervision

Responses show that a range of models of supervision are implemented in organisations.

The survey asked different questions of managers, paid workers and volunteers. The questions were introduced with a very broad definition of supervision:

"broadly we think of supervision a process where staff members reflect on work related issues, review their skills and professional practices and get feedback from other /s, often their supervisor."

Manager responses

Nineteen stated that their organisation does provide supervision, one stated that the organisations does not provide supervision and five did not answer the question.

Most of the nineteen organisations providing supervision utilise more than one model of supervision. Models utilised include:

- Manager supervision, (the majority)
- Internal supervision (three quarters or more)
- Individual supervision, (three quarters or more)
- Group or team supervision, case discussions (just under half)
- Peer supervision (one in five),
- External supervision (two respondents), and
- Supervision with an industry specialist (one response).

Paid worker responses

134 of 153 paid worker respondents answered questions on this subject, saying that:

- They participated in supervision at their workplace (96 – or three quarters)
- They had supervision 'sometimes' (30),
- They didn't have supervision (7), or were unsure (1)

The types of supervision workers participated in, included:

- Formal supervision with supervisor and/or
- informal interactions or discussions with other staff members (two thirds),
- Case discussions (two out of five).
- Peer supervision and/or group supervision (a quarter),
- External supervision (one in eight),

Supervision was felt to be important by nine out of ten workers.

Volunteer responses

Forty five of 55 volunteer respondents stated that they received supervision, eight volunteers said they did not receive supervision and two skipped this question. The types of supervision that the 45 volunteers said they participated in were:

- Informal interactions or discussions with other staff members (28),
- Formal supervision with a supervisor (19),
- Case discussions (16)

- Group supervision (16),
- Peer supervision (10),
- External supervision (3),
- One person received informal supervision with their supervisor.

These responses are fairly consistent with the experiences of paid workers. However, there was a much lower level of formal supervision with a supervisor and half the amount of external supervision.

39 volunteers felt that supervision was important. A much higher percentage than paid workers said that it was not (13 volunteers); 2 volunteers were not sure of its importance.

COMMENT:

Supervision can encourage people to remain working and volunteering in the sector. Organisations should examine their time allocated to supervision so that workers and volunteers feel supported in their roles, as a strategy to retain workers and volunteers. This can be a means of showing workers and volunteers that they are valued.

A PAID WORKER'S STORY

Moving to this area six years ago, I was looking for a change of scenery — not just physical landscape but also a career change.

I had spent almost 20 years working in the hospitality industry and I needed a fresh start.

Working with people really appealed to me, so I enrolled in Certificate III in Disabilities and signed up as a volunteer with a local organisation who supports people with a disability.

Two years later I had secured paid work with this organisation. I have maintained my volunteering commitments as well as paid employment.

This is the best life change I have ever made as I look forward to coming to work each day and I feel the work I do contributes to a better society.

Debriefing

Fire and police officers and others in difficult situations get debriefed about events they go through. Workers in community care are often very isolated in their work, confronted by new and unusual situations, often enough difficult situations. Again, this is an area demanding time and effort; again there are disparate findings which need attention. Read this as earlier sections with awareness and sensitivity to small organisations in stretched circumstances... which clearly need to 'do more.' The issues and answers are, however, more complex than 'do more'.

The questions on debriefing were introduced with the statement:

"we define debriefing as specific session/s that are organised by the employer when there has been an incident, sometimes a critical incident, which raises safety issues or involves worker related stress."

Nineteen managers stated that their organisations provided debriefing. One stated the organisation did not and five did not answer the question. Forms of debriefing (some organisations using more than one) included:

- Group or team debriefing (15),
- Manager debriefing (15),
- Individual debriefing (14),
- External debriefing (9),
- Peer debriefing (8) and
- Debriefing by an industry specialist (2).

Almost all workers responded to the question about debriefing stating that their organisations:

- Provided debriefing (two thirds)
- Sometimes provided debriefing (less than a fifth),
- Did not provide debriefing (about a tenth) and
- a smaller number were not sure.

Types of debriefing available according to **workers** included:

- Individual debriefing (nine out of ten)
- Group debriefing (half)
- Manager debriefing (half)
- External debriefing (a quarter)
- Peer debriefing (a quarter)

Of 49 **volunteers** answering this question, 40 stated that they had debriefing for volunteers at their organisation and nine stated that their organisations did not.

The types of debriefing (35 responses) available included:

- External debriefing (two thirds),
- Group debriefing (half),
- Manager debriefing (a third)
- Peer debriefing (three) and

One respondent stated that there was none.

COMMENT:

Again there are different perceptions of what is in place, as between managers and others. Volunteers speak of high levels of external debriefing, paid workers speak of more manager and peer debriefing. This situation calls for a check in organisations even though the differences may reflect sampling issues in our study. The management responses included two references to debriefing by industry specialists, who are not mentioned by other respondents.

Workforce Development: Policies, Plans and Preferences

This is a diverse workforce. The organisations for the most part provide plans and training. There is, as one would expect, an insufficiency of resources for training in many places. Paid workers have preferences; volunteers have different preferences, as also one would expect, given their different. There is a lack of coherence in training and a gap between formal training (by registered organisations) and the kind of learning acquired formally and informally in workplaces. As you read this text, it is easy to see how some new approaches might enrich the learning of individuals and the quality of services.

In the survey we defined workforce development as a range of strategies which support workplace learning and which look towards the future to improve career paths and support the organisation to build a sustainable and capable workforce.

Workforce development plans

Managers were asked whether their organisation had a workforce development policy or plan. Eleven organisations had some form of policy or plan, eight had no policy or plan and six did not answer the question.

Two thirds of paid workers said that their organisation had a training plan or professional development policy. The difference from the managers' responses could indicate that the respondents were clustered in those organisations with training plans.

Four fifths of workers responding said that they knew how to access professional development or training; the balance did not know or were unsure.

Respondents generally favoured professional development or training. About a fifth said they did not get (or were not sure about) the professional development or training they needed to:

- Keep up with the ongoing demands of their job,
- Learn about new demands of their job or
- Acquire skills to improve their career opportunities.

Increasing access to Professional Development and training

Paid workers stated that the strategies that most assisted them to participate in professional development or training are:

- Organisation paying for course fees,
- Flexible learning programs and
- Paid time off work to attend training.

Managers' responses were consistent with this, identifying:

- Training during work hours,
- On the job mentoring / supervision,
- Flexible learning programs and
- Paid time off work.

Two thirds said their organisations paid course fees, less than half provided paid time off work and only a third provided flexible learning programs.

Managers state the most effective strategies to improve staff access to training and professional development are, in priority order:

- Training during work hours
- On-the-job mentoring/supervision
- Payment of fees or training costs
- Flexible learning programs
- Well advertised training schedules
- Time off work
- Training and professional development are part our everyday work routines
- Flexible rosters
- Family friendly policies
- Access to child care

Qualifications

Two thirds of workers were interested in undertaking professional development that would lead to formal qualifications, four fifths believed that they had skills and knowledge that could be recognised in assessment for formal qualification.

Learning styles

The survey provided the opportunity to compare how volunteers and paid workers 'best like to learn'?

For two-thirds the preferred method is through group or team discussion;

Second preferences for over half were:

- Volunteers— on-the-job mentoring/supervision,
- Workers— on-the-job training sessions ;

Two-fifths of the workers favoured training through external RTOs or TAFE, whereas only a fifth of the volunteers did so:

- About a quarter of each category favoured peer education or buddying or off-the-job training;
- A similar number of workers favoured off-the-job flexible learning (this question not asked of volunteers) and
- The least popular form of training was computer-based training.

