The Vocational and Rehabilitation Research Institute
3304-33rd Street NW
Calgary, AB T2L 2A6
Phone: (403) 284-1121
Fax (403) 284-1146
www.vrri.org
vrri@telus.net

Trends, Issues and Best Practices: A Synthesis of the Labour Market Intelligence About the Rehabilitation Field in Alberta

Prepared by

Nilima Sonpal-Valias

for

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Trends, Issues and Best Practices: A Synthesis of the Labour Market Intelligence About the Rehabilitation Field in Alberta

PART ONE: INTRODUCTION

The Vocational and Rehabilitation Research Institute (VRRI) is pleased to submit to the Alberta Association of Rehabilitation Centres (AARC) and the WORKFORCE 2010 committees a report synthesizing the findings from the research activities undertaken by VRRI to gather the labour market intelligence about the rehabilitation field in Alberta. Full reports from all these activities have been submitted previously to AARC; this document is an overall synthesis of findings.

Vision and Goals of WORKFORCE 2010

The vision of WORKFORCE 2010 is that, by the year 2010, the Province of Alberta will have a well-trained and stable community rehabilitation workforce recognized as professionals providing valued services. To achieve this vision, the goal of WORKFORCE 2010 is to provide a comprehensive solution to current and long-term human resource challenges in services to person with developmental disabilities through a series of integrated strategies, including:

- Developing and disseminating labour market intelligence.
- Providing employers with industry-specific human resource management training and planning tools.
- Developing the groundwork for implementing a successful human resources social marketing campaign.
- Building community capacity for forging alliances and sharing best practices and principles.

Labour Market Research Projects

In summer 2004, the VRRI was commissioned by AARC to undertake the following activities:

- Describe the demographic profile of the **current and future consumers** of rehabilitation services, including expectations of supports and services required.
- Describe the demographic profile of the **current and future workforce** in the rehabilitation field, including reasons why people enter/stay in this field, student enrolment trends, trends in the roles and skills required in the rehabilitation workforce, and employers' perspectives of the primary human resource challenges and issues facing the field.
- Identify the key characteristics of **exemplary employers**, i.e., those who adopt innovative and effective human resource management principles and practices that make them "employers of choice" as industry leaders.

To achieve the above objectives, the VRRI conducted a series of primary and secondary research activities from summer 2004 to spring 2005:

- **Review of Canadian labour market literature and statistics** to identify: workforce trends, demographics of persons with disabilities, characteristics of not-for-profit, generational differences in workplace values and motivators, characteristics and practices of exemplary employers, and workplace issues specific to the rehabilitation sector (VRRI, 2004).

- **Review of student enrolment** in rehabilitation and related programs in Alberta's colleges and universities for 1998/99 to 2003/04 to identify enrolment trends and implications for rehabilitation services (VRRI, March 2005).
- **Survey of community-based employers providing services to persons with developmental disabilities in Alberta** to determine the profile of the current workforce in rehabilitation services, project future workforce trends, and obtain employers' perspectives of workforce issues, challenges and strategies for improvement (VRRI, April 2005).
- **Analysis of consumer databases** maintained by Persons with Developmental Disabilities (PDD) and Family Supports for Children with Disabilities (FSCD), to determine the demographic profile of current consumers with developmental disabilities in adult and children services, and to project future trends (VRRI, June(1) 2005).
- **Summary of focus group discussions with family members of individuals receiving adult and children services** to determine their vision of quality services and supports, and their expectations for service providers and direct workers (VRRI, June(2) 2005).

Additional activities undertaken by VRRI for WORKFORCE 2010 include:

- Developing a list of key **employee-level HR variables** that employers would find useful in order to monitor their workforce and plan effective HR strategies
- Designing an **Employer of Choice Self-Assessment Tool** to provide organizations with a simple gauge to measure how well they implement leading human resource recruitment and retention practices and strategies

METHODOLOGY

A combination of qualitative and quantitative approaches was undertaken to gather the required labour market intelligence. VRRI worked closely with the WORKFORCE 2010 steering and advisory committees to identify the most effective research strategies, develop data collection tools and determine implementation timelines. In all cases, VRRI provided the methodological advice and technical expertise while WORKFORCE 2010 steering committee members made the final decisions regarding the research approach based on consideration of their specific information needs, project scope and other complementary activities occurring as part of this large initiative.

The next section provides a brief overview of how the information was collected for each of the research activities. Detailed information on research design and limitations, and in-depth discussion of findings may be obtained from the full reports.

Research Design

Review of Canadian labour market literature and statistics

Information on national and provincial demographic trends and the demographics of persons with disabilities was obtained from Statistics Canada as well as Government of Alberta web-sites and print materials, e.g., Alberta Human Resources and Employment, Alberta Finance, the Premier's Council on the Status of Persons with Disabilities, etc. Information on human resource practices and trends was obtained largely from scholarly literature in human resource management and rehabilitation, with specific attention to research pertinent to Alberta. Sources were identified through web-site searches and searches of common research databases/indices of scholarly articles and books. The full report of this review (VRRI, 2004), was submitted to AARC in October 2004.

Review of post-secondary student enrolment

Enrolment in rehabilitation and related programs in Alberta's colleges and universities was obtained from Alberta Advanced Education's Enrolment Reporting System web-site during December 2004 and

January 2005. At the time of writing the report (VRRI, March 2005), full data was available for school year up to 2002/03. The report discusses enrolment trends for 1998/99 to 2002/03.

Survey of community-based rehabilitation employers

All PDD-funded community-based agencies providing services to adults with developmental disabilities were sent a mail-in survey to determine the profile of the current workforce in rehabilitation services, project future workforce trends, and obtain employers' perspectives of workforce issues, challenges and strategies for improvement. A total of 176 agencies were included in the sampling frame; 28 of these also received FSCD funding to provide services to children with developmental disabilities. Surveys were sent in mid-October 2004 and accepted till mid-January 2005. Responses were received from a representative sample of 76 organizations (43% response rate). A comprehensive report of qualitative and quantitative findings was submitted to AARC in spring 2005 (VRRI, April 2005).

Analysis of consumer databases

Consumer data maintained by PDD and FSCD were obtained in late 2004 to determine the demographic profile of current consumers with developmental disabilities in adult and children services, and to project future trends (VRRI, June(1) 2005). All PDD data was current up to May 2004 and included consumers in direct operations and community-based services; FSCD data was current up to October 2004. Statistics Canada data was also accessed to help make future projections based on present distributions. All projections are based on simple extrapolations of current distributions; more complex mathematical models are possible, but were considered to be beyond the scope of the current project.

Summary of family focus groups

To collect information on family members' vision and expectations of quality services and the nature of future roles of support workers and services, AARC facilitated a series of focus groups in Lethbridge, Wainwright and Medicine Hat with family members of individuals receiving adult and children services. Raw data, representing the views of 29 family members, was analyzed and reported in a summary document (VRRI, June(2) 2005).

Statement Of Data Quality

Data for this report was collected using primary and secondary methods. Primary methods included focus groups with family members and survey of service providers. Twenty-nine family members participated in the focus groups. Since the intent of the focus groups was to obtain a broad, exploratory understanding of families' perspectives (rather than a comprehensive or representative picture), the information is considered to be sufficient for the purposes of this project.

In contrast, the survey of service providers needed to be representative and generalizable. To meet this requirement, the survey was sent to all service providers identified by PDD (100% population survey), and resulted in a 43% response rate. Analysis of the variability in the demographics of the respondents (location, organizational size, types of services, etc.) suggests that there is no apparent response bias; thus, it is reasonable to conclude that the sample is representative, and that the findings may be generalized to PDD-funded service providers across the province. However, since the sample is self-selected (i.e., only those who chose to respond to the survey did so), potential response bias, based on unknown factors influencing self-selection, should not be ruled out. As well, the results are not generalizable to organizations providing services to children with disabilities, even though some of the latter were included in the sample. With respect to the quantitative data about the workforce, it should be noted that a number of respondents provided "best guesses" rather than accurate numbers. Also, there is a potential inflation in the numbers reported due to overlap in staffing across agencies.

Secondary sources of data collection included scholarly literature, unpublished research pertinent to the rehabilitation field in Alberta (e.g., research conducted by service providers, but not published in peer-review journals), government web-sites and government databases. While the secondary sources

are all considered to be credible and accurate, no attempts were made to confirm this assumption through additional activities, i.e., the information was accepted as presented. In instances where the information in the PDD and FSCD databases was not clear, knowledgeable individuals in PDD and FSCD were contacted for clarification.

The overall results reported in this document should be treated as exploratory, recognizing the fact that this is the first comprehensive initiative of its kind for the rehabilitation field in Alberta. The data and its presentation are sufficiently valid given the scope of this project, i.e., to paint a broad picture of the current and future trends in the rehabilitation industry's workforce, consumer base and employer practices—topics which have hitherto relied mostly on anecdotal information.

PART TWO: CURRENT AND FUTURE CONSUMERS

CANADIAN DEMOGRAPHICS

According to 2004 data, Canada has close to 32 million people, of whom, just over 166,000 are people with developmental disabilities (about 0.7% of the population). Of these, 46,000 are children under 15, and 120,000 are people aged 15 and over (2001 data excluding Yukon, Northwest Territories and Nunavut). At all age levels (Table 2.1), there is a greater proportion of males than females with developmental disabilities; this ratio is higher for children under 15 (70% are males) compared to persons aged 15 and over (62% are males).

Table 2.1: People with developmental disabilities in Canada by age and sex

	Age (years)							
Gender	5–9	10-14	15-24	25-44	45-64	65-74	75 +	Total
Male	16,380	15,530	15,420	22,270	28,340	1,850	5,910	105,700
Female	5,650	8,610	10,590	16,010	16,430	2,160	1,160	60,610
TOTAL	22,040	24,140	26,010	38,280	44,770	4,010	7,070	166,320
PERCENT	13.3%	14.5%	15.6%	23.0%	26.9%	2.4%	4.3%	100%

Source: Statistics Canada, 2001

PROVINCIAL DEMOGRAPHICS

Alberta has 3.2 million people, of whom, 11,550 are persons with developmental disabilities aged 15 and over (Statistics Canada, 2001). In 2004, PDD provided services to 8,812 adults with developmental disabilities and FSCD reported 3,891 individuals receiving services with developmental conditions as the primary disability. Thus, the prevalence of developmental disabilities in Alberta is estimated at 0.40%.

Adults With Developmental Disabilities

A total of 8,812 people (i.e., 0.27% of Albertans) received PDD-funded services in 2004/05, compared to 8,484 in 2002/03 and 8,696 in 2003/04, a total increase of 3.9% over two years (PDD, 2004). Factors contributing to this increase include population growth and aging parents less able to provide the level of support they have previously provided to family members.

At year end March 31, 2004, PDD's average monthly cost per person was $4,621, 4.8% higher than the previous year. Higher salary and infrastructure costs and the increasingly complex needs of individuals with developmental disabilities as they age were among the main factors contributing to this increase.

The most used PDD services are community access (used by 58% of consumers) and overnight staffed residential support (37%), followed by employment preparation (25%) and support home living (23%).

There are distinct age-related trends in some of the types of services used (Table 2.2). Compared to other age groups:

- a larger proportion of people 18 to 35 years old use employment preparation
- a larger proportion of people 26 to 45 years old use employment placement
- a larger proportion of people 36 to 55 years old use community access
- a larger proportion of people over 45 years old use overnight staffed residential support
- a larger proportion of people over 55 years old use professional supports

Table 2.2: Use of PDD services by age of individuals in 2004

Age (years)	PDD Services N, (%)								
	Overnight staffed	Support home	Support home living	Out of home respite	Emp. preparation	Emp. placement	Community access	Professional support	Total
Under 18	46 (21.4)	47 (21.9)	29 (13.5)	44 (20.5)	29 (13.5)	12 (5.6)	70 (32.6)	14 (6.5)	215
18–25	581 (27.8)	410 (19.6)	454 (21.7)	413 (19.8)	745 (35.7)	372 (17.8)	1,151 (55.1)	212 (10.1)	2,089
26–35	654 (32.4)	437 (21.6)	509 (25.2)	244 (12.1)	613 (30.3)	480 (23.8)	1,156 (57.2)	184 (9.1)	2,020
36–45	849 (41.1)	353 (17.1)	500 (24.2)	164 (7.9)	492 (23.8)	471 (22.8)	1,284 (62.2)	283 (13.7)	2,064
46–55	618 (45.2)	226 (16.5)	324 (23.7)	99 (7.2)	249 (18.2)	216 (15.8)	865 (63.2)	225 (16.4)	1,368
Over 55	483 (45.7)	148 (14.0)	215 (20.4)	106 (10.0)	78 (7.4)	54 (5.1)	556 (52.7)	263 (24.9)	1,056
TOTAL	3,231	1,621	2,031	1,070	2,206	1,604	5,082	1,181	8,812
PERCENT	36.7	18.4	23.0	12.1	25.0	18.2	57.7	13.4	100.0

Source: PDD database, 2004; service categories determined by PDD

Age and regional distributions of PDD consumers show that 70% are 18 to 45 years old, and that the largest proportions of individuals receiving PDD services are in Edmonton (29%), Calgary (28%) and Central (21%) regions (Table 2.3). Central region has a relatively older population of PDD consumers, with 38% of individuals over 45 (compared to provincial average of 27.5%), while Northwest has a relatively young population, with 33% of individuals under 26 (compared to provincial average of 26%).

Table 2.3: Regional distribution by age of individuals receiving PDD services in 2004

Age	Region N, (%)						
	Calgary	Central	Edmonton	Northeast	Northwest	South	Total
Under 18 years	65 (2.7)	32 (1.8)	61 (2.3)	16 (3.0)	10 (2.7)	31 (2.9)	215 (2.4)
18–25 years	607 (24.9)	312 (17.1)	688 (26.5)	123 (23.3)	112 (30.4)	247 (23.5)	2,089 (23.7)
26–35 years	557 (22.8)	309 (16.9)	688 (26.5)	129 (24.5)	106 (28.8)	231 (22.0)	2,020 (22.9)
36–45 years	570 (23.4)	435 (23.8)	613 (23.4)	135 (25.6)	79 (21.5)	232 (22.0)	2,064 (23.4)
46–55 years	350 (14.3)	362 (19.8)	362 (13.9)	67 (12.7)	39 (10.6)	188 (17.9)	1,368 (15.5)
Over 55 years	291 (11.9)	377 (18.4)	186 (7.2)	57 (10.8)	22 (6.0)	123 (11.7)	1,056 (12.0)
TOTAL	2,440	1,827	2,598	527	368	1,052	8,812
PERCENT	27.7	20.7	29.5	6.0	4.2	11.9	100.0

Source: PDD database, 2004

Over half the PDD consumers are male (56%) and 44% are female (Table 2.4). Compared to the provincial average, Central has the highest proportion of males receiving PDD services (59%), while Northwest has the lowest (52%).

Table 2.4: Regional breakdown by gender of individuals receiving PDD services in 2004

Gender	Region N, (%)						
	Calgary	Central	Edmonton	Northeast	Northwest	South	Total
Male	1,349 (55.3)	1,085 (59.4)	1,477 (56.9)	290 (55.0)	190 (51.6)	580 (55.1)	4,971 (56.4)
Female	1,091 (44.7)	742 (40.6)	1,121 (43.1)	237 (45.0)	178 (48.4)	472 (44.9)	3,841 (43.6)
TOTAL	2,440	1,827	2,598	527	368	1,052	8,812
PERCENT	27.7	20.7	29.5	6.0	4.2	11.9	100.0

Source: PDD database, 2004

Children With Developmental Disabilities

According to 2004 data, 6,156 persons under 18 receive services from FSCD. Of these, 3,891 (63%) have developmental conditions as their primary disability, and approximately 31% of children with developmental disabilities are reported to have a primary diagnosis of Autism or Atypical Autism.

Sixty percent of FSCD consumers are 10 years or younger, and 40% are aged 11 to 17 years. Calgary (32%) and Edmonton (31%) have the largest proportions of FSCD consumers (Table 5). Compared to the provincial average, Northwest and Northeast regions have higher proportions of consumers 10 years or younger (63% and 69% respectively), while Central, East Central and Edmonton regions have higher proportions of consumers aged 11 to 17 years (42% to 43.5%).

Table 2.5: Regional breakdown by age of individuals receiving FSCD services in 2004

Age (years)	Region N, (%)										
	SW	SE	Calgary and area	Central	East Central	Edmonton and area	North Central	NW	NE	Métis Settlements	Total
0–5	99 (24.4)	55 (32.0)	512 (26.2)	153 (23.0)	71 (24.9)	388 (20.5)	108 (28.8)	100 (34.1)	31 (33.3)	5 (29.4)	1,522 (24.7)
6–10	142 (35.1)	49 (28.5)	725 (37.1)	221 (33.2)	90 (31.6)	707 (37.3)	110 (29.3)	86 (29.4)	33 (35.5)	8 (47.1)	2,171 (35.3)
11–17	164 (40.5)	68 (39.5)	716 (36.6)	290 (43.5)	124 (43.5)	797 (42.3)	157 (41.8)	106 (37.2)	29 (31.2)	4 (23.5)	2,455 (39.9)
Over 17	0 (0)	0 (0)	1 (0.1)	2 (0.3)	0 (0)	4 (0.2)	0 (0)	1 (0.3)	0 (0)	0 (0)	8 (0.1)
TOTAL	405	172	1,954	666	285	1,896	375	293	93	17	6,156
PERCENT	6.6	2.8	31.7	10.8	4.6	30.8	6.1	4.8	1.5	0.3	100.0

Source: FSCD database, 2004

Almost two-thirds of FSCD consumers are males (65%) and 35% are female (Table 2.6). This is considerably higher than the current gender ratio for PDD consumers (56% male, 44% female), and could signal a future need for more male-specific services. Compared to the provincial average, Northeast region has the highest proportion of males (82%) while Northwest has the highest proportion of females (42%).

Table 2.6: Regional breakdown by gender of individuals receiving FSCD services in 2004

Gender	Region N, (%)										
	SW	SE	Calgary and area	Central	East Central	Edmonton and area	North Central	NW	NE	Métis Settlements	Total
Male	258 (63.7)	108 (62.8)	1,284 (65.7)	420 (63.1)	175 (61.4)	1,243 (65.6)	233 (62.1)	169 (57.7)	76 (81.7)	8 (47.1)	3,974 (64.6)
Female	147 (36.3)	64 (37.2)	670 (34.3)	246 (36.9)	110 (38.6)	653 (34.4)	142 (37.9)	124 (42.3)	17 (18.3)	9 (52.9)	2,182 (35.4)
TOTAL	405	172	1,954	666	285	1,896	375	293	93	17	6,156
PERCENT	6.6	2.8	31.7	10.8	4.6	30.8	6.1	4.8	1.5	0.3	100.0

Source: FSCD database, 2004

PROJECTIONS FOR INDIVIDUALS IN PDD AND FSCD SERVICES IN 2010

Projections for individuals expected to be receiving PDD and FSCD services in 2010 were calculated based on simple extrapolations of known distributions from 2004 PDD and FSCD consumer data, combined with 2001 and (where available) 2004 Statistics Canada data. Variables included in the calculation of projections include: Alberta's population compared to Canada's, Alberta's average population growth rate and distribution of persons with developmental disabilities in Alberta vs. Canada. Details of calculations can be found in the full report (VRRI, June 2005). The following is a highlight of the projections for the year 2010:

- Alberta's population is estimated to be 3.6 million in 2010, based on an annual growth rate of 1.6%, which is similar to the average growth rate for Alberta from 2000 to 2004.
- About 6,700 children with disabilities under 18 are expected to require FSCD services in 2010 compared to 6,156 in 2004, a projected increase of 8.8% over 6 years. Of these 6,700 individuals, 4,300 are expected to be male and about 2,400 are expected to be female.
- About 3,600 of those accessing FSCD services in 2010 are expected to be children under 15 with developmental disabilities. Assuming that the age distributions between children with disabilities and children with developmental disabilities are similar, we can expect that about 4,200 children with developmental disabilities under 18 will access FSCD services in 2010. Of these, about 2,700 are expected to be male, and 1,500 are expected to be female.
- Of the children with a primary diagnosis of developmental disabilities who were receiving services from FSCD in 2004, approximately 1,300 are expected to advance into PDD services by 2010. Of these, about 800 will be males and 500 will be females.
- There are expected to be about 11,000 persons with developmental disabilities accessing PDD services in 2010 compared to 8,812 in 2004, a projected increase of 24.2% over 6 years. Of these individuals, 6,150 are expected to be male and 4,850 female.
- Compared to 2004, there will be a higher proportion of individuals in PDD services in 2010 aged over 45 years old, a reflection of the general trend of an aging population.

SUPPORTS AND SERVICE EXPECTATIONS

This section describes some of the types of supports and services that individuals with developmental disabilities and their families will require or expect. The information is based on data reported by Statistics Canada and primary research activities undertaken by VRRI.

Supports for Canadians with Disabilities

Canada has 3.4 million people with disabilities aged 15 and over (Statistics Canada, 2001). Two-thirds of Canada's disabled population (ages 15 and over) report receiving all the assistance they need with daily

activities. Of the remaining one-third, individuals with the most severe disabilities report having the highest amount of unmet needs.

The majority of individuals receive assistance from (in rank order): family members, friends and neighbours, agencies and other sources. People with more severe disabilities are more likely to receive assistance with everyday activities from family members residing with the individual. Individuals who do not receive adequate help attribute it to: a lack of financial resources, family and friends are not available, the individual has no insurance coverage, or the person does not know how to access help.

One-quarter of children with disabilities require assistance with everyday activities (primarily with personal care), with assistance most often provided by the mother. Approximately one-fifth of parents caring for a child with disabilities require some assistance with household duties. One-third of these parents report that they receive all of the support that they need, mostly from family members, friends or neighbours. Forty-four percent of parents caring for children with disabilities also receive help from government organizations or agencies (the majority of these families care for children with severe disabilities). Among factors contributing to parents not receiving adequate assistance are: cost, family and friends not available, services and programs not available, or the family is not certain where to access assistance.

