

DEVELOPING A COMPREHENSIVE HUMAN RESOURCE STRATEGY FOR THE COMMUNITY DISABILITY SERVICES SECTOR

Highlights from the Spring 2019 ACDS
Membership Engagement Sessions

DISCUSSION PAPER



**Alberta Council of
Disability Services**

Acknowledgements

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About ACDS

The Alberta Council of Disability Services (ACDS) is a not-for-profit network of Community Disability Services (CDS) sector organizations in Alberta. Established in 1973, our member-driven organization works closely with the Government of Alberta and other partners to strengthen the CDS sector to benefit Albertans with developmental disabilities.

Vision: People with disabilities live full lives as citizens supported by a vibrant network of services in their communities.

Mission: ACDS is the collective voice of our members, advancing excellence and best practices, advocating for effective public policy, and championing professional disability services.

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Introduction

Human resource issues have been the highest concern of community disability service providers for over two decades. The challenges include low wages, high staff turnover, lack of post-secondary programs to train new workers, lack of a formal certification system to assess staff competencies, and changing workplace demands and cultures. In part, some of these challenges stem from chronic underfunding compared to the real costs of providing community-based supports. Changing service models and higher expectations associated with increasingly diverse and complex range of individual support needs are also important contributors. The issues are further compounded by the ever more demanding and unpredictable landscape in which agencies find themselves.¹

These intricately linked concerns cannot be solved by a single solution, nor by government or service providers acting alone. A comprehensive, collaboratively-developed workforce strategy is needed to create an effective and sustainable response. The strategy must consider current opportunities and challenges, and the future implications of our complex and evolving environment.

The spring 2019 Membership Engagement Sessions invited member agencies to share their views on:

- What is the Community Disability Services (CDS) sector likely to look like over the next few years?
- What are the sources of these shifts (e.g., changing needs of individuals and scope of services; evolving political, economic and social environments; role of technology)?
- What are the implications of these shifts for our work and our workforce?
- What is our collective vision for the ideal workforce for the foreseeable future?

The intent of this first round of consultations on human resource issues was to lay the groundwork for a more robust and deeper conversation toward developing a comprehensive strategy to address the longstanding workforce issues in the CDS sector.

About 40% of ACDS members participated. Conversations were hosted once in each region from February to May 2019, and were attended by 74 senior staff, representing 50 organizations.²

This document summarizes what we know of the CDS sector workforce, current issues, emerging trends or expectations, our vision for the ideal workforce and workplaces, and implications of all these for the foreseeable future. It draws on the spring 2019 conversations as well as other research by ACDS to contextualize the conversations. Its purpose is to serve as a foundational document to guide the next round of conversations on this topic.

The next step is to conduct a deeper exploration of this topic with members, funders and other stakeholders beginning in fall 2019. The intent is to identify the key elements for articulating a vision and plan for a collective, proactive and comprehensive workforce strategy for ACDS members and the sector at large.

¹ ACDS. 2019. *Moving Forward: A Vision and Framework for Impact*. Calgary, AB: ACDS. The document was originally prepared as ACDS's submission to the Persons with Development Disabilities (PDD) Program Review Panel in December 2018.

² See Appendix for a full list of participants.

Current State: Workforce Profile and Issues

Workforce Profile

Female-dominated but less than before: An estimated 15,000 people are employed in the CDS sector; 80% identify as female.³ Although the sector remains female-dominated, the proportion of workers who identify as men has increased slightly over the past few years. Male workers are more likely to be found working in complex support needs positions where physical strength or security designations are an asset and where wages are likely to be higher.

Culturally-diverse: The CDS workforce has become increasingly culturally-diverse, especially over the past 15 years. The sector attracts new Canadians many who see the sector as a source of income while they wait to have their credentials accepted or while they train for other more lucrative jobs in health care, human services, or other sectors.

Frontline focused: Staff providing direct care constitute almost 90% of all employees in the sector; they include: Community Disability Service Workers (52%), Community Disability Service Practitioners (20%) Employment Specialists (1%), Complex Needs Support Workers (9%), and Team Leaders (6%).⁴

Multiple jobs: About 24% of employees work in more than one position in the same organization; 85% of staff holding multiple positions are in frontline roles. Many additional workers have jobs with other organizations to make ends meet.⁴

Young and tech-savvy: The average age of the workforce is about 43 years; almost two-thirds (63%) of the workforce is 44 years or younger.³ Younger workers expect access to emerging and updated technological tools and software in their workplace.