Training plans and budgets

Of the organisations surveyed in the managers' responses, four-fifths have a training plan or a professional development policy and a dedicated annual training budget. However one-third of organisations stated that the dedicated budget was insufficient for the organisation's training needs.

Two thirds of the organisations allocated less than \$500 per annum per full time worker, or pro-rata for part time workers. Several allocated less than \$100. One manager said that there was no budget for training in their organisation. Managers responded that all staff members knew how to access Professional Development.

All managers reported that their organisations provided sufficient training for workers to develop and maintain the required specialised skills and knowledge to comply with government rules and standards.

For thirteen organisations, the managers were able to link professional development and career progression within their organisation. Five said there was no link and three were unsure.

Assessing training needs

When asked to identify the training needs to do their job better, workers nominated these:

- Managing challenging behaviours
- Communication, teamwork, conflict resolution
- Legal, ethical, regulatory issues or policies and procedures
- Self management – such as stress, self awareness, time management
- Using new technology or equipment

DEMANDS ON ANY WORKER, IN THIS CASE A YOUNG WORKER

THIS IS A REALISTIC FICTION.

Christopher is a 24-year-old Personal Care Assistant (PCA) who has been working in the Community sector for the last three years. He has three concurrent permanent part-time positions with different organisations, as well as currently studying for his Certificate IV in Aged Care.

Chris was recently given a new client after his organisation had received an urgent referral from ACAT (the Aged Care Assessment Team), working under HACC.

Chris was asked to provide two hours of Domestic Assistance per week. His coordinator warned him about the state of the home. The file had an OH&S hazard alert on it. However, when he entered the premises nothing could have prepared him for what he came across.

The client, Jim, is an 89 year old gentleman with no family living and very limited social or community contact. Jim has nine dogs, 12 cats and over 20 birds living freely within the house. There is no hot water, a number of windows are broken, the carpet is torn and a number of rooms are so full of rubbish as not to be accessible. Jim says he is fine with his current living environment.

Christopher has been informed by the office a number of referrals have been made for Jim, but that the office has been informed that everyone is working to full capacity and there are no additional funds available. Where does he start????

A variety of methods were used by organisations to assess their staff training and Professional Development needs.

- Four fifths used performance appraisals and staff meetings,
- Almost as many used manager feedback.
- A third used internal surveys.

Three of the community care organisations surveyed are Registered Training Organisations.

Accrediting internal training

The survey asked questions about internal and external provision of training with particular interest in whether internal training could be accredited or was recognised by other organisations when workers changed agencies / employers. Organisations equally used both internal and external provision. Approximately 75% of training provided was acknowledged in one way or another.

Organisations were asked about the documentation they provide to staff when they do in-house training. The National Training Framework is based on competency – based training, with recognition of competence often requiring considerable documentation and evidence. Of the 19 managers who provided information on documentation of in-house training:

- 11 organisations issued a certificate of attendance,
- 7 issued a certificate outlining the content of the program,
- 7 issued a transcript of competencies that were achieved.
- Two organisations did not provide documentation of in-house training.

When asked if they would recognise non-accredited or in-house training provided by other organisations, 15 responded that they do, whilst three do not recognise in-house training provided by other organisations and seven did not answer this question. We asked the three organisations why they do not provide recognition. Reasons included:

- We like to do our own competencies to ensure the workers know the correct methods,
- It depends on the quality of documentation provided
- We consider it on a case-by-case basis, looking at when the course was covered, if it was competency based and who it was provided by.

Nearly all responding organisations have preferred external training providers. Considerations in choosing a preferred provider are: qualified trainers, flexibility and/or tailored training to suit the organisation, expertise and affordability. Factors such as the philosophy and values of the provider, the provision of on the job training and the delivery methods were secondary considerations.

Other professional development activities

When asked what other professional development activities are provided to staff a wide range of activities were cited by over half of the organisations. These included conferences, networking, attending interagencies (formal or semi-formal network meetings), performance appraisals, higher duties or vertical acting positions, internal mentoring and study leave. Less frequent strategies included: encouraging staff to work on inter-agency projects, encouraging staff to work with or on other management committees, '360 degree feedback' and professional supervision. Of note is that only five organisations offer professional supervision to staff.

NOTE

Three quarters of respondents believe that volunteer training helps to improve their employment opportunities.

COMMENT

Training priorities reflect the nature of the industry as increasingly complex, requiring high levels of skills in working with the client group and high levels of stress in managing workloads.

Both paid workers and volunteers expressed preference for group based/on the job training.

Career Development

There are interlinked factors: other data relevant to career pathways is located in these sections: Professional Development, Career Paths, Promotions, Job Satisfaction, Supervision and Image and Culture.

Careers and promotion

From the sample of 153 paid worker respondents, two thirds stated that they wanted a career in the community care sector but ten percent fewer believed that there were career pathways in their organisation. More than half of the respondents would seek a promotion for better pay; a third nominated a more challenging job and a third nominated improved job status. Only half the workers who wanted a promotion wanted to apply for a position in their own organisation.

Very few workers (less than two in ten) said that they planned to leave employment in the sector. About half said that the situations which would lead them to resign were unhappiness with management, family commitments, serious injury or incident and unhappiness with colleagues. Two thirds nominated too much stress.

Volunteer progression

One third of paid workers said that they had volunteer experience before they commenced paid employment and a similar number said that they had undertaken work experience prior to employment.

This question allowed multiple answers and it would be useful to understand how respondents understood the difference between work experience and volunteer work. It is possible that work experience reflects interest of students in career opportunities, but this is unclear.

A third of the managers said that they employed volunteers as a recruitment strategy.

Volunteers and career opportunities

Only a third of volunteers said that they were planning a career in the community care sector. Only a quarter said that they thought there were career development opportunities in their current organisation.

This was reinforced by another question about what attracted them to volunteering; only four thought that it would make it easier to get paid employment. Volunteers responded with similar attitudes to paid workers about training and professional development. Almost all volunteers said that training and professional development was helpful to their role and three quarters said that it contributed to employment opportunities.

Less than half the volunteers were interested in nationally recognised qualifications. Three quarters of the volunteers said that they were not planning on leaving their voluntary role; only one spoke of dissatisfaction with his or her role.

In what appears to be a contradictory finding, half the volunteer respondents said that what they didn't like about volunteering was the lack of a permanent job and six out ten said that it was because they didn't get paid. In answer to a question about improvements to their role, a third wanted

reimbursement of expenses and/or better training ; a quarter sought more teamwork. Only one respondent commented that a paying job would be an improvement.

Organisational strategies

Two thirds of managers believed that there were links between professional development and career pathways.

Managers were asked whether different kinds of workers in their organisation had different career development opportunities. There were slightly more career opportunities for administrative workers and team leaders, coordinators or case managers than for direct care or support workers and senior managers.

However, overall, approximately half the organisations believed there were no career development opportunities available to any staff. This could be a consequence of the small size of some organisations, internal structures and /or job demarcations.

Paid workers responding to the survey gave a consistent reply, with more than half stating that they had opportunities for career advancement in their organisation.

Two thirds of workers were interested in planning a career in the community care sector, with others either unsure or not planning such a career.

The most common career development strategies identified by managers were

- Training (three quarters), followed by
- Employing volunteers (two thirds),
- Succession planning (two thirds) and
- Job rotation/multi-skilling (about half).

A wide range of career enhancement activities other than training were identified, with half identifying each of 'higher duties or vertical acting positions' and 'multi-skilling opportunities'.