Service and Support Needs in Alberta

General population trends suggest that an aging population, continued migration to Alberta and more ethnic diversity will all result in a need for greater investment in public services, especially health care and education. As well, there will be a greater need for childcare, personal care and eldercare services.

Perspectives of service providers

These trends are echoed by service providers who responded to the WORKFORCE 2010 employer survey. The majority of respondents indicated that, in the next few years, they expect an increase in the number of male consumers, individuals with complex needs, Fetal Alcohol Syndrome (FAS), dual diagnoses of developmental disability and mental health issues, and older persons requiring age-appropriate services in response to their support needs. As well, they expect more people from First Nations and Métis communities and people from other cultural/ethnic backgrounds. Service providers also expect to see more expectant mothers with developmental disabilities, and more persons who have problems with drugs or criminal activity.

Based on these observations, service providers predict that, over the next 5-10 years, consumers and family members will expect:

- A continued focus on inclusion
- At least the same level of individualized services with current funding, with an emphasis on educational and employment support services
- More community partnerships and culturally sensitive supports
- Greater involvement of consumers and family members in advocating for quality services and independent living supports
- More accountability from service providers and government funders

Perspectives of family members

In early 2005, focus groups were held with family members of individuals receiving services to identify their vision of quality of life, and the support needs required to achieve this vision. Twenty-nine family

members of adults and children with developmental disabilities participated in these discussions. The following is a summary of their perspectives.

Vision for family member's current and future life

The majority of participants envision their family member with a disability as leading a life and striving for goals that are as similar to those of the general population as possible. Aspects of a "normal" life include: forming genuine, lasting friendships; moving out to live with friends; being given the independence to make life choices; being involved in meaningful activities such as paid employment, volunteer work, or post-secondary education; and, generally, becoming a contributing member of the community. It was acknowledged that most individuals would require supports to help them accomplish their goals, but people want these supports to be in the community rather than in segregated settings.

While participants recognize that their family members' disabilities sometimes pose concerns, they do not wish their family members to "live in the diagnosis" and be limited in their potential due to their disability. However, some people did see that the need for supports for some individuals is greater than others, and this was especially noted for aging individuals whose family members expect the need for personal care to increase as their family member aged.

Respondents believe that it is the government's responsibility to provide opportunities for individuals to be successful, and that, as a society, it is important to move towards a value-based rather than an achievement-based standard for quality of living. They feel that quality of life should be measured by the degree of community involvement and socialization rather than productivity and workplace accomplishments. Family members of children with disabilities feel that these values should also be reflected in the school system.

Challenges to the vision of quality of life

The main obstacle identified by respondents to their family member realizing the type of future envisioned for them is overcoming barriers to community inclusion. The following barriers were all seen as limiting the envisioned quality of life: lack of acceptance and community knowledge about individuals with disabilities; lack of resources (financial and human) to facilitate community involvement; and, lack of opportunities for persons with disabilities to live independently, to obtain the jobs they want or to share in similar life experiences as their peers.

Supports and services necessary to overcome these challenges

Most family members feel that more community involvement and greater efforts to enable people to live normal lives are the best ways to ensure individuals with disabilities enjoy high qualities of life. Such efforts include: providing opportunities for post secondary education; having adequate financial resources and reliable transportation to participate in the community; being given similar responsibilities and expectations to their peers without disabilities that were within their limits; creating roles and environments that foster community inclusion; and, emphasizing accomplishments rather than focusing on shortcomings.

Characteristics and qualifications of a support provider

Family members' expectations of support providers can be categorized into those that pertain to personal values and attitudes, basic or specialized training, and approach.

Personal values and attitudes: Many of the personal attributes that respondents want to see from support providers include: showing initiative; having good time management and financial skills, and the ability to teach these skills to the individuals; being innovative, creative, motivated to seek new information and willing to try new practices; having the ability to be a mediator and facilitator on behalf of the individual; and having good interpersonal and communication skills. Respondents feel it is critical to have support workers who like their jobs, have a genuine desire to help the individuals they

work with, treat individuals with respect, compassion and warmth, are ethical, caring, and willing to collaborate with individuals, family members and other service providers in the community to overcome challenges, and who live well-rounded personal lives.

Basic or specialized training: The primary skills that respondents expect support providers to have are rehabilitation related education and training, which demonstrates an understanding of specific disabilities. This includes at least a diploma, as well as certification such as CPR and First Aid training. For some, it is also important that the support worker have the skills to attend to the physical needs of the individual and needs related to specific disabilities; for others, it is important for workers to have general knowledge on topics such as nutrition and community involvement.

Approach: Family members want to see a client-centred approach from service providers that not only focuses on the individual receiving services but also allows for input from family members. They also want workers to have consistency, structure and routine in their approach.

Attracting workers to the rehabilitation field

One suggestion from family members to attract people to this field is through the education system, for example, having well developed programs from as early as junior high school, or program placements and work experience in the rehabilitation field in high school. It was emphasized that promoting the field from an early age would help attract individuals to work in the field, especially since many currently see the field as a temporary job rather than a career choice.

Another suggestion is to increase the status of the field, e.g., by assigning a professional designation, increasing the profile of individuals with disabilities in society via community inclusion, and raising compensation levels. The onus was put on the government to provide for wage increases as it was indicated that the current pay levels are not sufficient to support a family.

SUMMARY

Projections based on simple extrapolations of current distributions suggest that there may be as many as 11,000 adults with developmental disabilities in PDD services and 4,200 children with developmental disabilities in FSCD services in 2010, compared to 8,812 adults and 3,891 children with developmental disabilities in these services in 2004. The research suggests some definite trends in the types of consumers that will be expecting services in the next 5-10 years. An aging population, increasing ethnic and cultural diversity, and a rise in the number of individuals with complex needs (including FAS and dual diagnosis) all indicate that the rehabilitation workforce will not only need to be well trained but also more skilled in supporting inclusion, working collaboratively with self-advocates and family members, and being innovative and creative in providing services. As well, consumers and family members will demand improved standards for quality service and greater accountability from both service providers and government funders.

PART THREE: CURRENT AND FUTURE WORKFORCE

LABOUR MARKET TRENDS IN CANADA

Among the 30 member countries of the Organization for Economic Cooperation and Development (OECD), Canada has the highest proportion of adults that have completed post-secondary education. The fastest growing groups in the Canadian workforce are women, visible minorities, Aboriginal people and people with disabilities. By 2011, immigration will account for all net labour force growth in Canada. As well, in the next decade, there is expected to be a dramatic growth in the number of workers between 55 and 69 years old as baby boomers age.

OVERVIEW OF THE LABOUR MARKET IN ALBERTA

Alberta's population of 3.2 million people is growing at the rate of 1.3% per year primarily due to immigration. Of immigrants to Alberta who are 15 years and older, just over half (51%) have either university degrees or have completed some university education. At 61.4%, Alberta also has a higher percentage of people in the workforce with post-secondary education than most other provinces and territories. From 2005 to 2010, the 55 to 64 year age group will see the largest average growth rate in Alberta compared to other groups at 4.8%. People over age 45 will account for almost 67% of the provincial population growth between 2005 and 2010. As well, Alberta's Aboriginal population will continue to grow at a faster rate than the non-Aboriginal population, and will be a key source of skilled labour in northern regions (AHRE, 2005).

The unemployment rate in Alberta in June 2005 was 3.8%, the lowest in Canada compared to 6.7% nation-wide, with 70% of the labour force living in Edmonton and Calgary regions. The average hourly wage in Alberta in the same month was $19.51 compared to $18.44 in June 2004 (AHRE, 2005). In 2004, Alberta's economy grew by 3.7%, with predictions that the province will have one of Canada's fastest growing economies over the next decade. From June 2004 to June 2005, 13,600 new positions were added in professional, scientific and technical services, 10,800 in transportation and warehousing services, and 10,000 in health care and social services sector (Statistics Canada, June 2005). Although employment growth is expected to slow down in 2004 to 2008 compared to the previous 5 years, industries that are expected to see above average growth over the next few years include: utilities, health care and social services, manufacturing and professional, scientific and technical services. It is expected that nearly one-fifth of all new jobs will go to university graduates, and that middle/senior management positions will account for about 10% of new employment (AHRE, 2004).

Skill Shortages

In 2004, 24 out of 53 occupational groups in Alberta had unemployment rates of less than 3.0%, indicating a skill shortage. Skill shortages in health related occupations in 2004 were extremely critical, with unemployment at 0.9% (AHRE, 2005). In the coming years, Alberta is expected to have one of the highest levels of skill shortages in the country, due in part to the flourishing economy and the sizable portion of the workforce that will be approaching retirement age. While all sectors will be vulnerable, health care and social services are expected be the most affected.

The Government of Alberta has identified three key strategies in response to the anticipated skill shortages: increase the skill and knowledge level of Albertans; increase the mobility of labour in Canada; and increase the number of immigrants to Alberta. There are several potential labour sources that continue to face barriers to full participation in the labour market: aboriginals, youth, older workers, persons with disabilities, and immigrants. Government initiatives to decrease barriers to labour market participation by these groups will be essential to meet the labour demands of the next decade. However, with the competing attractions of jobs in professional, scientific and technical

services, the manufacturing sector and the rapidly growing technology industry, attracting people to health care and social service related occupations will continue to be a challenge.

Skill Shortages in the Rehabilitation Sector

Projections based on population surveys of community-based rehabilitation services in Alberta (e.g., VRRI, April 2005; VRRI, July 2005) suggest that there may be as many as 15,000 positions funded to provide services to persons with disabilities in Alberta, however, since labour market statistics are not collected for this sector specifically, it is difficult to estimate the actual number of employees. In 2004, there was 32.3% turnover in community-based rehabilitation services, compared to 6.9% in government operated rehabilitation services (VRRI, July 2005). Recruitment and retention of skilled workers is one of the key human resource issues raised by service providers in this sector. Factors that have contributed to the acute skill shortage include:

- Increased demand for staff in community-based services due to de-institutionalization, i.e., the movement of people with disabilities from institutional to community facilities.
- A flourishing economy, especially with the rise in oil and gas prices, that has led to the increasing availability of better paying jobs in other industries as well as in other health-related positions.
- Inability to recruit staff due to low wages and benefits, high caseloads and demanding work conditions in direct support positions, and significant compensation discrepancies between community-based services and government operated facilities.

THE REHABILITATION WORKFORCE IN ALBERTA

As part of the data collection initiatives for the WORKFORCE 2010 project, all PDD-funded community-based agencies providing services to adults with developmental disabilities were sent a mail-in survey to determine the profile of the current workforce in rehabilitation services, project future workforce trends, and obtain employers' perspectives of workforce issues, challenges and strategies for improvement. Out of 176 agencies invited to participate in the survey, 76 PDD-funded organizations (43%) responded; 28 of these also received FSCD funding to provide services to children with developmental disabilities. The following section reports the key findings from this survey. For a complete report of findings and details of the research methodology, please see VRRI (April 2005).

Characteristics of the Survey Sample

A total of 76 respondents (43%) returned the survey, providing information for 70 unique organizations representing 83 service locations.[1] The sample employed 7,446 employees and provided services to 4,877 adults and 761 children with disabilities (note that these numbers are potentially inflated due to overlap across agencies). Twenty-one organizations served both adults and children with developmental disabilities. Sixty-nine organizations provided information about their operating model: not-for-profit societies (81.2%), not-for-profit businesses (8.7%) and for-profit organizations (10.1%); 92.8% were not unionized and 7.2% were fully or partially unionized. Services were located in all PDD regions and in all FSCD regions (except Métis Settlements), and were distributed across diverse settings: 37.3% were located in places with over 100,000 people, 15.7% in places with 50,001 to 100,000 people, 17.6% in places with 10,001 to 50,000 people and 31.4% in areas with 10,000 people or less. Between them, the respondents provided the full range of services funded by PDD and/or FSCD. Tables 3.1a and 3.1b summarize the regional distribution of respondents and the number of individuals served.

[1] Unless indicated otherwise, all data are analyzed based on a statistical "N" of **70 cases**.

Table 3.1a: Regional distribution of PDD-funded respondents (including branch offices)

PDD region	Services for adults		Individuals served [1]	
	Frequency	%	Frequency	%
Calgary	21	25.3	1,754	36.0
Central	16	19.3	727	14.9
Edmonton	15	18.1	1,304	26.7
Northeast	10	12.0	406	8.3
Northwest	9	10.8	306	6.3
South	12	14.5	380	7.8
TOTAL	83	100	4,877	100
Valid/Missing cases	69/0		62/7	

Note 1: Actual numbers may be inflated due to possible overlap between agencies.

Table 3.1b: Regional distribution of FSCD-funded respondents (including branch offices)

FSCD region	Services for children		Individuals served [1]	
	Frequency	%	Frequency	%
Calgary	6	20.7	277	36.4
Central	5	17.2	160	21.0
East Central	2	6.9	0	0
North Central	4	13.8	15	2.0
Edmonton	4	13.8	212	27.9
Métis	0	0	0	0
Northeast	3	10.3	42	5.5
Northwest	2	6.9	42	5.5
Southeast	2	6.9	0	0
Southwest	1	3.5	13	1.7
TOTAL	29	100	761	100
Valid/Missing cases	22/0		18/4	

Note 1: Actual numbers may be inflated due to possible overlap between agencies.

Provincial Data

Respondents were requested to provide demographic information on their current PDD-funded and/or FSCD-funded workforce. **Current workforce** was defined as "everyone in your organization who is funded by PDD and/or FSCD to provide services to persons with disabilities." This included:

- *all* direct service (frontline) workers and administrative support, supervisory and managerial staff
- *all* full-time, part-time, temporary, variable, relief and casual staff
- *all* people employed or contracted for services such as supportive room-mate/neighbours, support home providers, contract job coaches and others providing proprietor-based services.

Respondents were instructed to count the actual number of *people* (not full-time equivalents); for support-home models where more than one person may be involved in providing service (e.g., a husband/wife team), respondents were instructed to count this as *one* unit.

There is potential inflation in the total number of employees reported due to overlap across agencies; for sample results and population estimates, attention should be paid to the *percentages* across

categories rather than *frequency* counts. It is probably more accurate to think of the data in terms of number of *positions* rather than number of *people* providing services.

Total number of employees

Based on the above definition of the current workforce, the sample reported a total of 7,446 employees, of which 11.9% (884) were funded by sources other than PDD or FSCD and 88.1% (6,562) were funded by either PDD and/or FSCD as follows: 72.7% (5,413) funded by PDD only, 8.4% (623) by FSCD only and 7.0% (526) by both PDD and FSCD (Table 3.2). Thus, the data contains information on 5,939 PDD-funded employees and 1,149 FSCD-funded employees. In addition, 16 respondents reported employing a total of 54 persons with developmental disabilities in their workforce.

Table 3.2: Total number of employees, by funding source

Funding source	Sample frequency [1]	Population estimate [2]	%
PDD only	5,413	12,395	72.7
FSCD only	623	1,425	8.4
PDD and FSCD	526	1,205	7.1
Other sources	884	2,025	11.9
TOTAL	7,446	17,050	100
Valid/Missing cases	70/0		

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio 2.29. Numbers rounded off.

Population estimates based on the survey results suggest that there could be as many as 15,000 employees funded by PDD and/or FSCD, and an additional 2,000 employees funded by other sources, in community-based PDD-funded services in Alberta. Within the former, there could be as many as 13,600 PDD-funded workers and 2,630 FSCD-funded workers in total.

Regional distribution

Table 3.3a shows the regional breakdown of the total PDD-funded workforce (i.e., those funded by PDD only and those funded by both PDD *and* FSCD).The number of unique organizations reporting from each region is also listed (i.e., not including branch offices); agencies receiving funding from and providing services in more than one region are listed under "Multiple regions".

Table 3.3a: Regional distribution of PDD-funded employees

PDD region	Services		Sample data		Population estimate [2]	
	Frequency	%	Frequency [1]	%	Frequency [1]	%
Calgary	19	27.5	1,562	26.3	3,200	23.6
Central	13	18.8	1,266	21.3	3,025	22.3
Edmonton	12	17.4	1,196	20.1	3,490	25.7
Northeast	6	8.7	392	6.6	715	5.3
Northwest	4	5.8	278	4.7	625	4.6
South	11	15.9	481	8.1	1,135	8.4
Multiple regions	4	5.8	764	12.9	1,375	10.1
TOTAL	69	100	5,939	100	13,600	100
Valid/Missing cases	69/0		69/0			

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Population estimates suggest that 23.6% of the PDD-funded employees are located in the Calgary region, 22.3% in Central region, 25.7% in Edmonton, 8.4% in South, 5.3% in Northeast, 4.6% in Northwest and 10.1% in organizations spread across multiple regions. This distribution is slightly different from what one might expect from the regional distribution of individuals receiving PDD-funded services (VRRI, June(1) 2005). According to PDD's consumer database, 27.7% of individuals are in the Calgary region, 20.7% in Central, 29.5% in Edmonton, 11.9% in South, 6.0% in Northeast and 4.2% in the Northwest. Part of the discrepancy could be due to the fact that data from organizations serving multiple regions had to be amalgamated rather than being allocated to the respective regions.

Table 3.3b shows the regional breakdown of the total FSCD-funded workforce (i.e., those funded by FSCD only and those funded by both PDD *and* FSCD) within PDD-funded services. The number of unique organizations reporting from each region is also listed (i.e., not including branch offices); agencies receiving funding from and providing services in more than one region are listed under "Multiple regions". Population estimates suggest that Central region has the largest proportion (45.3%) of FSCD-funded workers in PDD-funded services in the province, followed by 16.4% in Edmonton; 17.5% of the workers are located in PDD-funded services located in multiple regions.

Table 3.3b: Regional distribution of FSCD-funded employees within PDD-funded services

FSCD region	Services		Sample data		Population estimate [2]	
	Frequency	%	Frequency [1]	%	Frequency [1]	%
Calgary	4	18.2	97	8.4	200	7.6
Central	4	18.2	497	43.2	1,190	45.3
East Central	1	4.5	6	0.5	15	0.6
North Central	3	13.6	39	3.4	95	3.6
Edmonton	2	9.1	148	12.9	430	16.4
Northeast	2	9.1	12	1.0	22	0.8
Northwest	2	9.1	54	4.7	122	4.6
Southeast	1	4.5	30	2.6	70	2.7
Southwest	1	4.5	10	0.9	24	1.0
Multiple regions	2	9.1	256	22.3	460	17.5
TOTAL	22	100	1,149	100	2,630	100
Valid/Missing cases	22/0		22/0			

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Gender distribution

Sample distribution and population estimates show that 82.6% of the PDD-funded employees and 81.9% of FSCD-funded employees are women (Table 3.4). Although the gender difference is comparable between PDD and FSCD-funded employees, when workers who are only PDD-funded are compared to those who are only FSCD-funded, the gender difference becomes slightly more evident: 16.9% of the former are men compared to 21.4% of the latter (data not in table). The reason for this difference is not evident, however, it is positive to find more male staff given that the proportion of male individuals receiving services is higher than females, particularly in children with developmental disabilities.

Table 3.4: Gender distribution of employees, by funding source

Gender	PDD-funded employees			FSCD-funded employees		
	Sample frequency [1]	Population estimate [2]	%	Sample frequency [1]	Population estimate [2]	%
Males	979	2,240	16.5	208	480	18.1
Females	4,909	11,240	82.6	941	2,150	81.9
Missing data	51	120	0.9	0	0	0
TOTAL	5,939	13,600	100	1,149	2,630	100
Valid/Missing cases	68/1			22/0		

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio 2.29. Numbers rounded off.

Age distribution

The FSCD-funded workforce appears to be slightly younger than the PDD-funded workforce (Table 3.5), with a greater proportion 25 years or younger (25.1% compared to16.1%) and a lower proportion 36 to 55 years old (35.3% compared to 44.2%). For both sub-samples, the largest proportion of workers is 26 to 35 years old (26.8% for PDD; 28.1% for FSCD).

Table 3.5: Age distribution of employees, by funding source

Age	PDD-funded employees			FSCD-funded employees		
	Sample frequency [1]	Population estimate [2]	%	Sample frequency [1]	Population estimate [2]	%
Under 18 years	7	20	0.1	8	20	0.8
18 – 25 years	952	2,180	16.0	278	640	24.3
26 – 35 years	1,588	3,640	26.8	323	740	28.1
36 – 45 years	1,450	3,320	24.4	216	490	18.6
46 – 55 years	1,176	2,690	19.8	194	440	16.7
Over 55 years	517	1,180	8.7	130	300	11.4
Missing data	249	570	4.2	0	0	0
TOTAL	5,939	13,600	100	1,149	2,630	100
Valid/Missing cases	66/3			22/0		

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio 2.29. Numbers rounded off.

Service providers have suspected that the workforce has a bimodal age distribution, i.e., there is a large number of workers in the lowest and in the older age categories, compared to a lower number in the middle age groups. The data above supports this suspicion to some degree. For both sub-samples, there is a large proportion of workers 35 years or younger (42.9% for PDD; 53.2% for FSCD), and a large proportion of workers over 45 (28.5% for PDD; 28.1% for FSCD), compared to those 36 to 45 years old (24.4% for PDD; 18.6% for FSCD).

This bimodal distribution could have implications for leadership development and succession planning in organizations. Those who are over 45 years old are most likely to be in leadership positions and also most likely to be thinking of retiring or decreasing their work hours over the next 10 to 20 years. They will be turning to those currently 36 to 45 years old to take over these positions. Given that there are relatively fewer people in the latter category and that not all of them will have leadership aspirations or capabilities, organizations may be faced with the challenge of filling leadership position in the next 10 years or so. This concern was expressed by a number of respondents to the survey.