Educated: 75% of the total workforce holds post-secondary credentials. Community Disability Service Workers are less likely than all other workers to have post-secondary credentials; almost a third (32%) have completed high school or less as their highest level of education.³

New workers: Average length of employment in the sector is 5 years. Just over a third of the workers (35%) have been with their current organization for less than two years. Between one-third and one-half of all frontline workers have been with their current employer for less than two years.³

Low wages: Average hourly wage in the community disability sector is \$21.06. 53% of workers earn less than \$20.00/hr; 84% earn less than \$25.00/hr.³ Community Disability Service Workers earn, on average, \$16.81/hr to \$21.48/hr; Community Disability Service Practitioners earn, on average, \$19.39/hr to \$23.91/hr.⁴

High turnover: Turnover is highest in new workers and frontline positions. In 2017-18, average turnover in Community Disability Service Workers was 32%, and 51% in staff employed for less than one year.³

³ ACDS. ACDS 2017 Annual Workforce Survey. Calgary, AB.

⁴ ACDS. ACDS 2018 Workforce Skills and Training Survey. Calgary, AB.

Issues

Compensation: Government funding contracts have not provided wage increases since 2014. This is a critical issue since compensation for all community disability service positions has been consistently lower than counterparts in the public and private sectors.

The overall average hourly wage in 2017 for all occupations in non-profit social service organizations was \$23.59, compared to \$27.09 in the for-profit sector and \$37.64 in the public sector.⁵ In contrast, the average hourly wage across all positions in the CDS sector in 2017 was \$21.06.⁶

Occupations classified as care providers (NOC-44) in the public sector are the largest competitors for frontline care workers. In 2017, care providers in the public sector earned, on average, \$26.30/hr.⁶ In contrast, the average hourly wages of Community Disability Service Workers and Community Disability Service Practitioners, who constitute almost three-quarters of the community disability service sector workforce, ranged from \$16.81 to \$21.48 and \$19.39 to \$23.91 respectively.⁷

These numbers do not consider benefits, particularly access to retirement benefits, which generally tend to be better in the public and private sectors than in the non-profit sector. Nor do they reveal wage compression issues due to increases in minimum wage without concurrent increases in funding for raises for staff earning more than minimum wages.

Recruitment and retention: The intractable gap in compensation between CDS and other sectors results in significant recruitment and retention challenges and perennial high turnover in frontline positions where continuity of care is critical.⁸ Addressing these challenges is costly and stressful, diverting resources from effective service delivery. Funding contracts do not fully recognize the administrative costs of these challenges; the issue is compounded since funding for administrative expenses has been stagnant since 2008.

Recruitment and retention are also impacted by the Family Managed Supports (FMS) model which gives funding to families to recruit and manage staff to provide direct supports. Families are not required to follow the same accountability and reporting requirements or demonstrate compliance with service standards as funded agencies. The FMS model creates an unlevel playing field in the competitive market for skilled staff. Some organizations have had to use more volunteers to provide peripheral supports to free up funds for paid frontline staff.

“Wages. It boils down to wages. Until the wage gap is addressed, recruitment and retention will be ongoing issues.”

⁵ Alberta Ministry of Labour. March 2018. *2017 Alberta Wage and Salary Survey (AWSS)*. Edmonton, AB.

⁶ ACDS. ACDS 2017 Annual Workforce Survey. Calgary, AB.

⁷ ACDS. ACDS 2018 Workforce Skills and Training Survey. Calgary, AB.

⁸ Friedman, C. 2018. Direct support professionals and quality of life of people with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities*, 56(4), 234-250.

“In the past people chose the disability sector because of their values and passion for this work. Now people work in this sector because they need jobs. We can teach them the skills, but we can’t always teach people values.”

“Most post-secondary institutions have washed their hands of developing the next generation of workers. We are absorbing all the costs of education the workforce. No other industry has to hire workers and train them from scratch.”

Workforce qualifications and commitment: Low wages and demanding work have made the CDS sector less attractive to new workers, including post-secondary students. Since 2008, most post-secondary disability programs in Alberta have been discontinued due to low enrollments.

Students who are interested in human service work are choosing careers in human service sectors that pay better or are less demanding. Moreover, since most people typically do not understand the range and complexity of skills needed to support individuals with disabilities, people with false expectations or irrelevant experience are applying to work in disability services.