Training plans and career development

As noted, paid workers and volunteers both emphasised training and professional development as significant contributors to career pathways in the sector. Although almost all organisations surveyed had a training plan or professional development policy, the allocated budget appeared relatively low.

Eleven of the organisations allocate between \$100 and \$500 annually for training for each fulltime position yet two thirds of managers believed that their training budget was adequate. Furthermore, three managers stated that their organisations did not have a dedicated training budget.

COMMENT

Relevant data from the managers questionnaire is at times inconsistent and only tentative inferences can be made. Training and professional development appear to be clearly embedded in management practice in the community care sector. However the active pursuit of career pathways as an important workforce development initiative for staff and volunteers appears relatively underdeveloped. Significantly, when asked what they thought contributed to high morale, only one manager identified career pathways as an important contributor to staff morale.

None of the paid worker respondents nominated lack of career progression as a reason for potential resignation. Yet managers reported that the most common reason for staff to resign was because they got a better-paid job or promotion. This reason accounted for more than two thirds of all resignations.

Nor did workers nominate career pathways as a strategy to improve job satisfaction. However the second highest response as to how to improve job satisfaction was better professional development/training. It could be that career development is not important for workers. Alternatively, it could be that the language of 'career pathways' is not used regularly in the industry and workers consider professional development as a *de facto* career development opportunity. Four fifths of paid workers thought that professional development did help them improve their career pathway.

In the context of contemporary work practices we may expect workers to change employment, to go to new jobs. This is at present difficult to do with lack of portability of entitlements etc.

IT'S NOT JUST TECHNICAL SKILLS
AND IT'S NOT JUST THE CLIENTS
YOU HAVE TO MANAGE

A REALISTIC FICTION

Jenny, a university student studying psychology, works as a casual Personal Care Assistant (PCA).

As part of her duties, every Tuesday night, for 'social support', she takes out a group of sixteen clients all of whom have an intellectual disability.

This week they happened to be going to see a band at the local club.

Everyone was having a great time, until.... The two volunteers and Jenny were up dancing with a number of the clients, when Tom, a 29 year male, started to have a seizure.

A crowd gathered, people wondering what was happening on the dance floor. Jenny had her hands full trying on the one hand to keep everyone back from her clients and calm them, while tending to Tom, who was coming out of the seizure. She placed him into the recovery position covered him with her jacket because he had a loss of bladder control.

A number of the patrons expressed disgust at what occurred and were very vocal in their expression.

Jenny was trying to put them at ease and defuse the situation while organising Tom to get home as well as reassuring her clients that everything will be ok.

Is it enough to have one paid staff person on hand?

Job Satisfaction

Attitudes to the work are preponderantly positive; they like the work, the clients, the team. There is unhappiness about pay.

When the paid workers were asked if they are satisfied with their current job, three quarters said yes, another quarter were satisfied some of the time. Workers identified several key elements in promoting job satisfaction, the highest rating being "the team I work with", followed closely by "the clients I work with" and that 'the job is rewarding'. The majority of workers in this sector value their work and their client group.

The aspects that mitigated most against job satisfaction were pay rates and stressful work. Small numbers reported that their manager or team relations lowered their job satisfaction.

The survey sought information on what would improve the level of job satisfaction. Unsurprisingly two thirds said better pay; one quarter said professional development / training, some said more teamwork. Other factors cited included the value that others put on the work, e.g. 'better understanding by governments' and "more respect".

When asked if they were planning to leave the community care sector in the next three months, only four answered yes and twenty weren't sure.

Sixteen from 25 managers answered questions relating to work satisfaction. Managers stated that they use a number of methods to collect information on staff satisfaction. A majority said supervision, a quarter said staff survey. They also mentioned more informal ways such as low staff turnover, happy workplace etc.

Of 20 managers, thirteen stated that they thought job satisfaction in their organisation was usually high and three said very high. Three quarters of paid workers were satisfied with their current job. Almost all the rest were sometimes satisfied. Out of 52 volunteers, 46 were satisfied with their current volunteer role and another five responded that they were "sometimes" satisfied.

Aspects contributing to job satisfaction

Both paid workers and volunteers were asked what gave them job satisfaction. Both groups rated the same three responses as providing the greatest job satisfaction.

- The clients they work with,
- The job being rewarding and ...
- The team they worked with.

Other worker responses included: (in order from more than half to few)-

- Having a permanent job
- Their organisation
- Their manager/s
- Having a flexible job
- Job is very challenging
- People respect you

- Having a roster that suited the person
- Being well paid
- Job not being too stressful

The volunteers' other responses included: (in order from two thirds to few)

- Their organisation
- Feeling needed
- Their manager/s
- People respecting them
- Having flexibility
- Having a roster that suits them
- Job not too stressful
- Job is very challenging
- Expenses being reimbursed

Aspects working against job satisfaction

Both paid workers and volunteers were asked what they didn't like about their jobs. Two fifths of paid workers said they don't get paid enough, one fifth said the job is too stressful. Only a third of volunteers spoke of dissatisfaction, several mentioning not being paid or having a permanent job.

Improving job satisfaction

Both paid workers and volunteers were asked what could be done to improve their level of job satisfaction. The paid workers (85% response rate) highest response was for:

- Better pay (two thirds) followed by
- Better professional development / training (less than a third), then
- More team work and
- Better supervision.

Smaller numbers mentioned: more flexibility, better access to transport and work cars and being shown more respect.

Half the volunteers responded among whom:

- A third sought better reimbursement and
- Better training, while
- A quarter wanted more team work and more respect.

Other responses included improved policies and procedures, better access to transport and work cars, no complaints, everything good, more clients, better supervision and safer work environment.

Low organisational / staff morale

When asked what contributes to low morale in their organisation, two thirds of 17 managers rated low pay rates, followed closely by staff members who are difficult to work with, lack of permanency, job too stressful and perceived lack of respect or status.

Other comments included: clients who are difficult to work with, managers' styles are inappropriate, too much focus on financial outcomes not human benefits, hours of work, organisation's culture is not supportive, job not rewarding, working in isolation, job is not challenging, shift work.

Managers were asked about what their organisation does when morale is low. Two thirds responded to the question. All but one referred to team building or conflict resolution, half as many debriefing, then 'initiate individual performance reviews' and 'offer professional development'.

Less numerous responses included: conduct SWOT analysis, engage an external contractor, initiate other internal processes e.g. needs assessment, conduct stress audit and "ignore it".

High morale

Managers were also asked what they think contributes to high morale. Two thirds responded with these terms:

Friendly, caring, happy environment, good communication, job satisfaction and recognition, teamwork, job security, decent wage, appraisal, appreciation, input, ready access between all staff, coordinators and manager; supportive environment for all workers; involvement of all staff in regular team meetings; individual acknowledgments from Board of Management, good work ethic, good culture, good pay, good career paths, Good leadership from supervisors, respect for staff, acknowledgement for a job well done, feeling valued as a worker / volunteer, feeling valued as a worker / volunteer, clear and precise policies, successful outcomes for clients, fun events at work.

Staff retention

Twenty managers answered the question: "would you say your staff turnover is..."

- Low (15)
- Medium (4)
- High (1)

From the three groups (volunteers, managers and paid workers) surveyed there was differing reasons for why people resigned.

- Managers rated better paid jobs or promotion for the highest reason staff resigned;
- Paid staff rated unhappy relationship with their manager/s as the highest reason for resigning, and
- Volunteers stated it was ill health that would be their prime reason for resigning.

Twenty of the 25 managers surveyed believed staff usually resign from their jobs:

- For better paid job or promotion (two thirds) followed by
- More hours of work offered, or
- Needed a change.