Distribution by position

The largest proportion of workers in both sub-samples (Table 3.6) are direct service workers (79.9% for PDD; 77.6% for FSCD), followed by frontline supervisors, coordinators and program managers (10.1% for PDD; 9.5% for FSCD)[2]. Compared to PDD-funded employees, there is a higher proportion of FSCD-funded administrative support workers (6.1% for FSCD; 4.1% for PDD) and double the proportion of professional supports (1.9% for FSCD; 0.9% for PDD).

Table 3.6: Distribution of employees by position and funding source

Position	PDD-funded employees			FSCD-funded employees		
	Sample frequency [1]	Population estimate [2]	%	Sample frequency [1]	Population estimate [2]	%
Administrative support	245	560	4.1	70	160	6.1
Direct service worker	4,746	10,870	79.9	892	2,040	77.6
Frontline supervisor, coordinator	599	1,370	10.1	107	250	9.5
Professional support	52	120	0.9	24	50	1.9
Senior management	131	300	2.2	21	50	1.9
Missing data	166	380	2.8	35	80	3.0
TOTAL	5,939	13,600	100	1,149	2,630	100
Valid/Missing cases	67/2			21/1		

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio 2.29. Numbers rounded off.

Distribution by job status/hours of work

Overall distributions across PDD-funded and FSCD-funded employees are similar with respect to job status/hours of work (Table 3.7), with the exception that there is a significantly higher proportion of FSCD-funded than PDD-funded variable, casual and on-call workers (24.3% for FSCD; 15.1% for PDD).

Table 3.7: Distribution of employees by job status/hours of work and funding source

Job status/hours of work	PDD-funded employees			FSCD-funded employees		
	Sample frequency [1]	Population estimate [2]	%	Sample frequency [1]	Population estimate [2]	%
Permanent, full-time	3,137	7,190	52.9	479	1,100	41.8
Permanent, part-time	1,705	3,900	28.7	349	800	30.4
Term, full-time	62	140	1.0	2	5	0.2
Term, part-time	38	90	0.7	0	0	0
Variable, casual, on-call	897	2,050	15.1	280	640	24.3
Missing data	100	230	1.7	39	90	3.4
TOTAL	5,939	13,600	100	1,149	2,630	100
Valid/Missing cases	68/1			21/1		

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio 2.29. Numbers rounded off.

The largest proportion of workers in both sub-samples is employed on a permanent, full-time basis, i.e., at least 35 hours/week (52.9% for PDD; 41.8% for FSCD), followed by those who are permanent, part-time (28.7% for PDD; 30.4% for FSCD). The reader should note, however, that a number of

[2] Since direct service workers are more likely than those in other positions to be employed by multiple agencies, the frequency and percentage distributions for this group could be more inflated than for others.

respondents stated that many of their employees held multiple positions, e.g., a permanent, full-time staff person who also does relief work for the same agency. Thus, providing the break-down requested in the survey was either too time-consuming or impossible for them to do. Employers often reported individuals in whatever "primary" category they felt was most appropriate, e.g., some respondents reported their variable staff in the "part-time" category.

Distribution by highest level of education

Table 3.8 shows the distribution of employees in PDD-funded services by the highest level of education attained (not including in-service or basic skills training). A large proportion of respondents did not provide data for this variable (31.5% for PDD; 58.2% for FSCD); thus, the table also reports the "Valid total" and "Valid %" taking into account only those employees for whom data is available. The largest single group of employees consists of those with a high school diploma (37.9% for PDD; 45.5% for FSCD), followed by those with a college diploma (22.6% for PDD; 20.0% for FSCD). Less than a fifth of the employees for whom data is reported hold a university degree at the Bachelor's or higher level (18.1% for PDD; 19.0% for FSCD).

Table 3.8: Distribution of employees by highest education level, and funding source

Highest education level	PDD-funded employees				FSCD-funded employees			
	Sample frequency [1]	Population estimate [2]	%	Valid %	Sample frequency [1]	Population estimate [2]	%	Valid %
Less than high school	100	230	1.7	2.5	4	10	0.4	0.9
High school diploma	1,542	3,530	26.0	37.9	220	500	19.0	45.5
Some college/university	770	1,760	12.9	18.9	69	160	6.1	14.5
College diploma	919	2,100	15.4	22.6	97	220	8.4	20.0
University degree (Bachelor's)	662	1,520	11.2	16.3	69	160	6.1	14.5
Post-graduate training (partial or Master's, Ph.D.)	74	170	1.3	1.8	22	50	1.9	4.5
Valid total	4,067	9,310	n/a	100	481	1,100	n/a	100
Missing data	1,872	4,290	31.5		668	1,530	58.2	
TOTAL	5,939	13,600	100		1,149	2,630	100	
Valid/Missing cases	59/10				18/4			

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio 2.29. Numbers rounded off.

Regional Differences

This section presents regional differences in the demographic characteristics of the workforce in PDD-funded services. PDD-funded workers and FSCD-funded workers are reported in separate tables, however, to make regional comparisons easier across the two funding bodies, the FSCD regions are collapsed into their PDD equivalents (i.e., Central, East Central and North Central are combined into "Central", and Southwest and Southeast are combined into "South").

Total number of employees

Tables 3.3a and 3.3b, above, described the regional breakdown of the PDD-funded and FSCD-funded workforce respectively, together with the number of unique organizations reporting from each region. The data is repeated in Tables 3.9a and 3.9b, below, with the FSCD regions collapsed into their closest PDD counterparts.

As previously noted, population estimates suggest that 23.6% of the PDD-funded employees (Table 3.9a) are located in the Calgary region, 22.3% in Central region, 25.7% in Edmonton, 8.4% in South, 5.3% in Northeast, 4.6% in Northwest and 10.1% in organizations spread across multiple regions. Central region

has the largest proportion (49.2%) of FSCD-funded workers in PDD-funded services in the province (Table 3.9b), followed by 16.3% in Edmonton, while 17.5% of the workers are located in PDD-funded services located in multiple regions.

Table 3.9a: Regional distribution of PDD-funded employees

PDD region	Services		Sample data		Population estimate [2]	
	Frequency	%	Frequency [1]	%	Frequency [1]	%
Calgary	19	27.5	1,562	26.3	3,200	23.6
Central	13	18.8	1,266	21.3	3,025	22.3
Edmonton	12	17.4	1,196	20.1	3,490	25.7
Northeast	6	8.7	392	6.6	715	5.3
Northwest	4	5.8	278	4.7	625	4.6
South	11	15.9	481	8.1	1,135	8.4
Multiple regions	4	5.8	764	12.9	1,375	10.1
TOTAL	69	100	5,939	100	13,600	100
Valid/Missing cases	69/0		69/0			

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Table 3.9b: Regional distribution of FSCD-funded employees within PDD-funded services

PDD Region	Services		Sample data		Population estimate [2]	
	Frequency	%	Frequency [1]	%	Frequency [1]	%
Calgary	4	18.2	97	8.4	200	7.6
Central	8	36.3	542	47.1	1,295	49.2
Edmonton	2	9.1	148	12.9	430	16.3
Northeast	2	9.1	12	1.0	22	0.8
Northwest	2	9.1	54	4.7	122	4.6
South	2	9.1	40	3.5	94	3.6
Multiple regions	2	9.1	256	22.3	460	17.5
TOTAL	22	100	1,149	100	2,630	100
Valid/Missing cases	22/0		22/0			

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Gender distribution

Tables 3.10a and 3.10b present the gender breakdown by region for the PDD-funded and the FSCD-funded workforce respectively. Percentages for each of the categories are calculated out of valid totals (i.e., not including missing cases); table totals may differ slightly from provincial information in previous sections.

In total, the PDD-funded workforce (Table 3.10a) is about 83% female and 17% male. Calgary has the highest proportion of males at 21.3%, while Central (12.5%), Edmonton (14.6%) and Northwest (14.7%) have lower proportions of males.

Table 3.10a: Gender breakdown of PDD-funded workers by region

Gender	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Males	21.3%	12.5%	14.6%	17.1%	14.7%	17.9%	17.1%	16.6%
- Frequency[1]	322	158	174	67	41	86	131	979
- Pop. Estimate[2]	660	380	510	125	90	205	235	2,240
Females	78.7%	87.5%	85.4%	82.9%	85.3%	82.1%	82.9%	83.4%
- Frequency[1]	1,189	1,108	1,022	325	237	395	633	4,909
- Pop. Estimate[2]	2,440	2,645	2,980	590	535	930	1,140	11,240
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	1,511	1,266	1,196	392	278	481	764	5,888
- Pop. Estimate[2]	3,100	3,025	3,490	715	625	1,135	1,375	13,480
Valid/Missing cases	18/1	13/0	12/0	6/0	4/0	11/0	4/0	68/1

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

The FSCD-funded workforce (Table 3.10b) is about 82% female and 18% male. Compared to other regions, organizations providing services across multiple regions have the largest proportion of male employees (36.7%), while Northwest (7.4%) and Edmonton (10.8%) have the lowest. The number of workers in some regions, specifically Northwest, Northeast and South are too low to produce meaningful percentages.

Table 3.10b: Gender breakdown of FSCD-funded workers by region

Gender	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Males	13.4%	13.5%	10.8%	16.7%	7.4%	15.0%	36.7%	18.1%
- Frequency[1]	13	73	16	2	4	6	94	208
- Pop. Estimate[2]	30	175	45	4	9	14	169	480
Females	86.6%	86.5%	89.2%	83.3%	92.6%	85.0%	63.3%	81.9%
- Frequency[1]	84	469	132	10	50	34	162	941
- Pop. Estimate[2]	170	1,120	385	18	113	80	291	2,150
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	97	542	148	12	54	40	256	1,149
- Pop. Estimate[2]	200	1,295	430	22	122	94	460	2,630
Valid/Missing cases	4/0	8/0	2/0	2/0	2/0	2/0	2/0	22/0

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Age distribution

Overall, the highest percentage of PDD-funded workers (Table 3.11a) are aged 26 to 35 years (27.9%), followed by those 36 to 45 years old (25.5%) and 46 to 55 years old (20.7%). Compared to other regions, Central appears to have a slightly older workforce, with the highest proportion of its workforce in the 36 to 45 years category (26.0%); it also has a higher than average percentage of workers aged over 55 years (11.8% compared to 9.1%). South also has a slightly higher percentage of workers aged 36 to 45 years old (27.0%) compared to those 26 to 35 years old (24.5%).Northwest has a fairly obvious bimodal distribution, with the highest proportion of its workers aged 36 to 45 years old (32.0%), followed by those who are 18 to 25 years old (22.3%).

Table 3.11a: Age breakdown of PDD-funded workers by region

Age	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Under 18 years	0%	0%	0%	0.3%	1.1%	0.4%	0.1%	0.1%
- Frequency[1]	0	0	0	1	3	2	1	7
- Pop. Estimate[2]	0	0	0	2	7	5	2	20
18 – 25 years	13.5%	18.3%	17.1%	17.6%	22.3%	15.0%	17.7%	16.7%
- Frequency[1]	177	232	205	69	62	72	135	952
- Pop. Estimate[2]	360	550	600	125	140	170	245	2,180
26 – 35 years	30.6%	23.8%	32.3%	28.1%	19.1%	24.5%	28.5%	27.9%
- Frequency[1]	402	301	386	110	53	118	218	1,588
- Pop. Estimate[2]	825	720	1,130	200	120	280	390	3,640
36 – 45 years	25.3%	26.0%	23.9%	26.5%	32.0%	27.0%	23.6%	25.5%
- Frequency[1]	332	329	286	104	89	130	180	1,450
- Pop. Estimate[2]	680	785	835	190	200	305	325	3,320
46 – 55 years	22.0%	20.1%	20.6%	18.1%	16.5%	22.7%	21.1%	20.7%
- Frequency[1]	289	254	246	71	46	109	161	1,176
- Pop. Estimate[2]	590	610	720	130	105	260	290	2,690
Over 55 years	8.6%	11.8%	6.1%	9.4%	9.0%	10.4%	9.0%	9.1%
- Frequency[1]	113	150	73	37	25	50	69	517
- Pop. Estimate[2]	230	360	215	70	55	120	125	1,180
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	1,313	1,266	1,196	392	278	481	764	5,690
- Pop. Estimate[2]	2,690	3,025	3,490	715	625	1,135	1,375	13,030
Valid/Missing cases	16/3	13/0	12/0	6/0	4/0	11/0	4/0	66/3

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

The highest proportion of employees in the FSCD-funded workforce (Table 3.11b) is 26 to 35 years old (28.1%), followed by those who are 18 to 25 years old (24.3%). Compared to other regions, Edmonton, South and Northwest appear to have the youngest FSCD-funded workforce on average, with 50.0% of the workers in Edmonton, 42.5% of those in the South and 41.7% of those in the Northwest aged 25 years and younger (compared to 25.1% for the overall sample). Correspondingly, these regions have a lower proportion of their workforce aged over 45 years old (16.9% for Edmonton, 14.9% for Northwest and 17.5% for South, compared to 28.1% for the overall sample). The FSCD-workforce in agencies located across multiple regions shows a distinct bimodal distribution with its first peak in the 26 to 35 years category (32.8%) and the second one in the over 55 years category (19.9%).

Table 3.11b: Age breakdown of FSCD-funded workers by region

Age	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Under 18 years	2.1%	0%	2.7%	0%	3.7%	0%	0%	0.8%
- Frequency[1]	2	0	4	0	2	0	0	8
- Pop. Estimate[2]	5	0	10	0	5	0	0	20
18 – 25 years	26.8%	17.2%	47.3%	25.0%	37.0%	42.5%	19.1%	24.3%
- Frequency[1]	26	93	70	3	20	17	49	278
- Pop. Estimate[2]	55	220	205	5	45	40	90	640
26 – 35 years	23.7%	28.4%	20.3%	25.0%	29.6%	32.5%	32.8%	28.1%
- Frequency[1]	23	154	30	3	16	13	84	323
- Pop. Estimate[2]	50	370	90	5	35	30	150	740
36 – 45 years	20.6%	24.2%	12.8%	25.0%	14.8%	7.5%	12.5%	18.6%
- Frequency[1]	20	131	19	3	8	3	32	216
- Pop. Estimate[2]	40	310	55	5	20	7	55	490
46 – 55 years	22.7%	18.6%	12.2%	16.7%	13.0%	10.0%	15.6%	16.7%
- Frequency[1]	22	101	18	2	7	4	40	194
- Pop. Estimate[2]	45	240	50	5	15	10	70	440
Over 55 years	4.1%	11.6%	4.7%	8.3%	1.9%	7.5%	19.9%	11.4%
- Frequency[1]	4	63	7	1	1	3	51	130
- Pop. Estimate[2]	10	150	20	2	2	7	95	300
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	97	542	148	12	54	40	256	1,149
- Pop. Estimate[2]	200	1,295	430	22	122	94	460	2,630
Valid/Missing cases	4/0	8/0	2/0	2/0	2/0	2/0	2/0	22/0

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off

Distribution by position

As expected, the highest percentage of PDD-funded workers (Table 3.12a) are in direct service positions (82.2%), ranging from 80.6% of the workforce in Calgary to 85.0% in Edmonton. In all regions, the next largest proportion of workers are frontline supervisors, coordinators or program managers (10.4% overall, ranging from 9.0% in Edmonton to 12.6% in Northwest), followed by administrative staff (4.2% overall, ranging from 2.6% in Northwest to 6.2% in South) and senior management (2.3% overall, ranging from 1.6% in services across multiple regions to 3.3% in Northeast). There are no anomalies across regions with respect to these trends.

Table 3.12a: Breakdown by position of PDD-funded workers by region

Position	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Admin support	5.2%	4.1%	3.1%	4.8%	2.6%	6.2%	3.3%	4.2%
- Frequency[1]	81	46	37	19	7	30	25	245
- Pop. Estimate[2]	165	110	110	35	15	70	45	560
Direct service	80.6%	80.8%	85.0%	81.9%	82.9%	81.3%	83.6%	82.2%
- Frequency[1]	1,259	896	1,017	321	223	391	639	4,746
- Pop. Estimate[2]	2,580	2,140	2,970	590	500	920	1,150	10,870
Frontline supervisor, coordinator	9.6%	12.4%	9.0%	9.9%	12.6%	9.1%	11.4%	10.4%
- Frequency[1]	150	137	108	39	34	44	87	599
- Pop. Estimate[2]	310	330	315	70	75	105	155	1,370
Professional support	2.0%	0.8%	0.7%	0%	0%	0.4%	0.1%	0.9%
- Frequency[1]	32	9	8	0	0	2	1	52
- Pop. Estimate[2]	65	20	25	0	0	5	2	120
Senior management	2.6%	1.9%	2.2%	3.3%	1.9%	2.9%	1.6%	2.3%
- Frequency[1]	40	21	26	13	5	14	12	131
- Pop. Estimate[2]	80	50	75	25	10	35	20	300
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	1,562	1,109	1,196	392	269	481	764	5,773
- Pop. Estimate[2]	3,200	2,650	3,490	715	600	1,135	1,375	13,220
Valid/Missing cases	19/0	12/1	12/0	6/0	3/1	11/0	4/0	67/2

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Similarly, direct service workers constitute 80.1% of the sample of FSCD-funded staff working in PDD-funded organizations (Table 3.12b), ranging from 71.1% in services across multiple regions to 92.8% in Calgary. The only notable difference across regions is the higher proportion of administrative support staff compared to frontline supervisory staff in Edmonton and in services across multiple regions.

Table 3.12b: Breakdown by position of FSCD-funded workers by region

Position	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Admin support	2.1%	3.6%	8.8%	0%	1.9%	5.0%	13.3%	6.3%
- Frequency[1]	2	18	13	0	1	2	34	70
- Pop. Estimate[2]	5	45	40	0	2	5	60	160
Direct service	92.8%	81.1%	80.4%	83.3%	90.7%	77.5%	71.1%	80.1%
- Frequency[1]	90	411	119	10	49	31	182	892
- Pop. Estimate[2]	185	982	350	18	110	73	330	2,043
Frontline supervisor, coordinator	3.1%	12.2%	6.1%	8.3%	7.4%	15.0%	8.6%	9.6%
- Frequency[1]	3	62	9	1	4	6	22	107
- Pop. Estimate[2]	5	150	25	2	10	14	40	245
Professional support	0%	2.4%	0.7%	0%	0%	0%	4.3%	2.2%
- Frequency[1]	0	12	1	0	0	0	11	24
- Pop. Estimate[2]	0	30	3	0	0	0	20	55
Senior management	2.1%	0.8%	4.1%	8.3%	0%	2.5%	2.7%	1.9%
- Frequency[1]	2	4	6	1	0	1	7	21
- Pop. Estimate[2]	5	10	15	2	0	2	15	50
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	97	507	148	12	54	40	256	1,114
- Pop. Estimate[2]	200	1,218	430	22	122	94	460	2,550
Valid/Missing cases	4/0	7/1	2/0	2/0	2/0	2/0	2/0	21/1

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Distribution by job status/hours of work

The largest proportion of PDD-funded workers (Table 3.13a) are employed on a permanent full-time basis in all regions (54.3% overall, ranging from 48.3% in Calgary to 69.1% in Northwest), followed by those employed on a permanent, part-time basis (29.5% overall) and people on variable/casual/on-call terms (14.5% overall). The only exceptions to the latter trend are services in Northeast and those serving multiple regions, where the proportion of variable/casual/on-call workers exceeds permanent, part-time workers by a small margin. Northwest has less than 3% of its workforce employed on variable/casual/on-call terms, compared to the overall average of 14.5%. This could be an anomaly of the 4 agencies that constitute the Northwest sample, or it could be that the regional service providers prefer to employ people on a permanent, part-time basis rather than on variable/casual/on-call basis.

Table 3.13a: Breakdown by job status/hours of work of PDD-funded workers by region

Job status/ Hours of work	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Permanent, full-time	48.3%	54.5%	57.9%	56.6%	69.1%	53.6%	54.3%	54.3%
- Frequency[1]	755	602	693	222	192	258	415	3,137
- Pop. Estimate[2]	1,550	1,440	2,025	405	430	610	750	7,180
Permanent, part-time	35.1%	34.4%	27.6%	19.1%	28.1%	28.1%	20.8%	29.5%
- Frequency[1]	549	380	330	75	78	135	158	1,705
- Pop. Estimate[2]	1,125	910	960	135	175	320	285	3,900
Term, full-time	1.6%	1.3%	0.6%	1.0%	0%	1.7%	0.5%	1.1%
- Frequency[1]	25	14	7	4	0	8	4	62
- Pop. Estimate[2]	50	35	20	7	0	20	7	140
Term, part-time	1.3%	0.1%	0.4%	2.3%	0%	0.4%	0%	0.7%
- Frequency[1]	21	1	5	9	0	2	0	38
- Pop. Estimate[2]	45	2	15	15	0	5	0	90
Variable, casual, on-call	13.6%	9.8%	13.5%	20.9%	2.9%	16.2%	24.3%	14.5%
- Frequency[1]	212	108	161	82	8	78	186	835
- Pop. Estimate[2]	435	260	470	150	20	185	335	1,910
Valid total	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	1,562	1,105	1,196	392	278	481	764	5,778
- Pop. Estimate[2]	3,200	2,640	3,490	715	625	1,135	1,375	13,230
Valid/Missing cases	19/0	12/1	12/0	6/0	4/0	11/0	4/0	68/1

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Overall, the majority of the FSCD-funded workforce in PDD-funded agencies (Table 3.13b) is employed on a permanent, full-time basis (43.2%), followed by those employed on a permanent, part-time basis (31.4%). There are some notable regional exceptions to the overall trend. Calgary, Northwest and South have the majority of their FSCD-funded sample working on a permanent, part-time basis (83.5% for Calgary, 74.1% for Northwest and 65.0% for South), while just over three-quarters of Edmonton's FSCD-funded workforce (77.7%) is reported as being variable/casual/on-call. The reader should recall, though, that this survey was not based on the population of all FSCD-funded workers in the province, but only those that are employed in PDD-funded services, where, relatively speaking, FSCD-funded workers would probably form a secondary workforce compared to PDD-funded workers. Certainly, the picture would be different if the survey population consisted of all FSCD-funded agencies.