Some new workers are choosing to work in this sector not out of passion for disability services but for caregiving in general. Others are choosing this sector because they need a job. Many new workers in the sector, for example, are new immigrants whose educational credentials are not recognized, and they are choosing the sector because they need a job. Once they gain Canadian experience or complete the process to have their credentials assessed, they are highly likely to move on to their careers of choice.

While the sector’s employers appreciate the diverse backgrounds of their workforce, organizations bear the costs of teaching new workers foundational skills and the philosophical approaches guiding disability work. Sometimes these approaches or values may be misaligned: for example, people from nursing and personal care attendant backgrounds are trained in a care-focused model not a rights-based model of support.

From basic skills to specialized training in aging-related and complex needs supports, the range of required training has expanded significantly due to increase in scope of service and regulatory changes that necessitate additional mandatory training. Without the post-secondary infrastructure to prepare new workers, service providers bear the time and financial costs of training new workers.

Access to training varies greatly. Basic and mandatory training are readily available, often through train-the-trainer programs and local community partners; however, specialized training opportunities especially in rural areas or remote northern locations are unavailable or expensive. In addition, since staff are increasingly diverse in background, training mechanisms need to address cultural differences and language barriers.

On average, organizations spend almost \$400 on mandatory training per employee each year, which may not seem like a lot but quickly adds up considering the high turnover rate in many agencies and that these costs do not include wages and coverage costs while staff are at training.⁹ In some cases, there is

⁹ ACDS. ACDS 2018 Workforce Skills and Training Survey. Calgary, AB.

duplication of resources as staff who work for more than one agency often repeat their training (e.g., medications administration) with their different employers. The costs associated with providing core mandatory training in an environment of high turnover also limits available funding for professional development for longer term employees or for specialized training.

Overall, government funding pays 60% of total training costs in the sector, while agencies pick up the balance from their already-tight and restrictive budgets.⁹ The inadequate funding in the sector has created a vicious cycle of recruiting untrained and inexperienced workers, providing core training, and then losing to higher paying jobs once they are trained and qualified. Time to train staff impacts directly on service provision and quality of life of individuals in service. Staff who are not properly qualified can result in poor support, or create a safety risk for individuals, staff and the public.

Assessing credentials: The issue of staff qualifications is further complicated because service providers have difficulty assessing worker credentials as most new workers do not have formal disability service qualifications when they enter the field. In addition, different organizations and training bodies have different competency criteria. One solution is a formal professional designation for positions in the CDS sector supported by a certification system to assess and compare staff qualifications across organizations. Two existing tools that can support the implementation of this are: (i) the ACDS Workforce Classification System, which rigorously identifies the competencies for each community disability service position, and (ii) the worker certification process recently piloted by the Alberta Disability Workers Association (ADWA). Despite efforts by both ACDS and ADWA to increase service provider uptake of these tools, adoption across the sector is low, most likely because of the significant time and commitment required to engage in these processes.

Restrictive funding contracts: Several service providers stated that their funding contracts still require them to report on units or hours of support delivered rather than on outcomes achieved as is supposed to be the case. Many also have restrictions on how the funding can be used. This causes difficulty in how managers can allocate staffing resources as individuals' or the organization's needs change. It may also result in support models that are funding-centric rather than person-centred.

“We’re micromanaged through hourly-based funding. Service codes restrict what we do, restrict innovation, and don’t reflect people’s daily lives. It’s a myth that we’re funded to achieve outcomes; we’re funded and measured based on outputs.”

Changing Landscape

“Staff are expected to be a jack-of-all-trades, from mowing the lawn and fixing the dishwasher to keeping calm a highly agitated, violent, and medically complex client.”

Expanding scope of service: Over the past few years, there has been a marked increase in the number of individuals qualifying for supports and an increase in the cultural diversity of individuals requiring supports (specifically, new immigrants and individuals from Indigenous communities). There has also been a large growth in the proportion of individuals who need supports for multiple disabilities, aging, dementia, complex medical and mental health issues. This trend is not just a short-term phenomenon: FSCD already has increasing proportions of children, including children as young as two and three years old, who have complex supports needs; these children forecast the future profile of individuals in PDD.

The bundle of issues presented by many in this new group of individuals is broader, more intense, and requires much higher skills than those needed to support the traditional “typical” individual with just developmental disabilities. Some also require culturally-sensitive and other different support approaches (e.g., care and containment vs. inclusion; protectionist vs. right-based approaches), each with different implications for risk management.