Other responses included: family or carer commitments, to seek full time work, team conflict, stress, bullying or harassment at work, dissatisfaction with management or organisational work practices, Got new job not in the community sector, full time study, dissatisfaction with job role, issues with clients (difficult, dying, or emotional affected by), work injury, less hours of work offered.

Both paid workers and volunteers were asked what would make them resign from their jobs. Paid workers stated that the prime reasons for resigning would be:

- An unhappy relationship with manager/s
- Family commitments
- An injury or serious accident at work and
- Unhappy relationships with colleagues and too much stress

Volunteers stated that their prime reason for resigning would be:

- Ill health followed by
- An injury or serious accident at work
- Family or other commitments and
- Too much stress.

Paid workers were asked whether they were planning to leave the community care sector in the next six months, Only five said yes, twenty were unsure.

Exit interviews

Fifteen managers stated that staff receive an exit interview when they leave and four stated that staff did not.

COMMENT

This is an accepting workforce, underpaid by standards now in place elsewhere, with morale issues related to impermanence and difficulty with work situations at times. The managers' opinions on what contributes to high morale (see the 'High Morale' heading above) constitute a valuable set of ideals, so let's repeat here:

Friendly, caring, happy environment, good communication, job satisfaction and recognition, teamwork, job security, decent wage, appraisal, appreciation, input, ready access between all staff, coordinators and manager; supportive environment for all workers; involvement of all staff in regular team meetings; individual acknowledgments from Board of Management, good work ethic, good culture, good pay, good career paths, Good leadership from supervisors, respect for staff, acknowledgement for a job well done, feeling valued as a worker / volunteer, feeling valued as a worker / volunteer, clear and precise policies, successful outcomes for clients, fun events at work.

Recruitment

Paid workers identified the sources from which they found out about employment opportunities in the community care industry:

- Newspapers (over half); followed by
- Word of mouth (a third);
- Community networks (a quarter) and, less often
- Online, training providers, Jobnet providers; one to three said at school TAFE, Centrelink.

Volunteers said:

- Word of mouth (over half); followed by
- Newspapers, community networks (a quarter) then,
- Volunteer training organisations, television, online, TAFE, Centrelink, looked for self.

Recruiting staff

All but two managers used media advertising, about half reported use of word of mouth and/or recruitment agency and/or internet. About a quarter mentioned each of: volunteers, job networks, headhunting, interagency networking and liaison with training providers.

Note that while half the managers mentioned recruitment agencies neither paid staff or volunteers ranked them at all. We cannot say whether there is a sampling issue here.

Entry Level Qualifications

Managers were asked about the minimum level of qualifications across a range of positions in their organisation. Positions included:

- Direct care or support workers,
- Supervisor/ coordinator/case manager,
- Manager with overall responsibility and
- Administrative support.

As can be seen from the results below there may be differences between organisations as to the qualifications managers require for similar roles. Qualifications

- For direct care or support workers range from none to a degree,
- For supervisor/ coordinator/case manager from in-house or non-accredited training to a degree,
- For managers from in-house or non-accredited training to post-graduate and
- For administrative support from none to a degree.

Minimum qualifications specified by managers:

- Direct care or support worker roles: 10 organisations Cert III, 8 in-house or non-accredited training, 2 Cert IV, 2 a Statement of Attainment, 1 a Diploma and 1 no qualifications as minimum entry requirements. (24 criteria from 20 respondents)
- Supervisor / coordinator/case manager roles: 8 organisations a Diploma, 5-Cert IV, 5 a Degree, 3 Cert III and 2 in-house or non-accredited training as minimum entry requirements. (23 from 20 respondents)

- Manager roles: 17 organisations a Degree, 8 Post – Graduate qualifications, 6 a Diploma, 2 Cert IV, 2 Cert III, 1 in-house or non-accredited training and 1 a Statement of Attainment. (37 from 20 respondents)
- Administrative support roles: 7 organisations Cert III, 7 Cert IV, 5 in-house or non-accredited training, 3 a Diploma, 3 no qualifications and 1 a Degree. (28 from 20 respondents).

Note: There is some uncertainty about the survey results as multiple responses appear to have been given by some, suggesting interpretation of the question as 'desire' rather than 'require'.

Types of pre-requisite experience

For the same four categories of workers, managers were asked "What is the minimum level of experience you require for each of these job categories?" Again some respondents have given multiple responses.

For direct care or support worker roles: 10 organisations relevant work experience, 5 relevant voluntary experience, 3 paid work in the sector, 2 paid work in another sector and 5 no experience.

For supervisor/ coordinator/case manager roles: 9 organisations paid work in the sector, 8 relevant work experience, four paid work in another sector, and 1 no experience. No manager said that relevant volunteer work provided minimum level of experience for this group of workers.

For manager roles: 13 organisations paid work in the sector, 8 paid work in another sector, 6 relevant work experience and 1 relevant voluntary experience. It was expected that all managers would have some experience, particularly either in paid work in the sector or paid work in another sector.

For administrative support roles: 15 organisations relevant work experience, 6 paid work in another sector, 4 paid work in the sector, 2 relevant voluntary experience and 2 no experience.

Minimum length of experience

For the same four categories of workers, managers were asked as to the minimum length of experience required in their organisation. Again as can be seen from the results below there is great differences between organisations as to the length of experience they require for similar roles.

When recruiting, 6 organisations would accept applications for Direct Care or Support Workers without any experience, the remaining organisations range up to a minimum of 1-2 years experience.

Two organisations would accept no experience when recruiting for a supervision / co-ordinator or case manager position. With the remaining generally requiring between 6 months and 4 years previous experience.

The majority of organisations require five years or more experience in applicants for manager positions. Six organisations would accept 2 – 4 years.

Minimum amounts of experience required for administrative support roles varies from none to 5 years or more. These roles vary greatly in organisations and include: receptionist, book-keepers, office managers and financial managers.

Valued Attributes and Skills

Managers were asked as an employer, what attributes, skills or values do you value most. Managers could make as many responses as they felt applied:

- Reliability and / or good work ethic, time management (18)
- Leadership, initiative or problem solving (17)
- Team work (17)
- Documentation and written communication skills (17).
- Personal values such as empathy, commitment to social justice, empowerment (16)

Other responses included: Knowledge and / or experience in the community care sector (14), Clinical or practical hands on skills (14), Self awareness/reflection, cultural awareness (11), Independence (9), Knowledge and / or experience in another industry (8).

Recruitment difficulties – positions hard to fill

Managers were asked if they have particular positions that are difficult to fill with qualified staff.

Organisations had experienced difficulties in recruiting to manager, team leader, case manager, care worker, management committee member, administrative staff and volunteer positions. Managers were the most difficult paid position to recruit. Organisations responded in equal numbers to having difficulty recruiting to volunteer positions and manager positions. However, overall the most difficult positions to fill were the Management Committee positions (these are voluntary – unpaid – positions).

Factors that make it difficult to recruit qualified staff

Managers were asked what are the key factors that make it difficult to recruit qualified staff. Nineteen managers answered this question. Overwhelmingly managers stated that salary (16) was the key factor, followed by skills shortage, better jobs in other industries and lack of full time work.

Other responses included high needs of clients and stressful work environment (both 4), Physical requirements of the job and / or OHS risks (3), too many rules and regulations (3), lack of part time work, poor off the job training, no applicants and lack of role status (2), work conditions, costs and time involved in gaining qualifications, unstructured work environment or lack of support in the role and lack of car and/or comprehensive insurance (all 1).