Table 3.13b: Breakdown by job status/hours of work of FSCD-funded workers by region

Job status/ Hours of work	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Permanent, full-time	15.5%	48.5%	14.9%	91.7%	25.9%	20.0%	64.5%	43.2%
- Frequency[1]	15	244	22	11	14	8	165	479
- Pop. Estimate[2]	30	585	65	20	32	20	300	1,100
Permanent, part-time	83.5%	37.8%	7.4%	0%	74.1%	65.0%	0.4%	31.4%
- Frequency[1]	81	190	11	0	40	26	1	349
- Pop. Estimate[2]	165	455	30	0	90	60	2	800
Term, full-time	0%	0.4%	0%	0%	0%	0%	0%	0.2%
- Frequency[1]	0	2	0	0	0	0	0	2
- Pop. Estimate[2]	0	5	0	0	0	0	0	5
Term, part-time	0%	0%	0%	0%	0%	0%	0%	0%
- Frequency[1]	0	0	0	0	0	0	0	0
- Pop. Estimate[2]	0	0	0	0	0	0	0	0
Variable, casual, on-call	1.0%	13.3%	77.7%	8.3%	0%	15.0%	35.2%	25.2%
- Frequency[1]	1	67	115	1	0	6	90	280
- Pop. Estimate[2]	2	160	335	2	0	15	160	640
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	97	503	148	12	54	40	256	1,110
- Pop. Estimate[2]	200	1,200	430	22	122	94	460	2,540
Valid/Missing cases	4/0	7/1	2/0	2/0	2/0	2/0	2/0	21/1

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

Distribution by highest level of education

Tables 3.14a and 3.14b present the regional breakdown by highest level of education attained for the PDD-funded and the FSCD-funded workforce, respectively. Both sub-samples show similar overall trends, with the largest proportion of workers holding a high school diploma (37.9% for PDD, 45.7% for FSCD), followed by those with a college diploma (22.67% for PDD, 20.2% for FSCD). Notable exceptions to this overall pattern in the PDD-funded sample include agencies serving multiple regions (where university graduates constitute the largest category at 34.3%), Edmonton (where the largest category is of those holding college diplomas at 32.9%), and Calgary (where the second largest category is not those with college diplomas, but with university degrees, at 21.0% for those with a Bachelor's degree). Not surprisingly for large urban centres, Calgary and Edmonton have the highest proportion of degree holders compared to other regions, at 25.0% and 19.8% respectively.

Table 3.14a: Breakdown by highest education level of PDD-funded workers by region

Highest education	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Less than high school	3.3%	1.4%	2.8%	0.8%	8.6%	4.0%	0%	2.5%
- Frequency[1]	29	10	28	3	11	19	0	100
- Pop. Estimate[2]	60	25	80	5	25	45	0	230
High school diploma	34.7%	42.8%	28.5%	64.8%	63.3%	46.8%	19.4%	37.9%
- Frequency[1]	301	297	288	254	81	225	96	1,542
- Pop. Estimate[2]	615	710	840	465	180	530	170	3,530
Some college or university	18.9%	26.1%	16.0%	14.5%	10.9%	13.3%	25.9%	18.9%
- Frequency[1]	164	181	162	57	14	64	128	770
- Pop. Estimate[2]	335	430	475	105	30	150	230	1,760
College diploma	18.0%	18.6%	32.9%	15.6%	11.7%	26.0%	20.4%	22.6%
- Frequency[1]	156	129	332	61	15	125	101	919
- Pop. Estimate[2]	320	310	970	110	35	295	180	2,100
University degree (B.Sc., B.A.)	21.0%	9.4%	18.2%	3.8%	5.5%	8.7%	33.7%	16.3%
- Frequency[1]	182	65	184	15	7	42	167	662
- Pop. Estimate[2]	375	155	535	30	15	100	300	1,520
Post-graduate training	4.0%	1.7%	1.6%	0.5%	0%	1.2%	0.6%	1.8%
- Frequency[1]	35	12	16	2	0	6	3	74
- Pop. Estimate[2]	70	30	45	4	0	15	5	170
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	867	694	1,010	392	128	481	495	4,067
- Pop. Estimate[2]	1,780	1,660	2,950	715	290	1,135	890	9,310
Valid/Missing cases	14/5	11/2	11/1	6/0	3/1	11/0	2/2	58/11

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratio regionally-specific. Numbers rounded off.

In the FSCD-funded sample (Table 3.14b), the regional numbers of valid cases are too small to make any reasonable interpretations of regional differences.

Table 3.14b: Breakdown by highest education level of FSCD-funded workers by region

Highest education	Calgary	Central	Edmonton	Northeast	Northwest	South	Multiple	Valid Total
Less than high school	0%	0%	3.8%	0%	8.3%	0%	0%	0.9%
- Frequency[1]	0	0	2	0	2	0	0	4
- Pop. Estimate[2]	0	0	6	0	5	0	0	10
High school diploma	20.0%	38.0%	28.8%	66.7%	87.5%	15.0%	52.3%	45.7%
- Frequency[1]	1	35	15	8	21	6	134	220
- Pop. Estimate[2]	2	85	45	15	50	15	240	500
Some college or university	40.0%	21.7%	36.5%	25.0%	0%	50.0%	2.0%	14.3%
- Frequency[1]	2	20	19	3	0	20	5	69
- Pop. Estimate[2]	4	50	55	5	0	50	10	160
College diploma	0%	31.5%	11.5%	8.3%	4.2%	25.0%	19.5%	20.2%
- Frequency[1]	0	29	6	1	1	10	50	97
- Pop. Estimate[2]	0	70	20	2	2	25	90	220
University degree (B.Sc., B.A.)	20.0%	7.6%	17.3%	0%	0%	7.5%	19.1%	14.3%
- Frequency[1]	1	7	9	0	0	3	49	69
- Pop. Estimate[2]	2	20	30	0	0	5	90	160
Post-graduate training	20.0%	1.1%	1.9%	0%	0%	2.5%	7.0%	4.6%
- Frequency[1]	1	1	1	0	0	1	18	22
- Pop. Estimate[2]	2	2	3	0	0	2	35	50
VALID TOTAL	100%	100%	100%	100%	100%	100%	100%	100%
- Frequency[1]	5	92	52	12	24	40	256	481
- Pop. Estimate[2]	10	220	150	22	55	95	460	1,100
Valid/Missing cases	3/1	6/2	1/1	2/0	1/1	2/0	2/0	17/5

Note 1: Actual numbers inflated due to overlap between agencies. Note 2: Weighting ratios regionally-specific. Numbers rounded off.

Differences By Age Group

The analysis of data by age-level is in response to one of the tasks of the survey, which was to produce information to help understand how the workforce in PDD-funded services might change over time. Ideally, in order to do this properly, demographic information (age, gender, position, education level, etc.) needs to be provided separately for each employee. However, only 9 respondents said they were able to provide individual-level information on employees.

The next best scenario is to obtain demographic data aggregated by age categories (e.g., "the total number of employees aged 26 to 35 years old, with a high school diploma"). Of the 69 PDD-funded agencies in the sample, only 49 to 58 were able to provide the breakdown by age categories, depending on the demographic variable in question; the missing data was even higher for FSCD-funded agencies, e.g., only 2 out of 22 agencies provided information on education level broken down by age. As well, most people stated that the data provided were best estimates rather than accurate numbers.

Given the significantly high number of missing cases, and the lack of certainty in the numbers, we have not calculated population estimates for any of the data reported in this section. Instead, we have provided cell and row percentages to make sense of the sample distributions. The cell percentages demonstrate the differences *across age groups* for a given variable category (e.g., "males"); the row

percentages demonstrate the differences *across a variable* (e.g., males compared to females) in a given age group. While this analysis may be useful to understand the distribution of employees reported in the sample, the results should *not* be used to make broad generalizations to all PDD-funded services.

Gender distribution

Gender breakdown by age was reported by 57 agencies for 4,688 (78.9%) of the total PDD-funded workers in the sample (Table 3.15a). Percentages are calculated out of valid totals (i.e., excluding missing cases), thus table totals may differ from previous information[3]. In all age categories, women outnumber men at least four to one. This difference is greatest for those 36 to 45 years (14.7% male, 85.3% female) and lowest for those 46 to 55 years (19.8% male, 81.1% female). The greatest proportion of men are 26 to 35 years (25.6%), followed by those 46 to 55 years (24.0%); the greatest proportion of women are 26 to 35 years (28.0%), followed by those 36 to 45 years (25.9%).

Table 3.15a: Gender breakdown of PDD-funded workers by age

Gender	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Males (%)	17.1	15.8	25.6	15.2	22.7	14.7	24.0	19.8	10.6	18.9	100	16.4
- Frequency	132		197		175		185		82		771	
Females (%)	18.0	84.2	28.0	84.8	25.9	85.3	19.1	80.2	9.0	81.1	100	83.6
- Frequency	705		1,096		1,014		750		352		3,917	
VALID TOTAL (%)	17.9	100	27.6	100	25.4	100	19.9	100	9.3	100	100	100
- Frequency	837		1,293		1,189		935		434		4,688	

Valid/Missing cases: 57/12. High number of missing cases; findings may not be generalizable.

Only 10 FSCD-funded agencies reported gender breakdown by age (Table 3.15b), for 649 (56.5%) of 1,149 workers. Again, women outnumber men by at least four to one in all categories. The difference is greatest for people under 26 years old (9.0% male, 91.0% female), and lowest for those over 55 years old (20.3% male, 79.7% female). The highest proportion of men are 26 to 35 years old (25.6%) followed by those who are 46 to 55 years old (24.0%). The highest proportion of women are also 26 to 35 years old (27.9%), followed by those under 26 years old (23.2%).

Table 3.15b: Gender breakdown of FSCD-funded workers by age

Gender	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Males (%)	15.1	9.0	25.6	12.3	18.6	11.2	24.4	18.4	16.3	20.3	100	13.3
- Frequency	13		22		16		21		14		86	
Females (%)	23.3	91.0	27.9	87.7	22.6	8.8	16.5	81.6	9.8	79.7	100	86.7
- Frequency	131		157		127		93		55		563	
VALID TOTAL (%)	22.2	100	27.6	100	22.0	100	17.6	100	10.6	100	100	100
- Frequency	144		179		143		114		69		649	

Valid/Missing cases: 10/12. High number of missing cases; findings may not be generalizable.

[3] Because of low numbers, the "Under 18" category was combined with the "18 to 25 years" category for all the tables below.

Distribution by position

Data on position broken down by age categories was provided by 54 agencies for 4,466 PDD-funded workers (75.2%), and 7 agencies for 611 FSCD-funded workers (53.2%). Direct service workers are the predominant group in all age categories in the PDD-funded workforce (Table 3.16a), ranging from 76.1% of the workers aged 36 to 45 years to 93.8% of those less than 26 years old. Almost half of all direct service workers (48.8%) are less than 36 years old; however, there is a surprisingly high proportion (80.3%) of people over 55 years who are also direct service workers. Over half of all frontline supervisors, coordinators and program managers (59.5%) are aged between 36 to 55 years, ranging from 3.7% of workers under 26 years old to 15.3% of workers aged 36 to 45 years old. Not surprisingly, the distribution of people in senior management positions rises steadily with age, ranging from less than 1% of those under 36 years old to 5.2% of those over 55 years. People in administrative support positions range from 2.0% of those under 26 years old to 6.3% of those aged 46 to 55 years and 6.0% of those over 55 years. There does not appear to be any notable age-related trend in people providing professional supports, however, like the rest of the workers, the bulk of them (73.1%) are aged 26 to 45 years old.

Table 3.16a: Breakdown by position of PDD-funded workers across age categories

Position	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Administrative support (%)	8.1	2.0	19.7	3.1	32.3	5.5	28.3	6.3	11.6	6.0	100	4.4
- Frequency	16		39		64		56		23		198	
Direct service worker (%)	20.2	93.8	28.6	84.5	24.2	76.1	18.6	76.8	8.3	80.3	100	82.1
- Frequency	740		1,049		887		683		306		3,665	
Frontline supervisor, coordinator (%)	6.1	3.7	28.3	10.9	37.3	15.3	22.2	11.9	6.1	7.6	100	10.7
- Frequency	29		135		178		106		29		477	
Professional support (%)	15.4	0.5	23.1	0.5	23.1	0.5	26.9	0.8	11.5	0.8	100	0.6
- Frequency	4		6		6		7		3		26	
Senior management (%)	0	0	12.0	1.0	31.0	2.7	37.0	4.2	20.0	5.2	100	2.2
- Frequency	0		12		31		37		20		100	
VALID TOTAL (%)	17.7	100	27.8	100	26.1	100	19.9	100	8.5	100	100	100
- Frequency	789		1,241		1,166		889		381		4,466	

Valid/Missing cases: 54/15. High number of missing cases; findings may not be generalizable.

Direct service FSCD-funded workers (Table 3.16b) range from 78.4% of people aged 26 to 35 years old to 94.7% of those under 26 years old. Like the PDD-funded workers, about half the FSCD-funded direct service workers (50.8%) are under 36 years old. The bulk of frontline supervisors, coordinators and program managers (69.2%) are 26 to 45 years old, ranging from 6.2% of those who are under 26 or over 55 years old, to 15.0% of those 36 to 45 years old. FSCD-funded senior managers in this sample are all 36 to 55 years old, however, data on only 5 people is reported in this category. People in administrative support positions range from 0.8% of those under 26 years old to 10.8% of those over 55 years old, while people providing professional supports are concentrated in the 26 to 35 years category (50.0%), followed by those in the 46 to 55 years category (21.4%).

Table 3.16b: Breakdown of FSCD-funded workers by position across age categories

Position	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Administrative support (%)	4.8	0.8	23.8	3.0	19.0	2.9	19.0	3.8	33.3	10.8	100	3.4
- Frequency	1		5		4		4		7		21	
Direct service worker (%)	24.9	94.7	25.9	78.4	21.9	79.3	16.8	80.2	10.5	81.5	100	82.8
- Frequency	126		131		111		85		53		506	
Frontline supervisor, coordinator (%)	6.2	3.0	36.9	14.4	32.3	15.0	18.5	11.3	6.2	6.2	100	10.6
- Frequency	4		24		21		12		4		65	
Professional support (%)	14.3	1.5	50.0	4.2	7.1	0.7	21.4	2.8	7.1	1.5	100	2.3
- Frequency	2		7		1		3		1		14	
Senior management (%)	0	0	0	0	60.0	2.1	40.0	1.9	0	0	100	0.8
- Frequency	0		0		3		2		0		5	
VALID TOTAL (%)	21.8	100	27.3	100	22.9	100	17.3	100	10.6	100	100	100
- Frequency	133		167		140		106		65		611	

Valid/Missing cases: 7/15. High number of missing cases; findings may not be generalizable.

Distribution by job status/hours of work

Breakdown by job status/hours of work was provided for 4,187 (70.1%) PDD-funded and 610 (53.1%) FSCD-funded workers. Over half the PDD-funded workers in the sample (Table 3.17a) are employed on a permanent, full-time basis, and range from 47.3% of those who are under 26 years old to 61.2% of those who are 36 to 45 years. These are followed by permanent, part-time workers, who constitute 27.4% of the total sample, and 30.6% of workers aged under 26. Variable, casual and on-call workers are 14.9% of the total sample, ranging from 11.5% of those aged 36 to 45 years to 21.2% of people under 26 years old. Not surprisingly, over half the variable, casual, on-call workers (58.0%) are under 36 years.

Table 3.17a: Breakdown of PDD-funded workers by job status/hours of work across age

Job status/hours of work	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Permanent, full-time (%)	15.4	47.3	27.4	54.1	28.2	61.2	20.5	58.4	8.6	56.3	100	55.7
- Frequency	359		639		657		478		200		2,333	
Permanent, part-time (%)	20.2	30.6	28.0	27.2	23.4	25.0	19.5	27.4	8.8	28.5	100	27.4
- Frequency	232		321		268		224		101		1,146	
Term, full-time (%)	5.6	0.4	14.8	0.7	27.8	1.4	38.9	2.6	13.0	2.0	100	1.3
- Frequency	3		8		15		21		7		54	
Term, part-time (%)	16.7	0.7	36.7	0.9	33.3	0.9	13.3	0.5	0	0	100	0.7
- Frequency	5		11		10		4		0		30	
Variable, casual, on-call (%)	25.6	21.1	32.4	17.1	19.7	11.5	14.7	11.2	7.5	13.2	100	14.9
- Frequency	160		202		123		92		47		624	
VALID TOTAL (%)	18.1	100	28.2	100	25.6	100	19.6	100	8.5	100	100	100
- Frequency	759		1,181		1,073		819		355		4,187	

Valid/Missing cases: 52/17. High number of missing cases; findings may not be generalizable.

Permanent, full-time FSCD-funded workers (Table 3.17b) range from 22.0% of those under 26 years old to 59.4% of those over 55. Permanent, part-time workers are the dominant category in the under 26 year age group, where they constitute 44.9% of the sample. There is an inverse relationship between age and the number of people on permanent, part-time status. People employed on variable/casual basis constitute 18.5% of the total sample. They are most likely to be under 26, where they form 33.1% of the people in that age group, but are otherwise spread relatively equally across all other age groups.

Table 3.17b: Breakdown of FSCD-funded workers by job status/hours of work across age

Job status/hours of work	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Permanent, full-time (%)	9.9	22.0	31.6	52.4	24.8	48.6	20.2	54.3	13.5	59.4	100	46.2
- Frequency	28		89		70		57		38		282	
Permanent, part-time (%)	26.8	44.9	26.3	32.9	24.9	36.8	15.0	30.5	7.0	23.4	100	34.9
- Frequency	57		56		53		32		15		213	
Term, full-time (%)	0	0	50.0	0.6	50.0	0.7	0	0	0	0	100	0.3
- Frequency	0		1		1		0		0		2	
Term, part-time (%)	0	0	0	0	0	0	0	0	0	0	100	0
- Frequency	0		0		0		0		0		0	
Variable, casual, on-call (%)	37.2	33.1	21.2	14.1	17.7	13.9	14.2	15.2	9.7	17.2	100	18.5
- Frequency	42		24		20		16		11		113	
VALID TOTAL (%)	20.8	100	27.9	100	23.6	100	17.2	100	10.5	100	100	100
- Frequency	127		170		144		105		64		610	

Valid/Missing cases: 7/17. High number of missing cases; findings may not be generalizable.

Distribution by highest level of education

Age breakdown by highest education level was provided for only 3,104 (52.3%) PDD-funded workers and 144 (12.5%) FSCD-funded workers. People with a high school diploma form the largest group of PDD-funded workers (Table 3.18a), at 36.8% of the overall sample; they range from 31.4% of those 26 to 35 years to 55.0% of those over 55. A quarter of the sample (25.4%) holds a college diploma, constituting from 15.3% of the workforce over 55 years to 28.7% of the workforce 26 to 35 years. There is an inverse relationship between age and the proportion of people with some college/university, ranging from 23.6% of those under 26 to 10.5% of people over 55. People with a Bachelor's degree form 14.9% of the overall sample and range from 9.2% of those over 55 to 16.4% of people aged 26 to 35. Finally, there is a direct relationship between age and the proportion of people with post-graduate training, ranging from none under 26 years (0%) to 3.9% of those over 55 years. The FSCD-funded sample (Table 3.19b) is reported but is too small to draw any meaningful conclusions.

Summary

The information gathered through the WORKFORCE 2010 employer survey paints the first ever demographic picture of the workforce in community-based PDD-funded services across Alberta. Despite limitations such as estimations and potential inflation in the numbers, the survey provides the first critical step toward a broad understanding of the workforce distribution, and toward effective human resource planning and policy development. Student enrolment trends in post secondary institutions in Alberta and in rehabilitation programs in particular, are presented in the following section.

Table 3.18a: Breakdown of PDD-funded workers by highest education level across age

Highest education level	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Less than high school (%)	19.4	2.8	16.7	1.3	16.7	1.5	27.8	3.2	19.4	6.1	100	2.3
- Frequency	14		12		12		20		14		72	
High school diploma (%)	16.9	38.0	26.0	31.4	25.2	36.3	20.8	37.7	11.0	55.0	100	36.8
- Frequency	193		297		288		237		126		1,141	
Some college/university (%)	20.4	23.6	34.4	21.4	22.7	16.8	18.4	17.2	4.1	10.5	100	18.9
- Frequency	120		202		133		108		24		587	
College diploma (%)	14.3	22.2	34.4	28.7	28.3	28.1	18.5	23.2	4.4	15.3	100	25.4
- Frequency	113		271		223		146		35		788	
University degree (Bachelor's) (%)	14.7	13.4	33.5	16.4	26.3	15.4	21.0	15.4	4.5	9.2	100	14.9
- Frequency	68		155		122		97		21		463	
Post-grad. Training (partial or Master's, Ph.D.) (%)	0	0	15.1	0.8	28.3	1.9	39.6	3.3	17.0	3.9	100	1.7
- Frequency	0		8		15		21		9		53	
VALID TOTAL (%)	16.4	100	30.4	100	25.5	100	20.3	100	7.4	100	100	100
- Frequency	508		945		793		629		229		3,104	

Valid/Missing cases: 49/20. High number of missing cases; findings may not be generalizable.