The expanding scope of services puts significantly higher demands on current providers and their staff, many who lack the extent of training required in what has become a new norm of clientele. These demands, which are particularly acute in rural areas lacking specialized medical or mental health services, compromise the quality of services received by individuals, increase the risk to safety of individuals, staff and public, and create burnout in staff. Safety is of particular concern since many challenging crises occur at night when most support systems (other than emergency care or police) are unavailable.

The recently completed PDD review identified program eligibility as a key issue, whereby individuals who need PDD supports are excluded from the program due to current eligibility limits (e.g., individuals with FASD or those who are on the autism spectrum and who have functional limitations but whose IQ levels exceed the PDD cut-off of 70).¹⁰ The government has announced that a Disability Advisory Forum will be established this fall to explore eligibility issues.¹¹ While service providers favour the expansion of supports to those who need them, this will have significant implications for an already-stretched and under-resourced workforce.

¹⁰ Alberta. 2019, July. Views of the Persons with Developmental Disabilities (PDD) program: Successes, Challenges and Opportunities. Report of the PDD Review Panel. <https://open.alberta.ca/dataset/5c626c03-6a66-4162-a07f-e8d0aca31571/resource/98ca15b5-2ff4-41fa-9b79-e46744e92d7c/download/pdd-review-engagement-report-standard-language-july-2019.pdf>

¹¹ Alberta. 2019, July 30. “PDD review panel report released.” News Release. <https://www.alberta.ca/release.cfm?xID=64252A93F228F-FDC4-3049-5E925808CB5FAFFB>

It is also unclear what the future prevalence of disability will be, however, there is a common expectation that the disability spectrum will look different than it does now. On the one hand, many disabilities can now be detected via prenatal testing, leading to the termination of some pregnancies especially those involving severe disabilities. Such tests will easily expand in the near future to detect several disabilities. On the other hand, medical advances are making survival possible for significantly premature babies, even those with disabilities. Furthermore, changing environmental conditions or toxins may result in new disabilities being created. Any of these scenarios will change the known spectrum and prevalence of disabilities.

Changing definitions: Revising eligibility criteria is one way of re-defining who may be considered developmentally disabled from a legislative and program perspective. There are other ways in which definitions may be changing.

One important discussion is around how impact is defined. Although there is a growing literature as well as growing conversations about “social” impact, and the “social” return on investment of public spending, in practical terms, this conversation still surfaces assumptions that public spending needs to be justified using financial metrics (e.g., spending X dollars on PDD saves Y dollars in health care or the justice system). Nonetheless, the growing strength of the social impact discourse is a part of the changing landscape and should not be ignored as we strategize for the near future.

Another definition that is changing is about inclusion. A growing number of families and individuals have a broader and deeper conceptualization of what inclusion should look like. This is operationalized through their higher expectations of the range and types of supports they want from agencies.

Higher expectations: An increasing proportion of families and individuals have experience with the relatively generous FSCD program and with inclusive education, and thus have higher standards of what inclusion looks like and how support should be provided. In rural areas where service provider choices are relatively limited, and families have experience managing their own supports via the FMS funding model, expectations are particularly high.

Families are also more involved in designing and assessing the quality of care than before. Younger families especially tend to be more sophisticated in their level and frequency of political advocacy, which is positive for the sector. In some instances, however, advocacy efforts are not undertaken in collaboration with service providers and, thus, may work at cross-purposes or in opposition to the interests of service providers.

“Never before has our system been asked to serve people from birth to death, with so many complexities involved.”

“In the past, we supported individuals and educated families. Now we support the whole family unit.”

“The PDD system has not been modified to reflect current realities. We’ve been tweaking a model that was built in an earlier time, with simpler and more clearly defined demands. Our world is much more complicated now.”

Families with increasing needs: Not only has there been an increase in the proportion of individuals needing supports related to aging, dementia, addiction and mental health issues, but an increasing number of families also appear to need supports around these issues. In some cases, agencies have decided to stop providing service to certain individuals (whom they could easily support) because they cannot support the families. Staff do not have the training or experience to provide family supports.

Changing expectations of workers: Workforce literature suggests that, increasingly, individuals will work in multiple organizations over their careers, with multiple careers over their lifespan. Employers will need to design their HR structures and career tracks to optimize growth and commitment.