The results bore out what is reported anecdotally, that is it becoming more difficult to recruit qualified staff within the community care sector.

Factors that make it easy to recruit good staff

Managers were asked what are the key factors that make it easy to recruit qualified staff. Managers stated that

- Fulfilling roles (16) was the key factor, followed by
- Flexibility (14),
- Ethical and professional workplace (13) and
- Professional Development opportunities (11).

Recruitment strategies that worked well

Only nine managers answered the question "what recruitment strategies work best in your agency" providing the following responses:

- Advertise and interview
- Recruitment is closely linked with government funding. Recruitment is not the problem, lack of funding is
- Students doing work practice or volunteer at the Centre, are observed for future employment.
- Advertising
- Word of mouth, head hunting, advertising with behavioural interviewing
- Word of mouth, volunteer to support worker, our profile as a reputable organisation
- Dependent on the position – for care staff – through Registered Training Organisation or word of mouth
- No obvious patterns. Tend to use a fairly broad approach
- Media.

COMMENT

There are many different standards in recruitment, a situation which inhibits coherent career streaming through the sector and evolution of stronger professional standards. Some basic standards could be readily adopted, if developed by consensus among a regional group of organisations in concert with RTOs. These would, however, need to have regard for workplace skills and their accreditation towards formal qualifications, etc.

Organisation managers report difficulties in recruiting for specific positions: it is hard to get people to low pay jobs offering odd or insufficient hours. There is a shortage of skilled people in any case; those with skills also aware that better jobs with better career prospects are elsewhere.

The keys to recruitment (and retention) would seem to be: skill recognition, capacity to move between jobs in a career path — and salary.

There is a reported difficulty finding people for management committees. This deserves study and consideration of common standards and generic training opportunities for candidates. That is, recognise these jobs as having 'director' responsibilities, build training locally and acknowledge the importance of such volunteering.

Marketing and Promotion

The intention of the questions covering marketing and promotion in the manager, paid worker and volunteer questionnaires was to gain some insight to the range, extent and perceived effectiveness of marketing and promotion efforts made by the community care sector and to examine the reasons workers and volunteers are attracted to community care work. The questions to gather this information ranged from questions relating to;

- Media types utilized by organisations to promote their services
- Perceived reputation of the organisation
- How volunteers and paid workers found out about an organisation
- What attracted volunteers/paid workers to the industry
- What makes an organisation good to work/volunteer for

Promotion to the public

Managers reported using a wide range of methods to promote and market their services. Managers reported using more than one type of media/strategy as part of the marketing mix, with the majority of the services utilising brochures (19), networking opportunities (16), internet (15) and media articles and TV vignettes (14).

This is somewhat contrasted by the responses of both paid workers and volunteers when asked how they found out about their organisation. Paid workers reported newspapers (58.5%), word of mouth (37.7%) and online (16.2%) to be the most common sources of information. Volunteers reported word of mouth as the primary source of information about the organisation, followed by the newspaper and online.

Reputation

All 20 manager respondents reported they felt their organisation has a good reputation.

Importance of community care

Almost all paid workers surveyed indicated they felt the work they do is important to themselves, the clients, their employers and the community. Nearly all the volunteers claimed the work they do is "important" while only four claimed their work to be "usually important".

Attraction to community care

The most common reasons given by paid workers for why they are attracted to community care work are to "help people" (two thirds), "personal interest" (half) and "job vacancies" (one third). The responses least selected were "you don't need a qualification", "job status" and "easy to get a job".

Volunteers responded in a similar way with two thirds of respondents claiming "personal interest" (three quarters) to be their main attraction to the sector followed closely by "helping people" and "wanted something to do" (one third). The responses least selected for volunteers were "easier to get than paid work," "knew someone in the sector" and "didn't need a qualification or experience". Nine volunteered because it was a compulsory part of a course, and nine others because it was part of a Centrelink agreement.

What makes an organisation good to work for?

Paid workers reported the most important factors contributing to a good organisation is for employers to respect clients, respect staff and provide good services to clients. The least important factors were said to be above-average conditions, training and support to staff and good policies and procedures.

COMMENT:

The responses to "what makes an organisation good to work for" suggest altruistic and client-focused attitudes predominate.

The pattern is of different organisations promoting themselves separately. This will always be the case in good part. The business of promotion could be much simplified, however, if there were a central core of workforce skills, workforce reputation, career prospects – a respected industry – around which the business of promotion could take place. And good political and community standing.

We note again, as quoted early in this report:

"We need the community to want better services for people with a disability. We need them to value the work you do. We need a political movement in disability... this will lead to a better deal for all involved — people with a disability, their families and the professional... workers"

Bill Shorten, MP, Parliamentary Secretary for Disabilities and Children's Services,
writing in *Care Professional*, ASU. 2009, Vol. 1 Issue 3 p.7

5. Background and Commentary

Community care workers are required to demonstrate competence in a wider range of skills and in an increasingly complex work environment. Clients often have more complex needs often including dementia, challenging behaviours and multiple diagnoses. More complex decisions about legal and ethical issues need to be made. Complex compliance contingencies arise in the workplace, which is often someone else's home, requiring workers to assess and manage risks to safety for themselves and their clients.

All of these skills need to be demonstrated within a work environment where they are largely isolated from managers and from support networks. The community care worker requires a wide-reaching underpinning knowledge base plus high level skills across a range of fields: practical care giving, communication, problem solving and decision-making, time management and self care as well as vital personal characteristics of integrity and genuine empathy.

Industry needs

We embarked on this project having established basic concerns.

Consultations held in August and September 2007 identified a variety of learning and development needs including:

- Accessing and using interpreters;
- Mental health training;
- Advocacy training;
- Training for 'first point of contact' workers – referral systems, active listening appropriate responses, following through, messages;
- HACC-specific training – meeting requirements;
- Food Safety Legislation training;
- Reaching 'hard to reach' / 'invisible' clients;
- Writing tenders and submissions;
- Conducting evaluations;
- Using the media;
- Conducting consultations and consumer feedback processes; and
- Working with and including people with psychiatric illnesses.

A number of workforce development issues and ideas were identified:

- Difficulty in recruiting staff – particularly at middle management level and care workers;
- Need to increase and promote pathways into the sector;
- Cadetships and traineeships could assist in bringing people into the sector;
- Career paths aren't always available once in the sector – need strategies to promote career development (e.g. Use of secondments, internal restructures to allow skilled workers to attain additional responsibilities...); and
- Need to make stronger links with schools – get them interested early. Vocational Education and Training (VET) courses (school-based) are helpful.

Training providers

This study acknowledges the roles of many providers of training for the community care sector:

- Registered Training Organisations – both not-for-profit and private providers delivering Cert III qualifications in Aged Care and Disability as well as short courses and Diplomas;
- NSW Institute of TAFE providing Certificate and Diploma courses, as well as workplace learning opportunities in Aged Services and Disability;
- Volunteering Illawarra offering short relevant courses, such as food handling, OH&S etc.; and
- University courses in professional areas (nursing, speech pathology, etc.)

Within our region, the Illawarra Forum and the community care sector sustain strong constructive links with such organisations. Recommendations from this report about training depend upon engagement of frontline organisations.

This research: the survey sample

Although this research sample is indicative only, the demographic characteristics of the Community Care workforce match Community Services and Health Industry workforce profiles identified in various quantitative research projects. (Community Services and Health Industry Skills Council 2008)

While organisations reported on here demonstrated considerable diversity in terms of size and structure, there was considerable homogeneity in terms of job roles, funding programs and the demography of the workforce. The community care workforce is characterised by largely mature aged, female workers of whom a significant number work on a part time or casual basis. Women make up 85% of the paid staff and 75% of the managers. Only 6.5% of the workforce respondents were aged between 20 and 30 years. Longevity was also a feature; two thirds of paid staff have worked in the sector for more than two years and 84% said that they were not planning to leave their current employment.