Table 3.18b: Breakdown of FSCD-funded workers by highest education level across age

Highest education level	Under 26 years		26 to 35 years		36 to 45 years		46 to 55 years		Over 55 years		Valid Total	
	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%	Row%	Col%
Less than high school (%)	50.0	4.7	0	0	50.0	5.4	0	0	0	0	100	2.8
- Frequency	2		0		2		0		0		4	
High school diploma (%)	27.3	34.9	20.0	35.5	23.6	35.1	12.7	31.8	16.4	81.8	100	38.2
- Frequency	15		11		13		7		9		55	
Some college/university (%)	44.4	37.2	30.6	35.5	16.7	16.2	8.3	13.6	0	0	100	25.0
- Frequency	16		11		6		3		0		36	
College diploma (%)	13.3	9.3	26.7	25.8	36.7	29.7	20.0	27.3	3.3	9.1	100	20.8
- Frequency	4		8		11		6		1		30	
University degree (Bachelor's) (%)	37.5	14.0	6.3	3.2	25.0	10.8	25.0	18.2	6.3	9.1	100	11.1
- Frequency	6		1		4		4		1		16	
Post-grad. Training (partial or Master's, Ph.D.) (%)	0	0	0	0	33.3	2.7	66.7	9.1	0	0	100	2.1
- Frequency	0		0		1		2		0		3	
VALID TOTAL (%)	29.9	100	21.5	100	25.7	100	15.3	100	7.6	100	100	100
- Frequency	43		31		37		22		11		144	

Valid/Missing cases: 49/20. High number of missing cases; findings may not be generalizable.

STUDENT ENROLMENT IN POST SECONDARY INSTITUTIONS

Student enrolment in post secondary institutions is a key indicator of the trained and skilled workforce of the future. Recent accounts indicate that student enrolment in rehabilitation programs has not kept pace with enrolment in other faculties. Decrease in student enrolment exacerbates the already critical shortage of skilled labour in the rehabilitation sector. As part of the WORKFORCE 2010 initiative, enrolment trends in rehabilitation and related programs in Alberta's colleges and universities were analyzed based on data obtained from Alberta Advanced Education's Enrolment Reporting System web-site for the period 1998/99 to 2002/03 (VRRI, March 2005).

Enrolment was measured as a count of the total number of full and part time student records for the year. This number is not a "headcount" but an exact count of student records in the fall, winter and spring/summer semesters. Using this calculation, an individual may be counted up to three times in one year (e.g., once in fall, once in winter and once in spring/summer). For the years included in this report, unduplicated headcounts (i.e., each student record is counted once, regardless of the number of semesters the student is enrolled in) were, on average, 56.9% of the total number of student records, i.e., 100 student records likely represent about 56 or 57 unique students.

General Post Secondary Enrolment in Alberta

Enrolment in Alberta's post secondary institutions is clearly on the rise. Between 1998/99 and 2002/03, total enrolment (in unduplicated headcounts) grew by 19.5% from 205,575 students in 1998/99 to 245,642 students in 2002/03 (Table 3.19).

Table 3.19: Enrolment in Alberta's post-secondary institutions, 1998/99 to 2002/03

Measure	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Unduplicated Headcounts	205,575	217,358	221,737	230,769	245,642	1,121,081	+19.5 %
Student Records	369,358	385,026	387,084	400,552	429,960	1,971,980	+16.4 %

The unduplicated headcount is, on average, 56.9% of total number of student records.

During this time, female students consistently outnumbered males (Table 3.20). From 1998/99 to 2002/03, total enrolment consisted of 55.7% female records and 44.0% male records. While the proportion of female students relative to male students increased slightly from 1998/99 (55.3% female records) to 2002/03 (56.1% female records), the number of female records increased by 18.1% compared to a 14.6% increase in male records.

Table 3.20: Student records by gender, 1998/99 to 2002/03

Gender	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Female	55.3%	55.9%	55.6%	55.7%	56.1%	55.7%	+18.1%
- Frequency	204,330	215,059	215,027	223,215	241,268	1,098,899	
Male	44.4%	43.8%	44.1%	44.0%	43.7%	44.0%	+14.6%
- Frequency	163,927	168,616	170,652	176,390	187,856	867,441	
Unspecified	0.3%	0.4%	0.4%	0.2%	0.2%	0.3%	-31.7%
- Frequency	1,101	1,351	1,405	947	836	5,640	
TOTAL	369,358	385,026	387,084	400,552	429,960	1,971,980	+16.4%

The unduplicated headcount is, on average, 56.9% of total number of student records.

From 1998/99 to 2002/03, the majority of students (53.6%) were 18 to 24 years old; 2.0% were under 18, 23.8% were 25 to 34 years old and 18.2% were 35 years or older (Table 3.21).

Table 3.21: Student records by age, 1998/99 to 2002/03

Age	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Under 18 years	2.0%	2.0%	2.0%	1.9%	2.0%	2.0%	+11.8%
- Frequency	7,559	7,541	7,567	7,605	8,454	38,726	
18 - 24 years	51.9%	53.0%	53.8%	54.4%	54.8%	53.6%	+23.0%
- Frequency	191,567	204,190	208,426	218,056	235,550	1,057,789	
25 - 34 years	23.1%	23.8%	23.7%	24.1%	24.3%	23.8%	+22.6%
- Frequency	85,142	91,699	91,584	96,362	104,351	469,138	
Over 34 years	17.9%	18.7%	18.1%	18.3%	18.2%	18.2%	+18.7%
- Frequency	65,942	72,154	70,190	73,228	78,298	359,812	
Unspecified	5.2%	2.5%	2.4%	1.3%	0.8%	2.4%	-82.7%
- Frequency	19,148	9,442	9,317	5,301	3,307	46,515	
TOTAL	369,358	385,026	387,084	400,552	429,960	1,971,980	+16.4%

The unduplicated headcount is, on average, 56.9% of total number of student records.

In every year from 1998/99 to 2002/03, business and related programs were those most frequently chosen, with 13.6% of the enrolment in all programs and 57,413 student records in 2002/03 (Table 3.22). This was followed by enrolment of unclassified students (i.e., those who had not yet declared a program major) at 10.9% of the student body, enrolment in humanities and social sciences (9.7%), health related programs, not including M.D. (8.1%), and general sciences (7.6%). The greatest growth from 1998/99 to 2002/03 was witnessed by health related programs (48.8%), followed by unclassified programs (38.0%), general sciences (33.2%) and humanities/social sciences (27.8%), while enrolment in general arts and sciences dropped by 15.6%.

Table 3.22: Student records by selected programs, 1998/99 to 2002/03

Program	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Business and related	14.1%	13.8%	13.7%	13.3%	13.4%	13.6%	+10.6%
- Frequency	51,916	52,968	52,996	53,143	57,413	268,436	
Unclassified	9.6%	10.7%	11.1%	11.5%	11.4%	10.9%	+38.0%
- Frequency	35,632	41,195	43,113	45,934	49,164	215,038	
Humanities and social sciences	9.5%	9.3%	9.5%	9.7%	10.4%	9.7%	+27.8%
- Frequency	34,932	35,898	36,964	38,862	44,655	191,311	
Health related programs	6.9%	8.2%	8.0%	8.3%	8.9%	8.1%	+48.8%
- Frequency	25,605	31,590	31,052	33,225	38,110	159,582	
General sciences	7.3%	7.2%	7.5%	7.6%	8.4%	7.6%	+33.2%
- Frequency	27,099	27,662	29,118	30,520	36,083	150,392	
General arts and sciences	7.2%	6.7%	7.0%	7.0%	5.2%	6.6%	-15.6%
- Frequency	26,674	25,891	27,029	27,893	22,509	129,996	
All programs	369,358	385,026	387,084	400,552	429,960	1,971,980	+16.4%

The unduplicated headcount is, on average, 56.9% of total number of student records.
Table does not list all programs; column percentages will not add up to 100%.

Enrolment in Rehabilitation Related Programs

This section presents enrolment data in rehabilitation related programs, i.e., (i) health and related programs (not M.D.), (ii) education and related programs, and (iii) social and community services programs. Graduates in these programs are likely to work in auxiliary roles to the rehabilitation field, or be good candidates for providing direct services to persons with developmental disabilities. Data specific to rehabilitation programs is presented in the next section.

Students in health and related programs constitute 46.6% of the student records in the three rehabilitation related programs (Table 3.23), followed by those in education and related programs (37.3%) and in social and community service programs (16.1%). Student enrolment in rehabilitation related programs has increased by 28.9% from 1998/99 to 2002/03. The largest growth, as mentioned previously, was in health and related programs (48.8%), which was significantly higher than the growth of 16.4% seen across all programs. Growth in education and related programs (16.2%) was comparable to overall growth rate, while social and community services lagged behind with a growth of only 9.0% over the five years.

Table 3.23: Student records for rehabilitation related programs[1], 1998/99 to 2002/03

Program	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Health and related	42.7%	46.6%	46.2%	47.1%	49.3%	46.6%	+48.8%
- Frequency	25,605	31,590	31,052	33,225	38,110	159,582	
Education and related	39.7%	36.7%	37.6%	37.3%	35.8%	37.3%	+16.2%
- Frequency	23,789	24,877	25,300	26,329	27,640	127,935	
Social and community services	17.7%	16.6%	16.2%	15.6%	14.9%	16.1%	+9.0%
- Frequency	10,589	11,265	10,893	10,966	11,541	55,254	
TOTAL	59,983	67,732	67,245	70,520	77,291	342,771	+28.9%

The unduplicated headcount is, on average, 56.9% of total number of student records.
Note 1: Includes health and related (not M.D.), education and related, social and community services.

In each of the three program areas, women consistently outnumbered men, accounting for 76.0% of the student population for all three program areas over the 1998 to 2003 time period (Table 3.24). However, the trend shows that an increasing number of men are choosing to enroll in these areas: there were 17,664 male student records in 2002/03 compared to 13,149 in 1998/99—a growth of 34.3%, compared to a corresponding growth of 28.1% in female student records.

Table 3.24: Student records by gender for rehabilitation related programs[1], 1998/99 to 2002/03

Gender	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Female	77.3%	76.3%	74.4%	75.1%	76.9%	76.0%	+28.1%
- Frequency	46,392	51,658	50,013	52,970	59,439	260,471	
Male	21.9%	22.9%	24.7%	24.7%	22.9%	23.4%	+34.3%
- Frequency	13,149	15,503	16,618	17,411	17,664	80,345	
Unspecified	0.7%	0.8%	0.9%	0.2%	0.2%	0.6%	-57.5%
- Frequency	442	571	614	139	188	1,955	
TOTAL	59,983	67,732	67,245	70,520	77,291	342,771	+28.9%

The unduplicated headcount is, on average, 56.9% of total number of student records.
Note 1: Includes health and related (not M.D.), education and related, social and community services.

Overall, students in rehabilitation related programs tended to be slightly older compared to students in all post secondary programs (Table 3.25). From 1998/99 to 2002/03, 45.5% of students in rehabilitation related programs were 18 to 24 years old (compared to 53.6% of all students), 25.4% were 25 to 34 years old (compared to 23.8%), and 21.0% were over 34 (compared to 18.2%).

Table 3.25: Student records by age in rehabilitation related programs[1], 1998/99 to 2002/03

Age	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Under 18 years	1.0%	0.9%	1.0%	1.0%	0.8%	1.0%	+6.0%
- Frequency	618	635	679	689	655	3,276	
18 - 24 years	45.1%	44.8%	46.1%	46.0%	45.8%	45.6%	+30.7%
- Frequency	27,072	30,311	30,977	32,421	35,392	156,173	
25 - 34 years	24.5%	25.0%	25.0%	25.5%	26.6%	25.4%	+40.2%
- Frequency	14,683	16,902	16,817	18,011	20,582	86,995	
Over 34 years	24.3%	24.3%	25.5%	26.4%	26.2%	25.4%	+39.1%
- Frequency	14,555	16,444	17,149	18,594	20,240	86,982	
Unspecified	5.1%	5.1%	2.4%	1.1%	0.5%	2.7%	-86.2%
- Frequency	3,055	3,440	1,623	805	422	9,345	
TOTAL	59,983	67,732	67,245	70,520	77,291	342,771	+28.9%

The unduplicated headcount is, on average, 56.9% of total number of student records.
Note 1: Includes health and related (not M.D.), education and related, social and community services.

Enrolment In Rehabilitation Specific Programs

Nine of Alberta's universities and colleges offer rehabilitation specific programs:

- Grande Prairie Regional College, Grande Prairie
- Grant MacEwan College, Edmonton
- Lakeland College, Lloydminster
- Lethbridge Community College, Lethbridge
- Medicine Hat College, Medicine Hat
- Mount Royal College, Calgary
- Portage College, Lac La Biche
- Red Deer College, Red Deer
- University of Calgary, Calgary

University of Calgary offers the only undergraduate 4-year Bachelor of Community Rehabilitation degree program in the province. Other schools offer either 1-year or, mostly, 2-year diploma programs.

The total number of records for students enrolled in rehabilitation programs in Alberta decreased steadily from 1,451 in 1998/99 to 1,164 in 2002/03 (Table 3.26). This decrease of 19.8% is in stark contract to the general trend towards increasing enrolment in post secondary institutions in the past five years (+16.4%), and in the surge in growth in health and related programs (+48.4%).

Enrolment in rehabilitation specific programs across the post secondary institutions varied widely: the program at Medicine Hat College ceased to exist altogether, while Lethbridge College's enrolment more than doubled from 1998 to 2003. The University of Calgary, Red Deer College, Grant MacEwan College and Mt. Royal College have had the largest proportion of enrolment in rehabilitation specific programs in Alberta from 1998/99 to 2002/03, with a total of 4,614 of the student records out of 6,449 province-wide (71.5%). By 2002/03, Lethbridge College had joined the ranks of these "large" programs, with

16.2% of the student records registered there, just a few short of Mt. Royal College. Overall, though, it is clear that enrolment in rehabilitation specific programs has suffered considerably, especially in light of overall increases in student enrolment in post secondary institutions in the past 5 years. This drop in enrolment is a clear signal that the rehabilitation sector is a "career of choice" for fewer and fewer young individuals—adding to the labour crisis already prevalent in this field.

Table 3.26: Student records in rehabilitation programs, 1998/99 to 2002/03

Institution	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Grande Prairie Regional College	4.2%	5.4%	3.8%	2.9%	0.8%	3.5%	-85.2%
- Frequency	61	76	46	35	9	227	
Grant MacEwan College	12.5%	14.8%	17.2%	18.9%	19.5%	16.4%	+24.7%
- Frequency	182	206	211	229	227	1,055	
Lakeland College	5.4%	6.4%	8.1%	7.0%	3.3%	6.0%	-51.9%
- Frequency	79	89	99	85	38	390	
Lethbridge College	5.8%	7.8%	10.4%	13.3%	16.2%	10.4%	+123.8%
- Frequency	84	109	128	161	188	670	
Mt Royal College	18.7%	14.2%	15.6%	16.0%	16.5%	16.2%	-29.2%
- Frequency	271	198	191	194	192	1,046	
Red Deer College	13.0%	18.1%	18.0%	18.3%	18.5%	17.0%	+14.4%
- Frequency	188	253	220	222	215	1,098	
Portage College	4.5%	6.2%	3.4%	5.9%	6.2%	5.2%	+10.8%
- Frequency	65	86	42	71	72	336	
Medicine Hat College[1]	13.0%	1.6%	0.1%	0.0%	0.0%	3.3%	-100.0%
- Frequency	189	22	1	0	0	212	
University of Calgary	22.9%	25.6%	23.4%	17.8%	19.1%	21.9%	-32.8%
- Frequency	332	357	287	216	223	1,415	
TOTAL	1,451	1,396	1,225	1,213	1,164	6,449	-19.8%

The unduplicated headcount is, on average, 56.9% of total number of student records.
Note 1: Medicine Hat College lists two sets of numbers for separate rehabilitation programs; data have been amalgamated

Not surprisingly, rehabilitation programs were dominated by female students from 1998/99 to 2002/03, with a total of 93.5% female student records reported (Table 3.27), compared to 55.7% female records for all programs and 76.0% for rehabilitation related programs. As well, while male enrolment in post secondary institutions grew by 14.6% and by 34.3% in rehabilitation related programs over the same time period, rehabilitation specific programs saw male enrolment decrease by 28.7%, with only 67 male student records (5.8%) reported for 2002/03.

Table 3.27: Student records in rehabilitation programs by gender, 1998/99 to 2002/03

Gender	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Female	93.5%	93.1%	92.9%	94.1%	94.2%	93.5%	-19.2%
- Frequency	1,357	1,299	1,138	1,141	1,096	6,031	
Male	6.5%	6.9%	6.9%	5.8%	5.8%	6.4%	-28.7%
- Frequency	94	97	85	70	67	413	
Unspecified	0%	0%	0.1%	0.1%	0%	0%	n/a
- Frequency	0	0	2	2	1	5	
TOTAL	1,451	1,396	1,225	1,213	1,164	6,449	-19.8%

The unduplicated headcount is, on average, 56.9% of total number of student records.

Like students in post secondary institutions overall, the majority of students in rehabilitation specific programs from 1998/99 to 2002/03 were 18 to 24 years old (Table 3.28), although there was a slightly higher proportion of 18 to 24 year olds in rehabilitation specific programs (57.4%) than in the general student population (53.6%) or in the rehabilitation related programs (45.6%). There was also a slightly higher proportion of students aged over 34 years old in rehabilitation specific programs (20.7%) compared to the general student population (18.2%).

Table 3.28: Student records in rehabilitation programs by age, 1998/99 to 2002/03

Age	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
Under 18 years	1.9%	1.0%	1.2%	0.2%	0.3%	1.0%	-85.2%
- Frequency	27	14	15	3	4	63	
18 - 24 years	56.7%	55.2%	61.2%	58.4%	55.9%	57.4%	-20.8%
- Frequency	822	771	749	708	651	3,701	
25 - 34 years	21.9%	21.3%	20.1%	20.6%	20.7%	21.0%	-24.2%
- Frequency	318	298	246	250	241	1,353	
Over 34 years	19.6%	22.4%	17.4%	20.8%	23.0%	20.7%	-5.6%
- Frequency	284	313	215	252	268	1,332	
TOTAL	1,451	1,396	1,225	1,213	1,164	6,449	-19.8%

The unduplicated headcount is, on average, 56.9% of total number of student records.

Student enrolment in degree vs. diploma programs

The only degree program in community rehabilitation is a 4-year Bachelor of Community Rehabilitation (B.C.R.) offered through the University of Calgary (U. of C.). The other eight colleges offer either 1-year or 2-year diploma programs.

From 1998/99 to 2002/03, the B.C.R. degree program accounted for 21.9% of all student records in rehabilitation specific programs in Alberta (Table 3.29), with the rest (78.1%) being in college diploma programs across the province. While overall enrolment in rehabilitation programs decreased from 1998/99 to 2002/03 by 19.8%, the decrease in enrolment in the U. of C. degree program was far more substantial (32.8%) compared to the decrease in enrolment in college diploma programs (15.9%). In 2002/03, there were only 223 student records for the degree program and 941 for the college programs.

Female student records accounted for 94.6 % of the enrolment in the degree program and 93.2% in college diploma programs (Table 3.29).

Table 3.29: Student records by gender in degree vs. diploma programs, 1998/99 to 2002/03

Type of program	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
U. of C. 4-year degree program							
Female	92.8%	93.6%	95.5%	97.7%	95.1%	94.6%	-31.2%
- Frequency	308	334	274	211	212	1,339	
Male	7.2%	6.4%	4.5%	2.3%	4.9%	5.4%	-54.2%
- Frequency	24	23	13	5	11	76	
Sub-Total	22.9%	25.6%	23.4%	17.8%	19.2%	21.9%	-32.8%
- Frequency	332	357	287	216	223	1,415	
College diploma programs							
Female	93.2%	92.8%	92.1%	93.2%	93.9%	93.2%	-15.7%
- Frequency	1,049	965	864	930	884	4,692	
Male	6.2%	7.1%	7.6%	6.5%	5.9%	6.6%	-20.0%
- Frequency	70	74	72	65	56	337	
Unspecified	0%	0%	0.2%	0.2%	0.1%	0%	n/a
- Frequency	0	0	2	2	1	5	
Sub-Total	77.1%	74.4%	76.6%	82.2%	80.8%	78.1%	-15.9%
- Frequency	1,119	1,039	938	997	941	5,034	
TOTAL	1,451	1,396	1,225	1,213	1,164	6,449	-19.8%

The unduplicated headcount is, on average, 56.9% of total number of student records.

The students in the university degree program are, on average, older than those in the college diploma programs (Table 3.30). From 1998/99 to 2002/03, 33.4% of the students in the degree program were 18 to 24 years old compared to 64.1% of the students in the college diploma programs; 33.1% of the degree students were 25 to 34 years old compared to only 17.6% of the college diploma students. Interestingly, from 1998/99 to 2002/03, while there was an overall decrease in enrolment in both settings, there was a 37.9% increase in enrolment of students over 34 years old in college diploma programs. Although the reasons for the increase in enrolment cannot be verified with the present data, it may be due to women who wish to return to the workforce after child-rearing and who want to obtain the skills necessary to work in a caring profession without investing the time or money to attend a university degree program.