Younger workers, aged 25 to 34 years, have been a steadily growing portion of the sector’s new workforce.¹² They expect the workplace to provide them with the latest technology, greater work-life balance, more flexibility in how and when they work, supportive coworkers and supervisors, a team environment, and more mentorship and professional development opportunities at the workplace. They are also more likely to have a stronger human rights and social justice focus. This has implications for traditional workplace policies and cultures, as well as potential opportunities for capitalizing on the strengths of this emerging workforce.

Leadership and governance gap: While the profile of the entry-level workforce is changing, so is the face at the top levels of organizations. Large numbers of senior executives are retiring, and the next level of managers are less inclined to aim for these top positions, either because they too are close to retirement age or have seen the huge demands that these positions entail. Non-profits and charities, in general, are also having difficulty recruiting board members, especially from younger or more diverse backgrounds.

The churn in top positions has created a leadership gap and a succession issue. Several top positions are being filled by people from outside the disability sector; the benefits and challenges of this have yet to be assessed.

Parallel and duplicate systems: Like all Albertans, individuals with disabilities come into contact with and are impacted by a wide range of programs, services, and systems such as income supports, health, justice, housing and seniors. For individuals with complex needs, the intersections with certain systems and policy areas are more frequent, intense, and demanding than most other individuals in service. Not only are the costs of these transactional interactions borne by PDD, but

¹² ACDS. ACDS 2017 Annual Workforce Survey. Calgary, AB.

several supports that should be available to people with disabilities through existing programs in other systems are being provided by duplicate processes within PDD, creating, in effect, a “parallel system.” Instead of workers in the healthcare system, for example, learning how to meet the needs of patients with developmental disabilities, workers in the CDS sector must learn how to continue to provide supports while individuals receive care for their health-related needs. Community disability service workers must also learn how to navigate programs offered by a wide range of departments and systems, each with their own access criteria, processes, and service protocols. Because of system design issues, many of these demands on the community disability service workforce are unrealistic and unsustainable, further adding to the risk of compromised care for individuals and burnout in staff.

Technological advances: Technology is ubiquitous: it affects what we do, how and where we work and how we relate to coworkers, stakeholders and the community at large. It shapes how services are delivered (e.g., use of video monitoring and smart home designs vs. having staff on site; online vs. in-person counselling sessions; greater opportunities to allow individuals to age in place through technology-mediated home adaptations, etc.), documented, monitored and accounted for (e.g., client files updated in real-time, document-sharing via online and mobile platforms, etc.).

As technology increasingly penetrates all aspects of organizational processes, it brings HR challenges and opportunities. Staff at all levels must be comfortable with and quick at adapting to new technological tools and methods. It means increased time and costs for training, but also more diverse opportunities for training (e.g., online courses) and greater efficiencies in work processes. Some roles (e.g., overnight-awake) have become less important while new roles (e.g., inhouse tech support) have had to be created or expanded. Technology also allows staff in some roles to work more hours in other roles (e.g., surveillance systems allow staff to work during the day and take on overnight-sleep jobs). Organizational decisionmakers have had to become knowledgeable about how to mitigate technology-related risks such as privacy threats and ways to enhance cybersecurity.

Changing political and economic realities: The new UCP government has clearly expressed its intention to eliminate provincial debt without raising taxes by addressing public spending.¹³ It has also signaled that it may expand the PDD program by extending the eligibility criteria for adults with developmental disabilities or by creating a comprehensive program which includes FSCD, FASD Networks and Brain Injury Initiative.¹⁴ Either scenario has implications for the range of supports that agencies will have to consider providing, and the workforce skills and capacity to do so.

“We need a different model of support, with more cross-ministry collaboration and involvement in designing and delivering wrap-around services. Currently, PDD is paying for services that should be the responsibility of other ministries, such as health”

¹³ Alberta. 2019, May 7. “Blue Ribbon Panel to assess Alberta’s finances.” News Release. <https://www.alberta.ca/blue-ribbon-panel-on-finances.aspx>

¹⁴ UCP. 2019. “Alberta Strong and Free. Policy Platform.” <https://www.albertastrongandfree.ca/wp-content/uploads/2019/04/Alberta-Strong-and-Free-Platform-1.pdf>

The Ideal Future State

Ideal Workforce

“Be the change we want to see.”