These findings suggest two contrary trends: retirement will have a profound impact on the availability of skilled workers over the next ten years but may in part be offset by the career aspirations of the workforce to maintain employment in the sector. These findings suggest a significant point of leverage: retention of the current workforce.

Career Pathways, Training and Professional Development

Several related findings in the research illuminate workforce retention and development strategies and suggest discrepancies between practice and intent.

Whilst professional development and training were highly valued by managers, workers and volunteers, in practice allocated training budgets were low. Significantly, whereas all managers responded that their organisation provided professional development activities which enabled staff to perform work functions to the required industry standards, only 62% said that professional development linked to career progression. These results could indicate a sharper focus on compliance training over the development of career pathways and the retention of a skilled workforce; in some instances it could also reflect judgement that there isn't a career pathway.

To some extent there are consistencies in the data between the perceptions of managers and paid workers. The majority of paid workers said that they wanted a career in the community care sector and that professional development would help them achieve career goals. Both managers and paid staff appear to recognise the strong relationship between professional development and career pathways.

However, there appears to be an anomaly in practice between the desirability of professional development and actual access to professional development. This disparity is evident in data that describes the extent to which managers believe their staff have access to induction/orientation, supervision, debriefing and professional development and training and the perceptions of paid staff and volunteers. The latter consistently reported less access to all forms of professional development, induction and supervision.

This disparity could relate to communication difficulties inherent in managing a largely part-time, casual and volunteer workforce whose day to day roles entail independent work in community settings. It could also indicate unmet needs for professional development which could ultimately impact on staff retention as well as the quality of service delivery.

Similarly, while many managers recognised career planning as a useful tool to improve recruitment and retention, in practice it appears under-utilised with current recruitment practices having a significant focus on externally advertised and recruited vacancies. It is also possible that managers do not have adequate training in understanding workforce development issues and developing strategies to respond effectively to build workforce capabilities. In many cases, modestly paid managers may simply lack time or resources to cover these things well and they and their staff (reporting high levels of unpaid overtime) may find it very hard to communicate well.

Another relevant point for consideration is formal recognition of existing skills and knowledge. Four fifths of paid workers and three fifths of the volunteers responding believed that they had existing skills and knowledge that could help them gain an accredited qualification. Seven out of 19 organisations provided more detailed training records that would assist staff gain recognition through recognition of current competencies and on-the-job training. The introduction of formalised documentation to assist recognition would be a relatively inexpensive strategy to improve career pathways and possibly improve job satisfaction as well.

In terms of preferred methods for delivering training, there were broad consistencies between managers and paid workers volunteers: fee support, flexible learning programs, paid time off and on-the-job mentoring. Volunteers also rated on-the-job training and mentoring highly as well as group discussion. Respondents identified a range of common training needs including: managing challenging behaviours, communication, teamwork and conflict resolution, technology training, self management and legal, ethical and regulatory issues. Volunteers identified hands on skills and OHS as areas for development, otherwise the commonality would indicate that paid staff and volunteers might benefit from mutual training opportunities.

Complexity of the work environment

Training priorities for the sector also provide insight into the nature of work in the community care sector. A consistent theme was the need for specialist training to address issues which arise in an increasingly complex environment that requires high levels of skills and increased capabilities to manage stress and workload.

*A New Strategy for Community Care— The Way Forward*⁶ established the groundwork for service delivery in the community care sector. This strategy recognises the powerful imperative for older people, people with disabilities and their carers to live independently in their own homes for as long as possible. This strategy also confirmed the Commonwealth Government's commitment to enabling community care.

Together with *Ageing in Place* initiatives, this policy direction has resulted in some fundamental shifts in service delivery. Community care workers are required to demonstrate competence in a wider range of skills and in an increasingly complex work environment. Clients have more complex needs often involving dementia and challenging behaviours. More complex decisions about legal and ethical issues need to be made. Complex compliance contingencies arise in the workplace, which is often someone else's home, requiring workers to assess and manage risks to safety for themselves and their clients.

All of these skills need to be demonstrated within a work environment where workers and volunteers are largely isolated from managers and from support networks. The community care worker requires a wide-reaching underpinning knowledge base plus high level skills across a range of fields: practical care giving, communication, problem solving and decision-making, time management and self care as well as vital personal characteristics of integrity and genuine empathy.

Ambivalence: High levels of job satisfaction alongside high levels of wages dissatisfaction

Further evidence of the complexity of the community care industry is provided by the apparent ambivalence between high levels of job satisfaction with concomitantly high levels of pay dissatisfaction.

On the one hand, workers and volunteers generally thought that they had the appropriate skills to do their job effectively and satisfaction with their job role was consistently high.

On the other, there was a strong underpinning belief that remuneration is inadequate. The most common reason for job dissatisfaction was pay and the most common reason for wanting a promotion was better pay. More than half the paid workers said that they did not think they received a fair reward for their skills. Approximately one third of paid workers in sample received more than \$700 per week before tax, nearly 20% received between \$600 and \$700 per week which means that nearly half the sample received less than \$600 per week before tax. The most common award used was the Social and Community Services Award (SACS). Interestingly, approximately one third of paid workers surveyed said that they received above award payments or conditions, highlighting questions about the adequacy of award rates in the sector.

We note that the Tasmanian and the Queensland Governments have both recently committed to funding significant wage increases for SACS workers. The Queensland Industrial Relations Commission ruled that the sector has been long undervalued and awarded wage increases of between 18-37%.

"the overriding public interest consideration in this matter is to ensure that employees in the sector are remunerated commensurate with their work value and in a way that is affordable to their funding bodies. This will ensure that qualified, competent employees are attracted and retained in the sector to provide quality services." http://www.asu.asn.au/media/sacs/20090507_payequity.html date accessed June 23 2009

⁶ [Http://www.health.gov.au/communitycare_thewayforward](http://www.health.gov.au/communitycare_thewayforward) date accessed June 24 2009

Further ambiguity arises when the longevity of the workforce is considered. It appears that although workers maintain high levels of wage dissatisfaction, they remain in their jobs. Is this apparent inconsistency one of the drivers that inadvertently keep wages low? Do government departments who almost exclusively fund the sector, make assumptions about workforce retention despite low wages, assuming that job attachment compensates for low pay. Does the value the workforce places on their roles and the services delivered to clients in fact immunise the sector against high attrition rates?

Two other aspects of the job satisfaction offer other opportunities for retention and recruitment. Flexibility and permanent employment were generally valued highly by workers. As to be expected, paid workers had carer commitments in their families: note though, that in addition those with responsibilities for children, 10% said that they cared for an older person or a person with a disability. Job flexibility, whilst undefined in the survey, is a relatively inexpensive way for managers to improve job satisfaction. Similarly it may be difficult for managers to offer permanent jobs due to funding uncertainties.

Cultural images of the sector and the nature of the work

How do people generally think about this sector?

There are powerful and contradictory ideas in our society about the community sector workforce. Often people value the significant role that workers play in supporting social inclusion for marginalised people and contributing to social capital for society at large. From our research it is clear that workers value what they do and they consider that the community, their clients and their employers also value their work. But these levels of 'value' have not translated to increased remuneration to match the high levels of skills, knowledge and personal qualities that workers demonstrate in their everyday roles.