Table 3.30: Student records by age in degree vs. diploma programs, 1998/99 to 2002/03

Type of program	1998/99	1999/00	2000/01	2001/02	2002/03	Total	% change 1998 to 2003
U. of C. 4-year degree program							
Under 18 years	0%	0%	0%	0%	0%	0%	n/a
- Frequency	0	0	0	0	0	0	
18 - 24 years	28.3%	31.7%	32.4%	37.5%	40.8%	33.4%	-3.2%
- Frequency	94	113	93	81	91	472	
25 - 34 years	32.2%	33.3%	34.1%	31.9%	33.6%	33.1%	-29.9%
- Frequency	107	119	98	69	75	462	
Over 34 years	39.5%	35.0%	33.4%	30.6%	25.5%	33.6%	-56.5%
- Frequency	131	125	96	66	57	475	
Sub-Total	22.9%	25.6%	23.4%	17.8%	19.2%	21.9%	-32.8%
- Frequency	332	357	287	216	223	1,415	
College diploma programs							
Under 18 years	2.4%	1.3%	1.6%	0.3%	0.4%	1.3%	-85.2%
- Frequency	27	14	15	3	4	63	
18 - 24 years	65.1%	63.3%	69.9%	62.9%	59.5%	64.1%	-23.1%
- Frequency	728	658	656	627	560	3,229	
25 - 34 years	18.9%	17.2%	15.8%	18.2%	17.6%	17.6%	-21.3%
- Frequency	211	179	148	181	166	885	
Over 34 years	13.7%	18.1%	12.7%	18.7%	22.4%	17.0%	+37.9%
- Frequency	153	188	119	186	211	857	
Sub-Total	77.1%	74.4%	76.6%	82.2%	80.8%	78.1%	-15.9%
- Frequency	1,119	1,039	938	997	941	5,034	
TOTAL	1,451	1,396	1,225	1,213	1,164	6,449	-19.8%

The unduplicated headcount is, on average, 56.9% of total number of student records.

Implications for the Rehabilitation Sector in Alberta

Though enrolment in Alberta's post secondary institutions is on the rise, the number of students in rehabilitation programs is declining. This is especially problematic given that rehabilitation programs tend to be relatively small. For example, in 2002/03 there was a count of only 1,164 records for students enrolled in rehabilitation programs in Alberta. Given that, on average, the unduplicated headcount is 56.9% of the total number of student records, 1,164 student records likely represent about 662 students. It is also likely that many of these students were not members of the graduating classes of 2002/03. As such, in any given year, there are very few professionals with post-secondary credentials entering the rehabilitation field. Given the trend towards diminishing enrolment, this problem is likely to become more pronounced.

The problem of low enrolment in rehabilitation programs is compounded by the rise in persons with developmental disabilities seeking community-based services (VRRI, June(1) 2005). As long as over 5 years ago, AARC (1999) had estimated an annual need for 2,000 new staff in the rehabilitation sector, with 80% of these required for frontline positions. Also in a 1999 survey of rehabilitation agencies, AARC found that 46.5% of new hires were less qualified than the individual they were replacing. The most recent survey of rehabilitation employers (VRRI, April 2005) confirms that lack of availability of well

trained and qualified new staff continues to be a chronic issue; declining enrolment only serves to exacerbate this situation.

Of additional concern are the differences in demographic characteristics of rehabilitation students and individuals accessing PDD services. For example:

- Women in post-secondary rehabilitation programs largely outnumber men. This is in contrast to the population of Albertans seeking services from PDD, where males currently outnumber females, and the ratio is expected to increase in the future (VRRI, 2005).
- While the population of seniors with developmental disabilities is rising (VRRI, June(1) 2005), the majority of students in rehabilitation programs are between 18 and 24 years of age. Turnover is also highest for younger employees (Kinash, 2001; VRRI, 2000).

Differences in demographic characteristics raise the following concerns:

- What is the capacity of rehabilitation students, most often young women between the ages of 18 and 24, to understand the support needs of a client base in which the numbers of men and seniors are increasing?
- If enrolment in rehabilitation programs continues to decrease, agencies will have to increase their reliance on under-qualified staff. Given the complex needs of elderly clients, it will become increasingly important to consider the capacity of these staff to support clients with high needs.

The rehabilitation field in Alberta is currently dealing with a skill shortage. Based on analysis of the student enrolment data in this report, this is a growing problem. One option is to recruit individuals with training in related fields. In the case of rehabilitation services, graduates from health, education or social and community service programs are likely candidates for employment. Though there is above average growth in enrolment in these areas, this growth is limited to health related programs. It is unlikely that the rehabilitation sector will be able to recruit graduates from health and related programs because of predicted skill shortages as well as better paying employment opportunities in other sectors. Skill shortages have also been predicted for community and social services (Alberta Human Resources and Employment, 2003).

In conclusion, the demand on PDD services is undoubtedly going to increase in the coming years (VRRI, 2005). The enrolment data suggests that there are not enough professionals coming into the field to absorb this need. As well, given skill shortages in the health, and social and community service sectors, and in the labour market in general, it appears that the rehabilitation sector will not be able to deal with its own skill shortage by recruiting from these areas unless there are significant changes in the trends observed so far, or in the types of motivators that the rehabilitation field can draw on in order to become a more attractive career location for young workers.

SUMMARY

Labour Market Trends

Alberta's thriving economy, a rapidly growing population and a sizeable portion of the workforce approaching retirement age are all expected to create one of the most critical levels of skill shortages in the country. While all sectors of the economy will be vulnerable, health care and social services are expected to be most affected. Government initiatives to decrease barriers to labour market participation by aboriginal people, youth, older workers, immigrants and persons with disabilities will be essential to meet the labour demands of the next decade. However, with the competing attractions of well-paying, high-status jobs in the oil and gas industry, manufacturing sector, and the scientific and technology field, attracting people to health care and social services will continue to be a challenge.

Within the rehabilitation field, recruitment and retention of skilled workers has been a long-standing issue. Turnover in community-based services for adults with developmental disabilities has hovered around 30% since at least 1999, primarily due to low wages, high caseloads, demanding work conditions

and significant compensation discrepancies between community-based services and government operated facilities—all co-existing within the context of more attractive jobs in other industries.

The Rehabilitation Workforce

Projections based on population surveys of the rehabilitation sector suggest there may be as many as 15,000 positions funded to provide services to persons with disabilities in Alberta, although it is difficult to estimate the actual number of employees since labour market statistics are not collected specifically for this sector.

The most recent survey conducted in this sector, as part of the WORKFORCE 2010 initiative, gathered demographic information on 7,446 workers providing services to 4,877 adults and 761 children with disabilities. The results show that the rehabilitation workforce is primarily female (82%) and young (43-53% are under 36 years old). Almost 30% of the workers are over 45 years old and likely to be considering retirement or decrease in work hours over the next 10 to 20 years; this could have implications for leadership development and succession planning in these services. Close to 90% of workers provide frontline services or professional supports or have direct supervision responsibilities for the delivery of services. Depending on funding source (PDD or FSCD), about 42-53% of workers are employed on a permanent full-time basis, about 30% are employed on permanent part-time basis and 15-24% are on variable, casual or on-call status. About 38-45% have a high school diploma as their highest education level, 34-40% have a college diploma or some formal post-secondary training, and less than a fifth (18-29%) hold a university degree.

Analysis by region shows few significant differences across regions in workforce demographics, with the notable exception that Central region has a slightly older workforce, and Calgary and Edmonton have the highest proportion of degree holders compared to other regions. There was insufficient data to report generalizable differences in workforce characteristics by age-level, however, this analysis was conducted for the sample that provided the information, and is available in the comprehensive report (VRRI, April 2005). One notable finding was that over half (about 58%) of the workers on variable, casual or on-call status are under 36 years old. Since these positions are those with the highest turnover, employers need to focus their recruitment and retention strategies on those that are likely to be effective specifically for younger workers.

Student Enrolment Trends

Student enrolment in post secondary institutions in Alberta has been steadily on the rise, growing by close to 20% from 1998/09 to 2002/03. The growth in the number of female students has surpassed that of male students during this period. There has also been above average growth in enrolment of students over 34 years old. In every year since 1998/99, business and related programs attracted the most students, with 13-14% of total student enrolment recorded in these areas.

The greatest growth has been witnessed by health and related programs which grew by close to 50% over the past 5 years. These areas, as well as education and related programs and social and community services programs, are most closely related to rehabilitation specific programs and therefore most likely to produce graduates who may find work in services to persons with developmental disabilities. Taken together, these programs grew by close to 30% over the past 5 years. While women consistently outnumbered men over 3:1, there has been above average male enrolment since 1998/99 (+34%) in these areas. There has also been significantly above average growth in enrolment by students over 24 years old.

Despite the consistent growth in student enrolment in post secondary institutions in general and in rehabilitation related programs such as health, education, social/community services, enrolment in rehabilitation specific programs has declined by close to 20% since 1998/99, with only 1,164 student records reported for 2002/03 in the nine rehabilitation specific programs offered across the province. While female students continue to predominate in these programs, constituting over 90% of the

enrolment, enrolment by both males and females has declined in the past 5 years. In 2002/03, there were only 67 male records reported in rehabilitation specific programs province wide.

Close to 80% of the enrolment in rehabilitation specific programs is for 1-year or 2-year diploma programs, where 64% of the students are under 25 years old compared to 33% of students in the degree program. Interestingly, there was a growth in enrolment in college programs by students over 34 years old. This could be due to women returning to the workforce after child-rearing and wanting to work in a caring profession without investing the time to attend a 4-year degree program.

Declining enrolment and a small student body in rehabilitation specific programs compound the challenges faced by rehabilitation employers to recruit a skilled and well-trained workforce. As long as over 5 years ago, AARC had estimated an annual need for 2,000 new staff in services to people with developmental disabilities, and had reported that close to half the new hires were less qualified than the individuals they were replacing. One option is to attract individuals from related fields, e.g., health, education and community/social services. The challenge, however, is that there are already skill shortages in these sectors, together with better wages and work conditions. Unless the rehabilitation field is able to develop motivators that can attract these workers, the skill shortage in services to people with developmental disabilities will continue to be a chronic recruitment issue.

PART FOUR: HR PRACTICES FOR THE WORKPLACE OF THE FUTURE

This chapter summarizes the findings from a review of human resource management literature conducted for WORKFORCE 2010 (VRRI, 2004) on: characteristics of not-for-profit workplaces, workplace values and motivators, generational differences and implications for employers, and characteristics and practices of exemplary employers. We also include here the characteristics needed in supervisors and leaders in rehabilitation organizations, and end with a brief discussion of how well AARC's *Creating Excellence Together* (CET) Certification Standards capture exemplary recruitment and retention practices in rehabilitation organizations in Alberta.

UNDERSTANDING THE NOT-FOR-PROFIT SECTOR

Considerable research has recently been conducted by the Canadian Policy Research Network (CPRN) on the human resource aspect of the not-for-profit sector in Canada (e.g., McMullen & Brisbois, 2003; McMullen & Schellenberg, 2003). Their work shows that the not-for-profit sector is human resource intensive. It accounts for a significant share of employment in Canada, providing jobs for almost 900,000 individuals. It is this sector that is most at risk to the skill shortages that are already prevalent and that are expected to accelerate over the coming decade. The biggest competitors to the not-for-profit sector are quasi-public organizations such as schools, universities, colleges and hospitals (i.e., "quasi-non-governmental organizations" or "quangos") (McMullen & Brisbois, 2003).

Contrary to popular belief, the not-for-profit sector relies on a highly educated workforce. In 1999, 28% of employees had completed a university degree, compared to 15% of the for-profit sector. Three-quarters of the employees are women (many of whom have post-secondary credentials), and, compared to women in the for-profit sector, are more likely to work part-time. Younger workers are underrepresented in the not-for-profit sector. Organizations in this sector have the furthest to go in recruiting a new generation of employees to replace those now in their 40s and 50s. The ability of the sector to attract immigrants also warrants consideration as the not-for-profit sector tends to fall slightly below the for-profit sector in this area (Saunders, 2003).

Despite some fundamental differences in the nature of not-for-profit and for-profit organizations, differences in the business strategies they use are not strikingly large. The three top business strategies being used by not-for-profit employers are: increasing employee skills, improving product/service quality, and increasing employee involvement/participation (McMullen & Brisbois, 2003).

Work Arrangements and Compensation in the Not-For-Profit Sector

Temporary and part-time employment is prevalent in not-for-profit, health, education and social services. A quarter (25%) of not-for-profit employees worked on a part-time basis in 1999 (less than 30 hours a week), compared to about 20% of employees in the quango sector, and close to double the rate of part-time employment in the for-profit sector. Most part-timers are satisfied with the number of hours they get, but a considerable share feel underemployed (McMullen & Schellenberg, 2003).

Close to half the employees in the not-for-profit sector are able to work flexible hours, a higher proportion than workers in the for-profit sector. Individuals' needs for flexibility vary throughout their working lives; this raises the question of whether some individuals seek work in not-for-profit especially in the years where they have the heaviest family responsibilities (McMullen & Schellenberg, 2003).

Employees in the not-for-profit sector are more likely to report being dissatisfied with their pay and benefits; dissatisfaction is even higher among professional occupations (32%) and full-time employees (34.4%). Two key factors affecting compensation in not-for-profits are the size of the agency's budget and the size of the community in which the organization is located. Agencies with larger budgets tend to be located in medium-sized and larger municipalities. Smaller organizations are also much less likely to offer benefits of training, and have fewer opportunities for advancement, though research suggests

that both small and large establishments in the not-for-profit sector are more likely than their for-profit counterparts to provide staff training (Saunders, 2003).

Overall, median earnings of not-for-profit employees are about $2.00 to $4.00 lower than for their counterparts in the for-profit sector (McMullen & Schellenberg, 2003). Earnings are highest for employees in the quangos. As well, unpaid overtime is prevalent in the not-for-profit although not unique to the sector; 85% of overtime hours are unpaid, and one in twenty hours worked by paid employees in the sector is donated labour.

A minority of not-for-profit employers offer benefits, with larger places, especially quangos, more likely to offer benefits. The quango sector ranks far ahead of the not-for-profit and for-profit sectors with respect to the percentage of employees who have access to employee benefits, e.g., employee assistance programs, fitness and recreation services and childcare. Only 9% of not-for-profit organizations have a merit pay system in place, compared to 17% of for-profit enterprises; figures for incentive pay are 17% and 31% respectively (McMullen & Schellenberg, 2003). Variable pay plans (pay systems linked to individual performance) are used in 40% of for-profit organizations surveyed, compared to 23% of organizations in the not-for-profit or quango sectors.

The Rehabilitation Field in Alberta vs. Not-For-Profit Sector in Canada

Compared to the not-for-profit workforce as a whole in Canada (McMullen & Schellenberg, 2003), the rehabilitation workforce in Alberta:

- is relatively younger: about 44% of workers are 35 years or younger, compared to 26%
- has more women: 85% compared to 75%; however this proportion is similar to that of women in all for-profit education or health industries
- is not as educated: less than 20% of workers have a university degree compared to 28%
- has slightly more workers on temporary or variable/casual status: 17% compared to 14.5%
- has slightly more workers on part-time status: about 30% compared to 26%

Despite these differences in workforce composition, the rehabilitation field in Alberta shares some of the same challenges and benefits as other not-for-profits environments compared to quangos or for-profit organizations:

(challenges)

- low wages and benefits
- concerns about inadequate training and skill development opportunities
- few opportunities for advancement
- high incidence of temporary work

(benefits)

- organizations tend to be smaller and more personable
- more decentralized structure, with greater opportunities to participate in decision-making
- ability to work flexible schedules (depending on the position)
- opportunity to make a difference in society or individual lives

Given these commonalities, the strategies needed to build human resource capacity in the rehabilitation field are similar to those needed in the not-for-profit sector as a whole. CPRN (Saunders, 2003) suggests some of the following responses to respond to these common challenges:

(i) for funders to:

- provide a mix of funding designed to build long-term organizational human resource capacity in addition to annual funding targeted for service delivery, and

- undertake systematic evaluation to document effectiveness of the long-term agreements

(ii) development of a human resource sectoral council. Its role could include:

- documenting sector-specific human resource needs, challenges and skill requirements
- developing affordable training programs targeted to specific employee groups
- establishing ways for smaller organizations to engage in collective outreach recruitment efforts
- facilitating the provision of multi-employer benefit plans, and
- advocating with funders for proper resources to meet the human resource challenges of the sector

(iii) implementing and promoting intrinsic and tangible rewards in the sector:

- ensuring wages and benefits are at least competitive with others in the sector
- promoting the positive aspects of the work environment in the sector (e.g., flexible working conditions, involvement in decision-making, open communications, etc.)
- emphasizing the opportunity to do interesting and meaningful work

WORKFORCE MOTIVATION AND RETENTION IN THE 21ST CENTURY

The Performance Pyramid Model

Since Maslow proposed his theory of human motivation based on a hierarchy of needs, numerous variants have been developed to explain human behaviour. One such empirically-based model of workplace commitment is the Performance Pyramid Model (PPM) (Stum, 2001). Comparable to Maslow's hierarchy, PPM proposes five levels of workforce needs, each of which must be satisfied before the next one can be addressed:

- Safety/Security (most basic)
- Rewards
- Affiliation
- Growth
- Work/Life Harmony (highest)

The Performance Pyramid model suggests that employers can maximize employee commitment by addressing the most fundamental needs of Safety/Security and Rewards first, then tackling issues in the areas of Affiliation, Growth and Work/Life Harmony. Thus, according to PPM, compensation and benefits are the fundamental foundation that must be in place before higher needs become commitment drivers. Organizations must make the effort to at least meet employee expectations at each level in the hierarchy.

Lowe (2000) identifies the following as essential ingredients of high quality work environments, all of which can be categorized into the levels proposed by PPM:

- Decent living standard and economic security
- Mutual trust among employers and workers
- Participation in decision-making
- Culture of open communication
- Healthy and safe work environment
- Work-life balance
- Encouragement in using creativity and initiative
- Opportunities to use and develop skills

Why People Leave or Stay in Their Jobs

Research based on a nationally representative survey of 2,500 Canadian workers to examine the importance of employment relationships, revealed four dimensions underlying how workers define "a good job": (i) trust, (ii) commitment, (iii) communication, and (iv) influence. By identifying the factors associated with each of these dimensions, the authors found that these social-psychological dimensions of employment relationships are more critical determinants of overall job satisfaction and commitment to the organization than just pay or benefits (Lowe & Schellenberg, 2001).

When examining the differences between what workers consider important and what they actually have in their current workplace, the biggest "job quality deficits" were found in (Lowe, 2001):

- Opportunities for career advancement
- Choice over schedules
- Good benefits and pay
- Employer commitment and job security
- Work-life balance
- Job autonomy and training
- Being recognized and respected
- Having good communications among co-workers

For most workers, perceptions of opportunities for advancement and growth are among top drivers of retention; however, less than half of managers and employees feel their bosses provide them with adequate consideration of their career development. A closer look inside many workplaces reveals deeply rooted barriers to skill use and learning; these range from narrow job designs that limit workers' use of their knowledge, command-and-control management systems that do not involve workers in decision-making or in the change process, and organizational cultures that do not truly value learning .

A lot of the above factors are under the influence of the immediate supervisor. Ultimately, thus, the top reason employees resign is because they don't feel that they have an effective supervisor. As well, employees who make strong contributions are typically resentful when poor performance is tolerated and others are not required to carry their weight.

Research on staff turnover and job satisfaction in the rehabilitation field (e.g., VRRI, 2000; Ford & Honnor, 2000; Larson, Hewitt & Anderson, 1999; Hatton & Emerson, 1998) shows that turnover is highest in part-time and variable/casual positions, for direct service workers (especially in residential settings), and for workers younger than 30 years old or who have been employed by the organization for less than one year.

Primary reasons indicated for leaving jobs in the rehabilitation field include: inadequate compensation (wages and benefits), high job demands, lack of supervisor support, lack of job variety, and lack of training and development opportunities. Staff perceptions of instability in government funding may also contribute to increase in turnover (VRRI, October 2001).

In contrast, reasons why employees choose to work in the rehabilitation field, and particularly in direct services, are: personal satisfaction, an interest in intellectual disability and the desire to make a difference in people's lives (VRRI, August 2001). Direct support staff indicate that the single most enjoyable and satisfying aspect of their work is interaction with clients. Staff also report that they enjoy the opportunity to work with families, assist colleagues in developing new skills, participate in a team approach to service delivery, and directly advocate for the rights of people with disabilities in "real life" community settings (Ford & Honnor, 2000).

Organizational factors also play a critical role in whether people stay in their workplaces (VRRI, 2001). Factors mentioned include: feeling supported and valued by one's coworkers, supervisor and the

organization as a whole; having positive relationships in the workplace; sharing the agency's goals and values, and agreeing with its philosophy and direction; and having opportunities for learning and growth. (Perspectives of employers on why employees stay or leave are presented in the next chapter.)

Generational Differences in Workforce Motivation

The future workforce is going to consist of a diverse group of people, each with its own set of core values and motivators:

- large numbers of baby-boomers (born roughly between 1946 and 1966)
- members of Generation X (born between 1967 and 1976)
- members of Generation Y (born between 1977 and 1994), and
- a far more culturally and ethnically diverse population than ever before witnessed in the Canada

Most current workplaces have systems and structures that are a result of the values and expectations of baby-boomers and the generation preceding them; as well, most Canadian workplaces are based on the relatively homogeneous values of a Euro-centric culture. To successfully incorporate the younger generations and diverse ethnic cultures, employers will need to understand the different set of motivators and values that younger generations hold, as well as become culturally competent.

Core values held by today's youth are education, finances, lifestyle and security. Young employees value friendly and helpful co-workers, good pay, training that enables them to do their job effectively, chances for career advancement and good job security. Unlike older workers, when these expectations are not met, young workers are not likely to stay (Zablocki, 2002).

Generation X

GenXers are equipped with the knowledge that there are no guarantees and they don't expect to stay with any organization forever (Zablocki, 2002). They believe that security comes from transferability of skills rather than corporate loyalty and as such one of their top goals is to build a portfolio of marketable skills. They are loyal to projects, teams and bosses rather than organizations and if they don't get what they need, they are prepared to move on.

GenXers value flexible work arrangements, continuous skill development and a balance between work and personal life. They are independent, deal with change remarkably well and are very creative. GenXers are not adverse to hard work; however, they place a premium on personal time and value a life-friendly work culture. GenXers view command-and-authority based cultures with disdain; they want to be valued immediately for the skills they bring to the workplace, and to be active participants in decision-making. They can't be micro-managed, rather they expect freedom combined with frequent, honest feedback. They also expect to have choices at work. They are attracted to organizations that offer a broad range of possible career moves rather than a career ladder with logical steps.