- Large pool of qualified and diverse applicants
- Well-trained with sector-related values, education, and standardized foundational skills and competencies upon which to build additional specializations
- Fits with the organization’s values, service niche and speciality areas
- Technologically savvy, creative, nimble, adaptable and able to think and work in new ways
- Younger, so they can handle the physical demands of frontline work, make a long-term commitment to the sector and tap into their desire to make a difference
- Experienced, at a mid-managerial level who can mentor younger workers and step up to replace senior leaders close to retirement

Ideal Workplace

- Well-resourced to provide competitive, inflation-indexed and flexible compensation plans (including wellness accounts, retirement plans, pensions, etc.) and perks, professional development opportunities, work-life balance and a healthy work culture
- Well-defined and flexible career ladder options, for example parallel ladders for those who want to advance from frontline roles but do not wish to assume supervisory duties
- Agile, nimble, risk tolerant for the purposes of encouraging innovation and experimentation

Ideal Workforce Development System

- Provides standardized, relevant and well-recognized training to develop foundational skills and competencies, and offers upgrading for additional specializations
- Close collaboration with employers for a program that combines classroom training with short-term practicums and longer-term on-the-job training similar to apprenticeship models

Implications

Defined vs. broad scope of practice: Assuming that service scope keeps expanding rather than narrowing, at some point, for most organizations, the ability to provide an increasingly expanding scope of service becomes unsustainable and also potentially risky for staff and individuals accessing services. There are three potential options available to organizations to continue providing responsible and quality supports when that happens:

- (1) identify a niche to operate in and specialize in it
- (2) provide a comprehensive range of services with a broad range of specialized work teams
- (3) come together with one or more other organizations that have complementary expertise

The first option is a viable choice for small organizations, or those with a passion for or expertise in a particular service niche, or those located in places where other agencies exist to fill other niche gaps. A few of our member agencies have already committed to this specialist approach. However, this option does present challenges, for example in rural areas, where few service providers operate and where the range of supports needed might already be inadequate; in these instances, some individuals may be forced to go out of their communities to receive supports.

The second option is a viable choice for organizations that already have significant breadth and depth of experience in the various support types. This model is already being exercised by most of the large organizations in the sector that provide so-called 24/7/365 supports. However, even these organizations have to consider whether the range of supports they have traditionally provided to individuals with a primary (and largely only) diagnosis of developmental disabilities adequately prepares them for supporting individuals with multiple diagnoses and much more complex support needs. From the perspective of the individual requiring supports, being able to get these from one organization has potential benefits (e.g., the ease of being at a “one-stop shop”) as well as challenges (e.g., lack of fit between the organization’s approach and the individual’s preference).

The third option can be achieved in various ways ranging from loose networks or collaborations to share resources or expertise focused on the time-bound needs of a particular individual, to formal partnerships with a long timeframe in mind, to permanent restructuring across two or more organizations via mergers or acquisitions. At least one PDD regional administration tried to convince service providers to consider the last model some years ago to improve administrative efficiency; although the attempt was not successful due to the top-down approach, organizations should not rule out this option as a viable model.

Multiple and more specialized workforces: Just as it has become increasingly difficult for any single organization to provide the entire range of supports needed by the changing scope of the PDD clientele, there is a growing sense that it is no longer accurate to think of the CDS sector’s frontline workforce as a single unit, with all direct support staff requiring the same breadth and depth of skills to do the work. Instead we may need to think of the sector’s workforce as at least two (or more) units: one with the foundational skills to support individuals only with developmental disabilities, and another (or more) with more extensive and specialized skills to support individuals with developmental disabilities combined with FASD, and complex or ultra-complex needs related to mental health, violence or addiction issues.

One of the difficulties with this approach, though, is that many individuals cannot be easily divided into having “simple” or “complex” needs. Even as individuals with “simple needs” age their support requirements may become increasingly complex. Given that continuity of care is important and is typically achieved by having the same staff person or team provide supports over the course of an individual’s lifespan, one of the considerations would be how to structure staff teams within and across organizations so that these changing needs are addressed over time.

Specialized practice models and service standards: Changing scope of practice has at least two implications:

- (1) the need for well-articulated practice models and frameworks
- (2) the development of service standards in areas that have typically not been part of disability services

Specialized niches and standards may also include direct supports for families as well as for families using FMS.

An important consideration for any new or revised practice models or standards would be how to ensure that those imported from other human service approaches are appropriately designed for disability supports. For example, although trauma-informed care and harm reduction models, which originate in addictions treatment, are being used increasingly in supports for individuals with complex needs, their application in the disability sector has not been thoroughly examined, deliberately designed or consistent; they are examples of how several recent responses have been implemented to address immediate, urgent and ad hoc service needs.