Workers continue to work for less and supply their own labour voluntarily to make up for funding shortfalls so that their clients do not suffer. Policy and programs should not be built on an expectation that paid workers 'top up' client services with volunteer their labour to offset the impact of under-funding.

Given the looming issue of imminent retirement for a large part of the workforce, will younger workers be similarly satisfied with existing rates of remuneration? The community care workforce sample in this report currently includes very few workers aged 30 years and below. The most obvious answer to this question is no, they will not. If a younger workforce is to be attracted to this industry, new images and stories about work in the sector need to be built and communicated along with genuine changes to remuneration and career pathways that match skills and personal qualities.

Reliance on voluntary work

The low pay rates discussed above sit beside heavy reliance on voluntary labour. Pay rates for workers are even lower when unpaid voluntary hours are factored in: 25% of workers do unpaid work once a week or more and another 18% do unpaid work either monthly or a few times a year.

Managers who responded to the survey indicated that in their services alone (this is not the whole sector), over 2,000 volunteers provided a minimum of 5,580 voluntary hours each week, a wages saving of at least \$83,700 a week or 4 million dollars annually.

Given that there is widespread agreement that the nature of work in the sector is becoming increasingly complex, it is inappropriate for there to be an expectation of dependence on volunteers in situations which can be challenging and complex. This is not to question the attributes of volunteers but to warn against unfair impositions and ensure proper support for their roles.

Under-funding of the sector

This analysis points strongly to a critical underlying structural issue: the Community Care sector is under-funded. Significantly, the key source of funding for the sector is from a range of government departments. All but one of the organisations stated that they were funded by government programs; three quarters were funded under the HACC Program.⁷

For too long, volunteering has been overlooked in regular economic statistics. This invisibility undermines the importance and impact of volunteer work as contributing to the welfare and productivity of Australia, and the enormous social and civic contributions of volunteering. The result is a 'blind spot' when it comes to developing government policy.

"But perhaps it might be best to drop the term 'volunteer' altogether and rather use the term 'unpaid labour' because our economic systems to date seem unable to deal with a concept of 'labour' for which there is no financial remuneration for the work involved. If we called volunteering 'unpaid labour' then perhaps we might get more recognition."

Associate Professor Melanie Oppenheimer
Submission to the Productivity Commission's Not for Profit Sector Study, June 2009.
<http://www.pc.gov.au/projects/study/not-for-profit/submissions> accessed 3 August 2009

The most common reason workers identified for doing unpaid work was because they did not think they could do a good enough job within the allocated hours. Their perception, given that it comes from a 'coalface' understanding of client needs, raises questions about the adequacy of organisational funding to 'purchase' sufficient staff hours in order to deliver the needed level of services.

Although not addressed in this survey, there are also ongoing issues about the level of ongoing service funding and its adequacy in relation to inflationary costs.

⁷ As noted earlier, the Commonwealth Government is considering a report, which recommends that HACC become a direct Commonwealth program, removed from state administration. We are concerned about the prospect that such a process may not have regard for the reality that 'community care' extends wider than HACC, that our workforce covers disability as well and that this workforce cannot sensibly be split, and that care needs to be based on the client and the worker with the client, rather than shaped on the basis of central government systems.

APPENDIX 1: ADDITIONAL INFORMATION ON SURVEY SAMPLE

Types of Community Care Services Delivered from the sample organisations

Of the organisations providing HACC services:

- 9 deliver centre based day care, respite or social support;
- 6 deliver meals or food services;
- 5 deliver transport services, and
- 3 provide assessment, case management or client care coordination, although it is not clear from the survey question if agencies are funded case management services or if they provide assessment and client care coordination as an activity associated with other funded service types.
- 2 provide domestic assistance,
- 2 provide personal care, counselling-support, information and advocacy;
- 1 provides undertake home modification and/or home maintenance services.

One respondent indicated that they deliver none of the service types already mentioned, one agency also included brokerage as a service type their organisation provides.

Six organisations in the survey receive Disability Services Program funding through DADHC

- 3 provide is post-school options, employment services and/or transition to work,
- 2 provide employment services
- 2 provide day programs, community participation, advocacy and/or information services.
- 1 provides client care coordination, support coordination,
- 1 provides attendant care
- 1 provides respite services, after school and vacation support, drop in support, alternate family placement.

Five organisations receive funding from the Commonwealth Department of Health and Ageing:

- 3 provide Community Aged Care packages,
- 3 provide dementia support,
- 3 provide carer respite and/or carer resources
- 2 provide Extended Aged Care at Home, Extended Aged Care at Home (Dementia), palliative and/or Veterans' Home Care
- 1 provides Aged Care Assessment and/or advocacy, information and complaints

Some agencies also provide other service types with this commonwealth funding. These include:

- Centre based respite care and Day Care
- Community Visitors Scheme
- Sport and Recreation programs

APPENDIX 2: LESSONS FOR A STATE-WIDE SURVEY.

We didn't get everything right in this survey, and we offer these thoughts for a state-wide survey of the kind we have recommended as a precursor to further policy development.

1. There are limits to our survey in the voluntary nature of participation. We do not have information in answer to an underlying question "why I decline to/ decide to participate."
2. Privacy considerations prevented us from mining the data to get best possible results. A larger survey would offer greater prospect of retaining anonymity.
3. Some questions produced unexpected answers. See this from page 40:

Note: There is some uncertainty about the survey results as multiple responses appear to have been given by some, suggesting interpretation of the question as 'desire' rather than 'require'.

In an endeavour to reduce the overall size of the questionnaire (an important issue in getting questions answered well, two questions were reduced to one. This led to some confusion in analysis about the level of qualifications people entered the workforce with and the level of qualifications they currently hold, or difference between desire and require.

4. There is an issue of how long a survey: the issue in 3 arose because we tried to shrink the number of questions. We recommend consideration of survey technique involving simpler questionnaire for a wider sample followed by in-depth face to face interview of a smaller sample, which might in part be random, in part selected to understand classes of management and work, paid or unpaid.
5. There were different questions asked of the different cohorts of managers, paid workers and volunteers on some matters, which seemed to be sensible but which led to some difficulties in comparison.
6. The different scales of organisations have impacts we could not fully explore. We had answers from 'managers' including managers of very large and very small organisations.
7. We had good numbers of paid worker and volunteer participants but we could not know how these may have been clustered within larger organisations.
8. We learn from the results that there are several quite distinct classes of 'volunteer', in particular that one third of 'volunteer' (or unpaid worker) respondents were there because of obligations at Centrelink or TAFE. Such obligation is in no way to be disparaged, but it seems important to investigate reasons for volunteering clearly and to explore further to understand the different groups better.

APPENDIX 3: A FUNCTIONAL GLOSSARY

STANDARDS AND BENCHMARKS OF PERFORMANCE

ISO 9001 is an international standard. (The ISO is the International Organisation for Standardization) - The aim is to ensure that an organisation can consistently deliver the services or products that meet the quality requirements of its customers. The Standard consists of a set of general requirements for a quality management system, no matter what your organisation does, what its size, or whether it's in the private or public sector.

Key Performance Indicators, also known as KPI or Key Success Indicators (KSI), help an organisation define and measure progress toward organisational goals. Once an organisation has analysed its mission, identified all its stakeholders, and defined its goals, it needs a way to measure progress toward those goals. Key Performance Indicators are those measurements

ORGANISATIONS AND PROGRAMS

The **Illawarra Forum** is the regional peak and resource organisation for the non-government community services sector in the four local government areas (LGAs) of Wollongong, Shellharbour, Kiama and Shoalhaven).