Generation Y

Generation Y is a very techno-savvy generation, with a more global perspective and an expanded definition of diversity than previous generations. GenY enters the workforce with self-confidence and a sense of entitlement; they may have unrealistic expectations about how much they can take on. GenY is easily bored with mundane tasks and prefer to change activities often. They are also very interested in being part of a team. GenY is developing a reputation for idealism and social consciousness; they build on that by stressing the opportunity to really make a difference (Sujansky, 2004).

Implications of generational differences on HR practices

In the past, healthcare and not-for-profit services have run on the backs of dedicated people willing to work extra hours and put client needs above their own. As GenX and GenY move into the workforce, they will pose real challenges; current patterns will have to change. To recruit skilled, high potential

GenX and GenY workers, employers will need to highlight paid training, skill development, career growth and mentoring opportunities (Sujansky, 2004; Zablocki, 2002).

Some specific strategies include:

- Compensation: health club memberships, car or clothing allowances, vacation bonuses, overtime meal allowance, assistance with student loan re-payment, merit-based promotions, as well as stock options and profit sharing (for those in the corporate sector)
- Skill development and career growth: continuous training, asking what matters to them most with respect to training and development
- Work-life balance: half-day Fridays, 4-day holiday weekends, flexible hours, cooperative scheduling
- Work environment: innovative workplaces, state-of-the-art resources, supervisors who listen, lots of communication, timely feedback, and team-based work

Knowledge Workers

The workplace of the future will be much more complex, fast-paced and demanding than ever before. The most valuable asset in such an environment will be the capacity of its workers to continually be thinking about and looking for ways in which to be more effective in creating the organization's destiny rather than simply responding to external demands (Senge, 1990). Organizations that will be able to do so successfully will be places that put a premium on a culture of learning, and the workers who will be needed in these organizations will be "knowledge workers," i.e., people who are able to use knowledge and information to create more knowledge and thereby add value to the business process. Knowledge workers will play a critical role in the successful rehabilitation organizations of the future.

Knowledge workers facilitate double loop learning, un-learning and re-learning that enable an organization to understand, respond to and excel under rapidly changing conditions (Davies & Nutley, 2000). They hold university degrees, value continuous learning and are motivated by challenging work.

Traditional employment contracts may no longer be effective in retaining knowledge workers; their loyalty tends to be guided toward the occupation rather than the organization. Knowledge workers need to have an overall understanding of the business of their organization and how their work fits within it. Such understanding is necessary for their active involvement in the organizational learning processes. Strategies to retain knowledge workers include (Horowitz, Heng & Quazi, 2003):

- Financial rewards based on recognition of achievements and a willingness to share gains
- Freedom to act independently, and have challenging work to generate a sense of purpose
- Fostering growth, providing enabling resources (such as new technology) and enabling employees to acquire skills to increase their employability in both internal and external labour markets
- Effective communications, and respecting the dignity of the individual

CHARACTERISTICS OF EXEMPLARY WORKPLACES

Exemplary workplaces, or "employers of choice" are settings that are able to attract and engage the most desirable and talented workers in their industry. They are settings that meet workers' hierarchy of needs (Stum, 2001) and the definition of a "good job" (Lowe & Schellenberg, 2001).

Research on exemplary workplaces in diverse industries has identified the following as some of the key characteristics shared by all "employers of choice" (EOCs):

- Provide fair and equitable compensation and competitive benefits (e.g., day-care facilities, elder-care resources, flexible work schedules, fitness centers, product discounts, above-market standard vacation days, home loan assistance, regular social events and the opportunity to work from home)
- Provide the basic requirements for employees to succeed in their positions (i.e., training, proper equipment, information, authority, teamwork/cooperation, and safe/healthy working conditions)

- Are often flatter organizations with just three or four levels thus reducing status differences that may act as barriers diminishing some people's contributions
- Foster a "robust" relationship between the use of flexible work practices (such as teams, multi-skilling, reduced hierarchy, downward delegation of responsibility) and increased training
- Maximize the use of existing talent and engage in actualizing practices (i.e., practices that enable employees to use their skills and gifts at work). They update their skills and management inventories regularly, and ensure that employees are kept engaged and challenged.
- Understand the employee beyond knowing just simple demographics to more complex information, such as family composition and life style, personal values, and broad career goals. They promote a healthy balance between work and personal life.
- Employ "managers of choice". These individuals have exemplary people management skills, and:
  - excel in five fundamental competencies: talent scouting, relationship building, trust building, skill building and organization brand building
  - engage in collaborative decision-making, reward and recognize employees' efforts and performance, support professional development and show genuine interest and concern for their employees' personal lives
  - are fair and avoid favouritism in hiring and promotion
- Foster a culture of learning and innovation. Knowledge and experience of employees at all levels are valued and systems are in place to share information effectively and in a timely manner.

The Conference Board of Canada (2004, August), identified 8 strategic areas that organizations will have to address in order to remain vital and competitive EOCs:

- Build a systematic succession plan and ensure there is a seamless leadership transition
- Disperse leadership throughout the organization; redefine leadership as a role rather than a function, and enable all individuals to exercise leadership within their spheres of influence
- Engage in a rigorous strategy of organizational "branding" to set the organization apart from others in the industry. It is not enough to simply be an EOC; the organization must also be able to stand out from other EOCs in order to make an impression on current and potential employees.
- Capture a bigger portion of the employees' mindshare: implement strategies that engage employees by giving them a sense of purpose and fulfillment
- Value and enable a culture of learning; rate of learning must exceed the rate of change
- Make diversity a living value, implement strategies that enhance cultural competency
- Ensure managers engage in effective communication with staff
- Create meaningful measures of HR performance, focusing on quality and return on investment

Managers Of Choice in the Rehabilitation Field

Management and leadership training often take second place to the training needs of frontline workers. However, skilled leaders are a critical determinant of successful organizational cultures and the ability of workplaces to have progressive systems and practices. This is particularly so if organizations are to effectively manage and succeed under rapidly changing conditions.

As noted before, employers of choice need to have managers of choice. Such leaders value ongoing learning, excel at people and knowledge management and are successful at anticipating and taking advantage of change.

Successful organizations have leadership capacities at all levels. Within the rehabilitation field, critical positions include frontline supervisors, middle management positions (program managers, etc.), and

senior executives. Training and ongoing learning are absolutely necessary for these positions since they set the standards and the culture for successful service delivery.

Frontline supervisors are the first line of leaders in rehabilitation organizations. Research based on a large survey of rehabilitation agencies in the United States has identified the following areas that frontline supervisors need to be competent in to be effective in their jobs (Hewitt, Larson, O'Nell, Sauer & Sedlezky, 1998):

- Enhancing staff relations
- Providing and modeling direct support
- Facilitating and supporting consumer support networks
- Planning and monitoring programs
- Managing personnel
- Leading training and staff development activities
- Promoting public relationships
- Maintaining homes, vehicles and property
- Protecting health and safety
- Managing finances
- Maintaining staff schedules and payroll
- Coordinating vocational supports
- Coordinating policies, procedures and rule compliance
- Performing general office work

People in middle and top management form the next line of leaders in the organization. Most people currently in these positions are likely to be from the baby-boomer generation, probably exploring career changes or career options that give them more free time for leisure pursuits or other responsibilities such as taking care of elderly parents. Succession planning for these positions is critical, but remains relatively unexplored in not-for-profits. While 96% of corporate CEOs surveyed believe that succession planning is critical for the organization, only 20% feel their planning processes are effective. However, research suggests that organizations in which succession planning is well-implemented inevitably end up in the top 10 percentile of organizations across all industries (Leis, 2004). Board members and senior executives in the rehabilitation sector cannot afford to ignore these statistics.

How Well Do CET Standards Capture HR Effectiveness In Rehabilitation Organizations?

Rehabilitation agencies receiving funding from the Government of Alberta through the Persons with Developmental Disabilities Boards (PDD) are required to undergo the *Creating Excellence Together* (CET) Certification process developed and administered by AARC. The Organizational Framework Standards in CET are intended to capture how well the systems and structure of an organization facilitate and support the achievement of desired outcomes for the individuals it serves.

While we recognize that AARC has an ongoing process for reviewing the standards, surveyor training and survey metrics, and that the information presented in the following section may well be outdated by the time this report is released, we, nonetheless, felt that it was a worthwhile exercise to examine the CET standards that relate to human resource systems and practices and determine how well they might capture exemplary recruitment and retention practices in rehabilitation organizations in Alberta.

At the time of writing this document, CET standards that relate to HR practices and systems were quite basic. The relevant standards/indicators (as at September 2004) were:

- Human resources are in place to meet the needs of individuals, and strategic planning processes are implemented (Standard 37)

- There are written policies and procedures which deal with various areas of employment (Standard 38)
- Staff roles and responsibilities are clearly documented and understood and there is a review process for roles, responsibilities and employee performance (Standard 39)
- Staff receive the training needed to perform their jobs, and various training opportunities are offered (Standard 40), and
- The organization has practices that promote employee satisfaction (Standard 41).

CET does not examine whether the organization offers career paths, how it promotes diversity or the value of lifelong learning in the workplace, whether there are processes for job flexibility and design, and whether its policies and practices are family-friendly. These are just some of the characteristics of exemplary workplaces as identified in the literature.

In comparison to CET, both the Commission of Accreditation of Rehabilitation Facilities (CARF) and the Council on Accreditation (COA) appear to have more comprehensive human resource management standards. Given the standards currently on paper, COA accredited organizations would be expected to be better prepared for some of the workforce changes that are expected to occur. For example, they encourage the development of knowledge workers through their rigorous educational standards for high-level positions, promote a culture of learning within organizations, and encourage implementation of culturally-aware policies.

A review of CET standards specifically in regards to encouraging employers to implement progressive HR practices and systems might be a worthwhile and timely undertaking given AARC's central role in providing the leadership to develop a comprehensive solution to the HR issues of the rehabilitation field in Alberta.

SUMMARY

Irrespective of generational differences or the type of work an employee is engaged in, people in the workforce today value involvement in decision-making, flexibility, an employer who respects the need for balancing family life and work, access to technology, safe workplaces and the opportunity for continuous development and learning. Workplaces that wish to attract and retain an effective workforce now and in the future will have to respond with not just single, ad hoc initiatives, but a systematic "bundle" of strategies to satisfy employees' needs in all levels of the workplace commitment hierarchy, starting with Safety/Security and Rewards, and then, aspects addressing Affiliation, Growth and Work/Life Harmony.

PART FIVE: PERSPECTIVES AND PRACTICES OF EMPLOYERS IN ALBERTA

In this section, workplace issues and human resource solutions and strategies specific to the rehabilitation sector in Alberta are presented, based on information submitted by employers in response to the survey conducted as part of the WORKFORCE 2010 initiatives in 2004/05 (VRRI, April 2005). In addition to the highlights from the survey, we have supplemented the information from employers with findings and recommendations from the literature (e.g., Dempsey & Arthur, 2002, 1998; Hastings & Horne, 2004; Hewitt, Larson, Lakin, Sauer, O'Nell & Sedlesky, 2004; Jahr, 1998: Kinash, 2001; McAllan, Moore, Cowman, Kampfe, Sales & Smith, n.d.; Oliver, Leimkuhl & Skillman, 2003; etc.).

OVERVIEW OF CHALLENGES AND TRENDS

Most Critical Challenges and Issues

The top three critical challenges stated by respondents were inadequate compensation, lack of qualified staff and lack of support from PDD. To some extent, these were seen as being inter-related.

Most employers believed that the problem of inadequate compensation, i.e., low wages, lack of pension plans and inadequate benefit packages, is one of the biggest human resource challenges they expect to face in the near future. Respondents felt that the compensation is not sufficient for the level of education and the responsibility that accompanies the various positions. They also felt that low wages both signal and enable the devaluing of jobs in this field by the government and the public at large, and are a primary cause for the relatively high staff turnover in the field.

High staff turnover, in turn, means that recruitment is a constant activity in most organizations. Finding staff with the right amount of education and experience is problematic, particularly in rural areas; employers felt that compromises made when hiring to accommodate these shortcomings often resulted in a young and unskilled workforce. Unfortunately, because of the labour shortage, employers feel forced to pay under-qualified staff similar compensation to those with more qualifications. This, in turn, deters more qualified workers, and reduces the perceived need to attain qualification.

Employers felt that they do not have adequate support from PDD to assist them in solving the compensation and recruitment/retention issues. In particular, they felt that PDD was not doing enough to raise the profile of the rehabilitation field or to advocate for increased recognition for the hard work underlying the provision of services to persons with disabilities. This lack of promotion and recognition was linked to rehabilitation work not being a recognized, professional designation.

Observations of Workforce Demographic Trends

Demographic trends observed in the past five years include: (i) an increasingly culturally diverse workforce, (ii) more male applicants, (iii) more older applicants, and (iv) more people with lower academic qualifications.

Since 2000, many agencies have seen an increase in applicants with primary languages other than English. Cultural diversity is especially prevalent, and welcomed. However, some employers noted that this has created extreme communication barriers, leading to increased challenges for the agency in providing training and support.

Employers have also seen an increase in the number of male applicants in the past few years; however, the general consensus is that the men are less qualified. The gender gap in frontline positions is seen as particularly acute, with most agencies reporting a gender ratio of 95% women to 5% men. Inadequate compensation is the main reasons reported for the lack of men in frontline positions.

Most workers in the field are reported to be between the ages of 20 and 50. Respondents felt that younger female workers may have more education coming into the field than in previous years, but that

they rarely remain in the field very long. An important trend noted by several employers was that of women returning to the workforce after having children. Related to this was the observation made by some respondents that the average age of applicants is higher than in the past, but that the older workers have lower formal education.

Several employers reported that more people without post-secondary qualifications were applying for positions. Because of the labour shortage, employers felt pressured to hire people just out of high school or with fewer qualifications. They also noted that there is a trend for new recruits to move into higher management level positions quicker than is warranted by their skill levels. Respondents felt that these trends could diminish the value of education as a requirement for working in this field.

With respect to trends expected in the next 5-10 years, an overwhelming number of employers felt that high turnover will continue if the pay and benefits remained the same. Several employers were concerned about the aging workforce and the expectation that many of their key staff will be retiring within the next ten years. Some employers predicted an increase in cultural diversity in the next ten years, and the continued predominance of women in the rehabilitation workforce, while rural respondents felt that recruiting difficulties will increase due to competition from other industries.

Skills and Roles for the Future Workforce

Respondents suggested that rehabilitation workers will need to have the ability to work in partnership with families and people of diverse backgrounds. They felt that the future workforce will need to have a higher level of education overall, and more specialized skills, e.g., a minimum of a rehabilitation diploma, LPN training, sign language, personal care, job coaching, counselling, and behavioural support. They also felt that staff would need to have good administrative, communication, conflict management, advocacy and writing skills, with the ability to cope with stress. Knowledge of community resources and supports was also seen as key.

People felt that the role of frontline staff would evolve over the next 5-10 years to resemble that of a facilitator, connector and an ambassador. Some respondents highlighted the fact that the role of frontline staff has become less structured and is expected to become increasingly so in the future as staff facilitate the inclusion of individuals into specific community environments.

A number of respondents indicated that they expect the role of frontline staff to expand to include more administrative duties. This role would include having more input in risk management plans, critical incidence reports, and other forms of documentation. A draw back of this, which was mentioned by one respondent, was that it could take the staff's time and focus away from direct service and increasingly into the realm of paper work.

Adequacy of Post-Secondary Training of Rehabilitation Students

Employers were overwhelmingly dissatisfied with the preparation of students for the rehabilitation workforce. Post-secondary institutions were criticized for focusing on behaviour modification programs, not preparing graduates for the basic skills needed in frontline work, and for lacking a real understanding and practical experience in how to support people to integrate into the community. Employers also felt that not enough emphasis was placed on teaching students supervisory and management skills.

People felt that, even if post-secondary institutions were to properly prepare students for work in the rehabilitation field, low wages were a deterrent to working in this profession. One suggestion, for increasing the profile of the rehabilitation field and to bring in qualified workers, was to implement co-op terms. This kind of training and mentorship could facilitate loyalty to an agency while at the same time increase its profile at college and university programs.

RECRUITMENT AND RETENTION ISSUES AND STRATEGIES

Reason Why Fewer People Are Choosing Rehabilitation As A Career

One of the main reasons why employers believe fewer people are choosing a career in the rehabilitation field is the high stress level and resulting burnout that accompanies the job. This was seen to be especially true when dealing with individuals with behavioural problems where the work environment is perceived as being dangerous. In addition, irregular hours and shift work were seen as making this field less attractive, especially for employees who have families.

Respondents again expressed their concern that inadequate compensation was one of the main reasons why individuals are not attracted to the rehabilitation field. Employers attribute this to lack of funding from PDD, citing it as the primary reason for the inability of the rehabilitation industry to compete with other sectors, some of which require a similar level of education, for example nursing.

People felt that the issue of poor compensation is compounded by the fact that opportunities for advancement in the field are limited. As well, the failure to recognize rehabilitation work as a profession was seen as a major deterrent for prospective employees. Many respondents stated that if the industry had some sort of professional designation, more people would be attracted to the field.

Areas And Positions Especially Difficult To Recruit And Retain Workers For

Respondents, especially those in rural areas, reported that it was difficult to find workers in general and that all positions were difficult to fill. Not surprisingly, frontline positions were overwhelmingly seen as being the most difficult to recruit and retain workers for. Of these, supervisory positions and team leader positions were also seen as difficult to fill due to the fact that the required education level and increased responsibility of the position were not matched by the accompanying compensation. Employers expressed notable difficulties in retaining workers, especially those with families, for overnight and weekend shifts.

Other positions failing to attract workers were those requiring specialized skills (e.g., dealing with individuals with behavioural problems and difficult or dangerous situations), extensive personal care, or higher levels of education (e.g., psychologists, psychiatrists and doctors). Employers felt that workers with higher skills were able to find better paying jobs in the health care system.

Trends in Turnover

Many employers said that dissatisfaction with current level of compensation was the main reason given by many of the workers who were leaving and moving on to better paying jobs with better benefits. Other reasons for leaving included:

- dissatisfaction with working conditions (e.g., concerns about personal safety, burnout, the inability or lack of desire to deal with behavioural issues, and frustration with the lack of opportunity to advance or change in the agency)
- inadequate work hours
- concerns about how the profession was viewed by others
- personal life changes or goals (e.g., furthering education, moving, health problems, marriage and other family responsibilities, relocation of primary earner in the household, etc.)

Employers felt that the number of individuals leaving for jobs in the rehabilitation field was far less than those leaving to go to jobs in other industries, e.g., education, nursing, and other human services where people could transfer their current skills and experience and receive better pay. As well, some employers felt that there was a rising number of people leaving human services altogether and moving on to work in the thriving oil and gas sector, especially in rural areas and northern communities.

Movement within the rehabilitation field was seen to consist primarily of workers getting more permanent or higher level positions in other agencies, e.g., casual/relief or part-time workers getting full-time positions, people moving up from direct frontline to supervisory or management roles, etc.

Employers did not believe that there were any set demographic patterns to those leaving the agency, but that turnover was across the board. Of those who were able to report demographic patterns, most stated that turnover was predominant in their younger staff. Some of the young people, they felt, had little education and were "testing" the profession or continuing with their education, while others who were educated were leaving for jobs more suited to their field of training. Many people reported that individuals often use frontline rehabilitation jobs to gain experience to get jobs in other related fields.

Women were generally seen to leave for family-related reasons such as raising a family, relocating with their spouse, or for career opportunities. Men, in contrast, were seen to leave for financial reasons.

Demographic Groups Targeted For Recruitment Or Retention

Employers were mixed in their response to whether they targeted specific demographic groups for recruitment. With respect to those who do not practice targeted recruitment, some indicated that they focus on skills rather then demographic characteristics, while others said that they cannot afford to be selective in their need for employees, and yet others stated that they rely, in part, on personal referrals and word of mouth advertising rather than targeting specific groups.

On the other hand, some employers who do practice targeted recruitment, said they did so because their goal was to match employee characteristics as closely as possible to those of the individuals requiring service. A sizable number of respondents mentioned that they target males, due to their shortage in the profession, but were quick to add that this is with limited success. Some target young people in order to get them interested in the field, while others choose to target middle aged and older individuals because they are seen as having a wide range of life experiences that would add to their ability to perform the job. Two respondents mentioned that location is an important factor when recruiting, one indicating that they focus on smaller communities while the other stated that they try to recruit locally as much as possible.

Many respondents reported that they often target specific cultural groups for recruitment, especially new immigrants and aboriginals. However, they note that they sometimes have to address cultural and language barriers with people from some of these groups. Respondents also target college and university students through job fairs, advertising and focusing on practicum students.