Workforce development: Just as practice models and standards have to be more deliberately and thoughtfully designed or revised, so too do workforce development approaches for generalist and specialized positions. This includes designing a thorough curriculum, creating distinct staffing profiles and easily applied competency-based classification and certification systems, and having mechanisms for ongoing professional development. It also includes exploring how to creatively apply models from other industries, for example a journeyman model from the trades where individuals receive foundational training in an educational setting followed with on-the-job knowledge transfer via an apprenticeship or similar relationship.

Workforce development efforts conducted within and agencies alone are not sufficient for the sustainability of the sector. These efforts must go hand-in-hand with advocating for post-secondary programs specifically targeted for frontline work, and for wages tied to education level as is the case in the childcare system.

Leadership and governance: The changing landscape requires top leaders and boards to have skills and knowledge that have less to do with disabilities and more to do with business, financial and legal acumen, collaboration and relationship building, critical and strategic thinking, risk management, project management and fund development. They will also need to have a clear value-based focus and know how to navigate multiple systems.

Prudent stewardship of public funds in uncertain and shifting landscapes has implications for the skills, knowledge and social capital required of board members. Many organizations are finding it increasingly difficult to fill board positions as older members retire and younger individuals look for different ways in which to contribute to civil society. The conversation around workforce skills and capacities needs to include the types of strengths we need in board members and how these can be cultivated.

Organizational legal form: Organizational leaders and boards will have to examine how their legal forms (for-profit, non-profit, charitable status, etc.) enhance or impede their agility and ability to innovate and experiment in a rapidly changing landscape. Regulatory environments for each legal structure create different benefits and challenges. For example, although the requirement that a non-profit be governed by a voluntary board provides an enhanced level of legitimacy and trust that the organization operates in the interest of community rather than for personal benefit, a board may also limit an organization's entrepreneurship and level of risk-taking, both of which may be advantageous in changing and uncertain environments. Perhaps mechanisms other than governance boards can help achieve the same outcome.

System design and integration: It is both inefficient and unfeasible for PDD to continue to morph itself as a parallel or duplicate system; this seems to have occurred as a result of ad hoc, incremental changes in reaction to the needs of specific cases rather than as a thoughtfully reasoned policy response or strategic program decision. One possible reason for this may be because PDD funding is individually-allocated rather than program-allocated; the latter would focus attention at the program or system-level, and base responses on current as well as projected needs.

There is undoubtedly a need to have better cross-ministry integration with PDD since the workforce within PDD, irrespective of increasing training and specialization, cannot reasonably and safely respond to the growing scope of support needs. A system-level analysis would reveal multiple points of intersection and potential solutions for effective responses.

One model of effective cross-ministry integration which is frequently cited by service providers is the FASD Network. Such networks may include the sharing of resources and expertise to support individuals as well as an integrated cross-system case-management system. Another potential scenario is that what we now think of as PDD becomes more focused as a program of supports for individuals with multiple, significant and complex challenges, while relatively higher-functioning individuals (with only a “simple” diagnosis of developmental disability) are sufficiently supported by generic (non-disability specialized) community-based supports. Both scenarios have implications for the workforce.

Regardless of what scenario unfolds, some questions that will need to be addressed in a conversation about systems design and integration include: How would funding be determined and allocated? What are the philosophical implications when different systems have different response approaches or values (medical care vs. inclusion rights, etc.)? How do workforces inter-relate in cross-ministry models? Would people with disabilities and their needs get lost in larger integrated systems vs. getting the focused attention they currently do in a dedicated program?

Research and data: Sound and sustainable decisions, whether at the organizational level or program/system level need to be based on hard evidence and proven practices, while maintaining room for innovation and experimentation where the latter do not exist.

There are a number of research and data sources that are either not fully or effectively accessed. They include: data that government collects via various programs and systems which may be relevant to but not effectively tapped for or by the disability sector; data that organizations have on the individuals they support and their workforces; data or research related to population and health-needs projections, and other social and economic trends; and, data and research on practice models, evaluation and impact assessment, etc.

Government relations and policy advocacy: The funding regime is at the core of many of the human resource issues faced by the CDS sector. This includes not only how much funding is provided but also the regulatory restrictions and requirements related to the funding contracts.