DADHC - the NSW Department of Ageing, Disability and Home Care, provided much appreciated financial support to enable this report. Responsibility for the content of this document rests with the Illawarra Forum and may not reflect the views of DADHC or the NSW Government. The report's intention, rather, is to facilitate local action among local organisations, as well as wider policy consideration.

The **Home and Community Care (HACC) Program** is described by DADHC⁸ as a joint Australian, State and Territory Government initiative to help people in need. The NSW Department of Ageing, Disability and Home Care administers the HACC Program in NSW. The program helps frail older people and people with a disability who would otherwise be prematurely or inappropriately admitted to residential care to live independently in their own home.

An **Aged Care Assessment Team (ACAT)** is a person or persons authorized to assess potential clients for community and residential aged care services.

DSP refers to the Disability Services Program administered by DADHC.

TAFE NSW: Illawarra Institute (Illawarra TAFE) enrolls approximately 40,000 students per year and comprises of 14 campuses from Wollongong in the North, down the South Coast to Bega plus the Southern Highlands. In this report there is reference to Certificate III. Certificates range from level I to IV.⁹ Some certificate courses link different levels of skills within an occupation.

- Certificate I - Teach the foundation skills required in some industries and are often a part of a suite that you can progress through.
- Certificate II - Provide preparation for employment and/or apprenticeships. They may also include traineeships with an on-the-job component.
- Certificate III - Teach well-developed skills in a range of occupational areas, working under supervision.

⁸ <http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/hacc.htm> accessed 22 July 2009

⁹ <http://www.illawarra.tafensw.edu.au/page/applying---enrolling/awards-and-qualifications/> accessed 22 July 2009

- Certificate IV - Usually teach supervisory skills and advanced technical skills which may build upon skills acquired in the workplace, a Certificate III course or equivalent.

The Productivity Commission says¹⁰ it is "the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role, expressed simply, is to help governments make better policies in the long term interest of the Australian community." In 2009 the Productivity Commission is conducting a study of the 'Contributions of the Not For Profit Sector'.¹¹

The CS&H ISC (Community Sector and Health Industry Skills Council) describes itself¹² as "... the recognised national advisory body on the skill and workforce development requirements of these industries, and we are responding to the needs of the community services and health industries to lead the implementation of a 'demand driven' approach to training delivery. ...(T)he honest broker of information from enterprises and industry directly to government..." This report covers issues related to the interests of the CS&H ISC, from both a policy focus and also a concern to retain the capacity of local and community organisations to build systems that work effectively and efficiently, supporting local needs; what we seek to do may be useful pilots, we argue, for wider adoption.

WORKPLACE ROLES, CONCEPTS, ISSUES

Workplace Development

In our survey we defined workforce development as a range of strategies which support workplace learning and which look towards the future to improve career paths and support the organisation to build a sustainable and capable workforce.

Managers/Paid Workers/Volunteers

In our survey a respondent was

- a manager where they have delegated responsibility for the day to day management of an organisation
- a paid worker where they provide services under the direction of management
- a volunteer if provide services in an unpaid capacity

Fulltime, Part Time

The NSW Department of Industrial Relations defines full-time employees as working between 35 and 40 hours per week. Part-time employees work on a regular basis for less than full-time employees and receive pay and benefits on a pro-rata basis. Casual employees are engaged on an hourly or daily basis and are paid a loading to compensate for not receiving conditions such as paid public holidays or sick leave.¹³

Portability in this study refers to the ability for an employee, in the course of a career in the sector, to retain entitlements, such as different forms of leave, when moving to work in another organisation. In this report our concern is with movement within this sector.

Secondment is a way for employees to experience work in other organisations, and for organisations to learn from the temporary presence of staff from elsewhere as well as their own staff experiencing the work of others; a tool for both individual and organisational development. When

¹⁰ www.pc.gov.au (accessed 22 July 2009)

¹¹ The Illawarra Forum's submission to the Inquiry dated 1 June 2009 can be found with other submissions at <http://www.pc.gov.au/projects/study/not-for-profit/submissions> (or go to the home page www.pc.gov.au and follow links to current projects)

¹² (https://www.cshisc.com.au/index.php?option=com_content&task=view&id=15&Itemid=100 accessed 21 July)

¹³ http://www.industrialrelations.nsw.gov.au/Employers/Recruiting_staff/Awards/Basic_award_conditions.html (accessed 6/7/09)

an organisation second a worker from their original organisation for a specified period of time, the original organisation continues to pay the worker and accumulate their entitlements. The organisation seconding the worker reimburses the original organisation for these expenses. Negotiations are entered into with both organisations and the insurance provider to ensure effective workers compensation coverage.

Accreditation

Formal accreditation of organisations is according to international standards (ISO) State and Commonwealth Governments also require organisations to meet key performance indicators (KPIs). While there is a standard quality matrix across government departments, different departments develop different requirements for compliance. These can be substantial.

Induction and Orientation

There are different approaches, different uses in different organisations, of these two terms. Collectively they refer to the body of knowledge that a new arrival (paid or unpaid) needs to know to perform efficiently, effectively and cheerfully. Basically two areas of learning:

- administration, safety and compliance (issues of administration, of basic organisation systems and expectations, procedures, reporting, IT, etc) and
- ideals, objectives, care principles and work values.

External Training

Is training provided outside the organisation and may be formal through TAFE or other Registered Training Organisation or experiential through another less formal arrangement with another organisation or training provider.

In-House Training

In-house training' is used to identify training provided within the organisation on such matters as the implementation of policies and procedures, OH&S, or learning organisational systems such as information technology.

Group Training

Refers to training delivered to groups of people.

On-the-job Training

On-the-job training is training provided in the workplace whilst working and may utilize a number of strategies, including showing new staff members how they should carry out functions of their job, checking on progress or mentoring.

Workplace Training

Is used to refer to training provided in the workplace by an external provider and can include processes to assess competencies against tasks in the workplace.

Debriefing

For the purposes of this survey we define debriefing as specific session/s that are organised by the employer when there has been an incident, sometimes a critical incident, which raises safety issues or involves worker related stress

Performance Appraisal

Performance appraisal is a system of identifying strengths and weaknesses in performance and implementing strategies for improvement, including training and professional development.

Supervision

Supervision supports workers to improve their practice by providing counseling, personal support and development, including skills building.

Our Future in Community Care PROJECT TEAM:

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The Illawarra Forum is the regional peak and resource organisation for the non-government community services sector in the four local government areas (LGAs) of Wollongong, Shellharbour, Kiama and Shoalhaven.

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Community Services-Welfare offer campus-based and work-based training and assessment areas including home and community care, disabilities, community welfare, mental health, alcohol and other drugs, leisure and health, youth work, case management

Colleen Mandicós,
Manager, Aged Care and Disability Services
Catholic Care, Wollongong.

CatholicCare – formerly known as Centacare – is the social services agency of the Catholic Church in the Diocese of Wollongong. Its range of services includes aged and disability services, family services and children and youth services.

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Community Options Illawarra Inc provides case management and brokerage services for people with disabilities, frail aged people and their carers in the Wollongong, Shellharbour, Kiama and Shoalhaven LGA's.

Glenda Pearce – General Manager Interchange Illawarra Inc
and

Jake Pearson – Peer Support Manager Interchange Illawarra Inc

Interchange Illawarra is a community-based organisation that provides flexible respite support to carers of people who have a disability across the Wollongong, Shellharbour and Kiama LGA's. This support is provided by both volunteers and support workers in a variety of settings that best meet the needs of carers and people with a disability.

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