- (1) Funding levels need to reflect the true costs of service delivery, which includes wages and benefits commensurate with the skills and demands of the job, training costs for ongoing skills enhancement and human resource and related administrative supports.
- (2) Contracts need to provide agencies with full flexibility to make sound, sustainable decisions rather than micromanaging them on how they run their organizations.
- (3) Accountability mechanisms and goals should focus on progress toward client outcomes, not on minute and frequent accounting of outputs.

Currently, there is a good window of opportunity to engage with the government. With a new provincial government and many MLAs with limited or no knowledge of the CDS sector, agency leaders have a chance to teach politicians about our field, our expertise, and the impact of our work. Many may not know that agencies exist to support the government’s ability to fulfil its legislated obligation to ensure

individuals with developmental disabilities receive supports to live and participate with dignity and choice in the community; that is, they may not fully understand the critical role community disability services play as partners in helping government achieve its mandate. Agencies, thus, have an opportunity and an obligation to increase their government relations and policy advocacy activities as the new government gets settled in, and especially as it begins deliberating potential changes to the PDD system. These conversations will be especially well-heeded if they can share how the sector's work is aligned with government's agenda and values, e.g., effective stewardship of public funds, minimizing demands on other costlier systems such as health, mental health and justice, etc.

Government relations are not only important at the provincial level within the ministry responsible for the PDD program (although this is the most critical audience as the primary funder and regulator of disability services), but also with other provincial ministries with whom the lives of individuals with developmental disabilities intersect (health, mental health, justice, etc.). In addition, as governments in general tend to shift responsibilities to local levels, relationships with municipalities must also be fostered as is already necessary for issues such as affordable housing, transportation, etc.

Next Steps

This document provides the foundation to launch the next level of discussion in fall 2019 to identify the key elements in a comprehensive human resource strategy. These discussions will include: ACDS members via Memberships Engagement Sessions; ACDS Human Resources Coordinating Committee members; ACDS Board members; senior public administrators such as Regional Directors, Assistant Deputy Ministers, and other leaders as identified by ACDS and the Ministry of Community Services (Disability, Inclusion and Access Division); other relevant stakeholders and experts.

The final outcome of these consultations will be a comprehensive human resource strategy for the disability sector with a strategic plan for ACDS to support members to reach this future state.

APPENDIX

Engagement Sessions Participants

Six regional engagement sessions were hosted from February to May 2019, with 74 sector leaders, representing 50 member organizations. Participation rate was highest from members in North Central/North East and North West (almost 100%), followed by South (75%), Edmonton and Central (25- 30%) and lowest in Calgary (13%). The low participation in Calgary may have been due to the timing of the engagement session the very next day after the provincial election.

In total, around 40% of ACDS member organizations participated in the Spring 2019 sessions.

Region	Participating Organizations	
Calgary April 17, 2019 3 participants 3 organizations	Calgary Society of Community Opportunities Vantage Enterprises	Vecova Centre for Disability Services and Research
Central April 18, 2019 10 participants 5 organizations	Bea Fisher Centre Camrose Assoc. for Community Living Drumheller and Region Transition Society	Employment Placement and Support Services Parkland Community Living and Supports Society
Edmonton April 24, 2019 16 participants 11 organizations	Catholic Social Services Chrysalis Edmonton Integrated Services EmployAbilities Excel Society Leduc Community Living Association	Mira Facilitation Centre MirkaCare Services Inc. Robin Hood Association Transitions YWCA Edmonton
North Central and North East February 22, 2019 18 participants 9 organizations	Blue Heron Support Services Association Blue Heron Vocational Training - Athabasca Dove Centre ECHO Society Lac LaBiche Disability Services	St. Paul Abilities Network (SPAN) Vegreville Association for Living in Dignity (VALID) Westlock Independence Network WJS Canada
North West Feb 19, 2019 12 participants 7 organizations	Accredited Supportive Living Services Blue Heron Support Services Canadian Mental Health Association, NW Centerpoint Facilitation	Community Life Acceptance Independence Resources Inc. (CLAIR) Marigold Signature Support Services
South March 21, 2019 15 participants 15 organizations	Alfred Egan Home Ability Resource Centre Crowsnest Community Support Society Edenbridge Family Services Inc. Health Care Homes Independent Counselling enterprises Lethbridge Family Services Peak Vocational and Support Services Inc.	Quest Support Services Inc. REDI Enterprises Rehoboth Christian Ministries Southern Alberta Individualized Planning Association (SAIPA) Southern Alberta Community Living Association (SACLA) Southern Alberta Society for the Handicapped (SASH) Taber Special Needs



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