Proposed Strategies and Solutions for Recruitment and Retention

All employers stated that increased compensation was a primary requisite to solving the recruitment and retention issues that were overwhelming employers, especially during a period of labour market shortage when less demanding and better paying jobs were available in just about every part of the province. Key components of the compensation formula, according to employers, included:

- Eliminating the wage discrepancy between community-based agencies and government facilities
- Implementing a wage differential to attract people to fill unpopular positions, e.g., shift work, awake overnight, relief/casual, etc.
- Offering pay commensurate with education and experience levels
- Providing other forms of job incentives and security, e.g., progressively increasing benefits and vacation time based on tenure in the organization

Improved benefit packages were seen as a much required need in rehabilitation agencies, where most organizations offer very basic benefits; some areas identified for improvement included:

- Retirement packages and RRSP/pension plans
- Family-related sick leave

- Incentives for employees to further their education in college or university programs

Employers also identified a number of strategies designed to improve the work environment and build employee commitment. For example:

- Increased flexibility, allowing staff to modify their work hours and job description
- Increased opportunities for staff interaction and communication, e.g., providing different activities for the staff to participate in, distributing service awards and staff surveys, and increasing opportunities for staff to participate on various committees. All of these were aimed at, and resulted in, improving the communication between frontline staff and management.
- Providing strong support and guidance (which was the most recommended strategy to retain frontline workers). This included: fully informing individuals of the challenges of working with persons with disabilities and behavioural problems prior to hiring, enabling mentorship and support from co-workers and supervisors, forming a supportive staff network, providing staff with the necessary training to increase confidence and independence, listening to staff's concerns, allowing time off for family events, hosting staff appreciation activities, providing various ways in which to recognize staff contributions, and reminding staff of the valuable work they are engaged in.
- Providing opportunities for skill development and challenge, e.g., in-house training, training staff to train others, training less educated staff who had the aptitude for the job rather than hiring based solely on educational requirements, putting staff in progressively more challenging positions (e.g., via secondments in other departments or areas of the organization), assisting staff with career planning, giving staff the opportunity to advance based on educational attainment, and matching staff to the individuals that they were most suited to and had the desire to work with.

A number of strategies were also suggested that require forming partnerships and collaboration. For example:

- Collaborating with post-secondary institutions to market the field to students yet in high school
- Developing partnerships with other businesses and agencies to establish bursaries or share staff
- Raising the public profile of the field through advertising and social marketing campaigns emphasizing the supportive aspect of the industry
- Working with funders and AARC to recognize the rehabilitation field as a professional career with a professional designation

Employers strongly emphasize that the role of PDD is key since many of these suggestions cannot be met with the current funding structure or resources available from the government.

Recruitment and retention strategies identified in the rehabilitation literature

Many of the strategies and solutions recommended and/or practiced by employers in Alberta to ameliorate recruitment and retention issues in the field are similar to those identified in the rehabilitation literature. This section summarizes findings from some of the latter.

Untapped labour sources

The literature identifies the importance of tapping into underutilized labour sources, e.g., immigrants, older workers and youth. Rehabilitation services lag behind for-profit businesses in their ability to attract immigrant workers, yet, immigrants are among the fastest growing groups in the Albertan labour pool. While labour market research shows that immigrants coming into Canada are more interested in professional and technical careers than in human services, this is a huge labour pool that rehabilitation employers cannot afford to ignore. The Government of Alberta has recognized the potential of this labour pool and is developing a comprehensive approach to help integrate skilled immigrants into the labour force. The goal is to help recognize foreign credentials and build the skills and qualifications of immigrants to Alberta.

Another untapped resource is older workers, i.e., those close to or at retirement age. Older workers can become part of the solution to the skill shortage problem through emphasizing the advantages and potential economic impact of their extended labour force participation. Agencies often have minimal representation from those who are 56 and older. Agencies that have consumers who are of retirement age might benefit from the life experience and community connections of these staff persons. Positions that are part-time, and offer flexibility and social connection might appeal to this population. As well, as professional baby boomers retire from a life spent working in the corporate sector, many are looking for ways in which they can contribute their skills and experience to not-for-profit settings in which their work can make a meaningful difference and result in emotional (if not financial) satisfaction. These workers can be a tremendous pool of talent and bring social capital into an organization (e.g., via the networks they may have developed during their corporate careers).

To tap unemployed persons and youth, rehabilitation employers and governments can work together in programs specific to these populations, e.g., welfare-to-work and school-to-work programs. These are among the potential areas in which to address labour shortages in direct service work, while responding to people's need for meaningful careers.

Strategies for women

The majority of rehabilitation workers are women. It is important to establish and promote human resource practices that foster the job satisfaction of women. Many women may be mothers, balancing career and family. Family-friendly practices are essential. Policies can be established such that sick time can be used for children's in addition to personal illnesses. Sufficient coverage should be available so that parents can schedule time-off to attend children's special events. Employees with responsibility for aging parents have a similar need.

Other strategies identified

- Using realistic job previews
- Creating effective teams
- Providing opportunities for workers to network and socialize
- Training supervisors to effectively guide and support the work of their employees
- Providing peer mentoring and competency-based training programs for direct service workers
- Increasing the number of positions that have paid leave time and benefits
- Focusing on interventions to reduce turnover in new hires (e.g., immediate access to full benefits, higher starting salaries, effective orientation and training, etc.)

STAFF DEVELOPMENT AND TRAINING ISSUES AND STRATEGIES

Challenges In Providing Staff Development

The majority of employers stated that the biggest challenge to providing staff with development and training is lack of resources. This included, but was not limited to, funding. Lack of funds limited the number of trainers that agencies could employ or invite, restricted the amount of travel or training registration costs that could be reimbursed, and needed to be factored in when considering the cost of providing relief coverage while staff were away on training.

Another valuable resource which respondents reported as limiting their ability to provide staff development and training was lack of time. It was reported that the work schedule of full-time staff made it difficult for them to attend courses. This was especially true for those with families and other responsibilities outside of the agency.

Employers also stated that the lack of relief staff to cover shifts was a barrier to providing regular staff with development and training opportunities. In addition, the availability of well-trained reliable and

qualified trainers posed a problem. Finally, some respondents mentioned that staff development and training is a challenge given the high turnover rate in the field, since staff often leave before the material learned in training can be implemented effectively.

Critical Areas Where Training Is Required

The most often listed area where additional training is required is in dealing with complex behaviours, specifically, behaviour management and non-violent crisis intervention. Another important focus was the medical area, such as abuse protocol, medical administration, first aid and CPR. In addition, respondents felt that training is needed on specific medical disorders and disabilities, e.g., FAS, dual diagnosis and different types of seizures.

Community inclusion, access and development were also highlighted by a number of respondents as areas where staff need additional training. Teaching skills that can be used in the community, such as friendship building and social interaction, is an important part of frontline staff's job description. Respondents felt that in order to fulfill this role, staff needed to know how to develop connections and networks for persons with disabilities, as well as how to create opportunities for them in society.

It was also noted that staff needed training in leadership areas, e.g., supervision, caseload management, conflict resolution, mediation, creative thinking and decision making skills. Effective communication, interpersonal and team building skills were also mentioned.

Skills aimed at applying more professional standards to the rehabilitation field were also listed in the responses. These included administrative skills, such as report preparation and documentation, as well as programming skills. For example, some emphasized the need for improvements in risk management plans, and in the knowledge and application of many of the agencies' policy and procedures.

Training needs identified in the literature

In addition to the training needs identified by employers, previous research was consulted to supplement the list of potential training areas (e.g., Dempsey & Arthur, 2002, 1998; Jahr, 1998). In particular, the Alberta-specific research of Kinash (2001) is reported here to get a better understanding of the staff development needs and preferences of rehabilitation workers.

Research suggests that staff have training deficiencies in areas that include: stress management, communications, team-building, working with diverse stakeholders, problem solving, management and leadership training, advocacy skills, and evaluation techniques.

Future staff training will need to include areas pertinent to the aging population of consumers, e.g., Alzheimer's, cardiac conditions, mobility deficits, vision and hearing impairments, multiple pharmacological needs and other age-related conditions. It is also expected that more young people who have survived pre-mature births, ventilator dependency, and multiple medical conditions will be entering the community care system and will require lifetime care. Organizations are encouraged to provide more information on mental health aspects of behavioural concerns as the need for services to people with dual diagnosis increase.

To be effective, training needs to be individualized and offered over longer periods of time. Preferred training methods (in rank order) include (Kinash, 2001): onsite workshops, job shadowing, conference attendance, paid mentorship with a senior practitioner, college/university classes, job swap opportunities, texts and binder modules, unpaid practicum and on-line learning. Employees want their training to count toward certification or advancement in the field. The researcher recommends that the rehabilitation sector examine the viability of standardized, portable training and certification for all direct support workers, and adjust compensation scales for those who obtain additional credentials over time. Organizations should also explore implementing incentive programs such as reimbursing tuition fees, assisting with educational loans, allowing "sabbatical" leaves, etc.

Proposed Strategies And Solutions

One of the strategies mentioned as a solution to the challenges of staff development and training was to access community resources. For example, at least one agency reported that they look to external funders (outside of PDD) for support through bursaries. Another approach mentioned was to seek out free or low cost courses offered by others in the community, while others indicated that they chose to partner with other agencies to offer training and development courses. This was done by either combining resources so that both agencies offered the course, or sending a small number of staff to a course being offered by another agency or educational institution.

Many respondents indicated that their agencies often make use of their own resources by offering some type of in-house training. For some, this means paying for some staff to get trained, who in turn train other staff in their agency. For others, this involves conducting regular training sessions offered at staff or team meetings. Another solution was to become flexible in order to accommodate those requiring training. One respondent indicated that they offer multiple sessions at times intended to accommodate the schedules of the staff, and to get around the problem of lack of relief staff to fill shifts.

Other creative strategies proposed to overcome training problems included: offering wage incentives to motivate employees to attend training and development sessions; offering shadow shifts for orientation rather than send staff to structured training sessions; and, offering a "self-funded program" where, once again, there is a monetary incentive to complete all required training, and consequently receive higher wages.

HUMAN RESOURCE PRACTICES FOR THE FUTURE

Organizational Responses Needed To Provide Effective Services

Providing adequate compensation was the biggest response that employers felt they needed to have in order to have an effective workforce. Proper benefits and wages are identified over and over again in staff surveys conducted within agencies. Compensation issues include, but are not limited to, increases in pay scale, sick and maternity leave and educational incentives.

Employers felt that agencies would need to be more flexible in the way they deal with their employees, e.g., offer a flexible work schedule, including shifts and work hours; be more accommodating to employees with families by offering some form of child care provision; and, offer stress day in recognition of the high stress level of the job. Flexibility and creativity in dealing with employees, and paying more attention to their personal and family goals were seen as crucial in order to continue to be an effective service.

Employers also felt that it was important for staff to have a thorough understanding of the organization's vision, goals, philosophies and practices, and for them to participate in decision-making activities within the organization. A thorough orientation and ongoing communication were seen as critical in fostering staff involvement.

Other responses identified include job recognition, better and more progressive job opportunities for advancement, and meaningful staff development and training opportunities. The need for instilling good leadership and supervisory skills was also identified.

A number of administrative improvements were also seen as important to effective service provision. These include better technological communication within agencies, effective delegation of paper work tasks to administrative staff so that frontline workers can focus on direct service delivery, and improved (not just more) documentation so that people could learn from prior experiences and history.

Developing a better profile and relationship in the community were also seen as important aspects of effective service delivery. Respondents reiterated the need to increase community awareness and respect for the field on a whole. This would include partnering with educational institutions and

community organizations, as well as promoting the field as a long term career option rather than a part-time job.

Preparedness To Meet The Challenges Of The Future

Roughly 20% of the respondents stated that they believed their organizations were well prepared to implement the necessary strategies to continually provide effective services. Of these respondents, some indicated that they had the necessary funds to offer training, hire effective staff and offer competitive wages and benefits in order to maintain high standards of service delivery. While some stated that they have sufficient qualified staff to be effective, others indicated that their commitment to community involvement and liaising with community organizations and educational institutions made them prepared for future challenges. One agency stressed that their organization's policies and procedures made them capable of implementing these strategies.

The majority of respondents indicated that they were "on their way to being prepared" or otherwise capable, however, funding remained a barrier. Thus, for most respondents, the capabilities are there, providing that increased funding is in place.

An additional 15% of employers believed their agencies were not capable of implementing the strategies needed for effective service delivery. Again, funding was the main reason stated for this challenge. These employers felt that financial constraints strapped them to the point where they were not as effective as they could otherwise be. Lack of funding prevented them from obtaining resources such as qualified staff, adequate training and development, and administrative systems that were needed to be effective.

Supports Needed To Become Or Remain A Valued Employer

As with the ability to provide effective services, the majority of respondents indicated that increased funding was necessary to become or remain a valued employer. Funding was needed to provide competitive wages and benefits to attract the best qualified individuals to the field. It was also stated that funds need to be consistent and permanent rather than being awarded based on annual contracts. In addition, people felt that funds were needed to provide effective technological support, continual training and educational opportunities, and access to outside support and consultations.

Another major suggestion was the need for improved and increased relationships between service providers and PDD. People felt that PDD did not demonstrate adequate support or understanding of the issues faced by community service providers. They also felt that PDD did not appreciate the depth of commitment that agencies had made to serve the rehabilitation community. Employers stated the need for PDD to recognize and respect each agency's ability and expertise at managing its own internal affairs; they wanted PDD to restrict its role to that of providing overarching guidelines to ensure stability and consistency in the field, rather than engaging in micro-managing. People also called for greater transparency between the government board, staff and community service providers.

Better communication and cooperation among service providers, as well as between PDD and the agencies, were also identified as important elements of being a valued employer. This includes being fully aware of policies and guideline changes from the government, access to up-to-date knowledge about best practices, and effective sharing of information, research and resources among agencies.

Improving the status of rehabilitation services and the status of people with developmental disabilities were also seen as vital in order for employers and the field to be seen as valued components of society.

Innovative Strategies Or Practices Currently Being Implemented

Employers had already identified a number of recruitment, retention and staff development strategies that they implement (above). In this section, we asked them to describe some of the strategies that they consider to be most innovative or creative.

The majority of strategies reported focus on improving the work environment. These included providing team building opportunities (in the traditional work environment but also in social and leisure settings), conflict resolution strategies, and improved communications at all levels.

Increasing opportunities for staff input is seen as a vital component of improving the work environment. Service providers are achieving this is a number of ways, e.g., involving stakeholders in strategic planning and decision making processes; giving staff a voice in determining the policies and procedures of the agency; encouraging feedback on the organization from staff; allowing staff to share their expertise and skills through specialized programming; and encouraging staff to serve on human resources committee in an advocacy role, etc.

Others indicated that creativity and flexibility in work arrangements are important, e.g., being flexible in scheduling shifts and work hours, and encouraging creativity in service provision. Also important were recognizing work-life balance, e.g., liberal benefit packages, extended sick leave, long vacation periods, "well-in" days in honor of good attendance, and additional hours for family time or to deal with personal or family matters.

One agency stated that its commitment to a holistic approach, not only in dealing with its staff, but also its persons with disabilities and the community at large, was an innovative practice. This involves its relationships with the community as well as with specific agencies in the community, especially those that provide services to people with developmental disabilities.

Life-long learning and progressive practices for career advancement were also mentioned as strategies being implemented by some employers. Among these include providing staff with bursaries to further their education while maintaining their job position, grooming staff for senior management positions, and highlighting the need to have career goals match the desires and needs of the specific employees. One agency stated that they offer a number of small contracts to staff to allow them the opportunity to work with a larger number of persons with disabilities.

Strong relationship with the community were also seen as important. Organizations that focused on developing external ties felt that these practices were essential to enhance partnerships, inclusion and the profile of the field in the community.

SUMMARY

Employers in the rehabilitation field in Alberta are dedicated and committed to providing quality services to persons with developmental disabilities in the province, now and in the future. They have identified a number of challenges that they face within the current labour market shortage in Alberta. Among these, the most recurrent theme is that of not having sufficient funding to pay proper compensation to staff, or to have proper resources for technology, administrative supports, and professional development. Adding to the lack of funding is the perception that rehabilitation work is not seen as a valued and worthwhile profession. The main messages that people emphasized were the need for improved funding and for establishing a professional designation for the field. Employers reiterated the importance of PDD really listening to their concerns and recommendations as put forward in this survey, and for working in partnership with community service providers to develop a comprehensive response.

SUMMARY AND CONCLUSION

The information gathered through the primary and secondary research activities undertaken by VRRI from summer 2004 to spring 2005 for AARC's WORKFORCE 2010 initiative provide the first ever comprehensive picture of the workforce demographic trends, issues and best practices in community-based PDD-funded services across Alberta.

The research shows that, in 2004, there were about 3.2 million people in Alberta, of whom, 11,550 were persons with developmental disabilities aged 15 and over. In the same year, PDD provided services to over 8,800 adults with developmental disabilities and FSCD reported close to 3,900 children receiving services with developmental conditions as the primary disability. Based on this data, the prevalence of developmental disabilities in Alberta is estimated at 0.40%. There were more males than females in PDD services (56%:44%), and among FSCD consumers, the ratio of males to females was even higher (65%:35%). Approximately 31% of children with developmental disabilities receiving FSCD services were reported to have a primary diagnosis of Autism or Atypical Autism.

By the year 2010, close to 11,000 individuals with developmental disabilities are projected to receive PDD services along with 6,700 children with disabilities accessing FSCD services. Factors contributing to these increases include population growth and aging parents less able to provide the level of support previously provided to family members.

Compared to 2004, there will be a higher proportion of individuals in PDD services in 2010 aged over 45, and a greater number of male consumers than before. It is also expected that there will be more individuals with complex needs, Fetal Alcohol Syndrome (FAS), dual diagnoses of developmental disability and mental health issues, and greater cultural and ethnic diversity.

Over the next 5-10 years, consumers and family members will expect a continued focus on inclusion; at least the same level of individualized services with current funding, with an emphasis on educational and employment support services; more community partnerships and culturally sensitive supports; greater involvement of consumers and family members in advocating for quality services and independent living supports; and, more accountability from service providers and government funders.

Consumer demographics and family/consumer expectations of services all suggest that the rehabilitation workforce of the future will not only need to be well trained but also more skilled in supporting inclusion, working collaboratively with self-advocates and family members, and being innovative and creative in providing services.

This will be a hard demand to fulfill given that, in the coming years, Alberta is expected to have one of the highest levels of skill shortages in the country, due in part to the flourishing economy and the sizable portion of the workforce that will be approaching retirement age. While all sectors will be vulnerable, health care and social services are expected be the most affected. Recruitment and retention of skilled workers in the rehabilitation sector have long been identified as chronic problems due to the increased demand for community-based staff as a result of de-institutionalization; issues of compensation; demanding work and the devalued nature of rehabilitation work. The most recent data puts turnover in the rehabilitation field in Alberta at just over 32%.

Population estimates suggest that there could be as many as 15,000 positions funded by PDD and/or FSCD to provide services to individuals with developmental disabilities in Alberta. Over 80% of the workers in PDD services are female and the largest proportion (close to 30%) are aged 26 to 35 years old; just under 80% are in frontline positions and just over half (53%) are in permanent, full-time positions compared to 15% who are employed on variable/casual/on-call terms. Just over 40% of employees have a high school diploma or less, while only 18% have a university degree or higher. Employers have repeatedly expressed their concern that new hires into the field are less qualified and skilled than the position they are filling requires.

Student enrolment in post secondary institutions is a key indicator of the trained and skilled workforce of the future. Review of student enrolment data suggests that enrolment in post secondary institutions in Alberta has been steadily rising, growing from 1998/99 to 2002/03 by close to 20% overall and close to 30% in rehabilitation related programs such as health, education and social/community services. Despite these trends, enrolment in rehabilitation specific programs has declined by close to 20% since 1998/99, with only 1,164 student records reported for 2002/03 in the nine rehabilitation specific programs offered across the province. Female students continue to predominate in these programs, with only 67 male records reported in rehabilitation specific programs province wide for 2002/03. Close to 80% of the enrolment was in diploma programs, and only 20% for university degree programs.

Declining enrolment and a small student body exacerbates the already critical shortage of skilled labour in the rehabilitation sector. As long as over 5 years ago, AARC had estimated an annual need for 2,000 new staff in services to people with developmental disabilities, and had reported that close to half the new hires were less qualified than the individuals they were replacing. One option is to attract individuals from related fields, e.g., health, education and community/social services. The challenge, however, is that there are already skill shortages in these sectors, together with better wages and work conditions. Unless the rehabilitation field is able to develop motivators that can attract these workers, the skill shortage in rehabilitation services will continue to be a chronic recruitment issue.

Review of the not-for-profit and human resource management literature identified a number of motivational factors, issues and best practices that rehabilitation employers can learn from as they prepare to face the HR challenges in their own field. One of the repeating themes in the literature was that of the diversity of the future workforce, and the generational and cultural differences between baby-boomers, Generations X and Y, and people from ethnic backgrounds. To successfully incorporate the younger generations and diverse ethnic cultures, employers will need to understand the different set of motivators and values that these groups hold.

In general, research suggests that people in the workforce today value involvement in decision-making, flexibility, an employer who respects the need for balancing family life and work, access to technology, safe workplaces and the opportunity for continuous development and learning. Workplaces that wish to attract and retain an effective workforce will have to respond with a systematic "bundle" of strategies to satisfy their employees' material and emotional needs.

Survey of rehabilitation employers in Alberta has shown that they are dedicated and committed to providing quality services to persons with developmental disabilities in the province, now and in the future. Despite a number of challenges that they face within the current labour market shortage in Alberta and chronic funding constraints within the rehabilitation field, most employers continue to seek creative ways to recruit, retain and develop their employees. Many are implementing innovative strategies and seeking creative ways of leveraging partnerships and collaborations to stretch their limited funding dollars in order to compensate their staff, and pay for proper resources for technology, administrative supports, and professional development.

The most vocal message from service providers was to increase and have consistency in core funding so that they can provide competitive wages and benefits to their workforce. Employers emphasized the need for better communication and cooperation among service providers, as well as improved and transparent relationships between service providers and PDD. This includes being fully aware of policies and guideline changes from the government, access to up-to-date knowledge about best practices, and effective sharing of information, research and resources among agencies. Employers see PDD's role as that of providing the resources and guidelines to ensure stability and consistency in the field, while they see their own role as that of being trusted to manage their own businesses to provide quality services. Employers reiterated the importance of PDD really listening to their concerns and recommendations, and for working in partnership with community service providers to develop a

comprehensive response to the workforce challenges facing the field. Employers also called for social marketing initiatives to improve the status of rehabilitation services and the status of people with developmental disabilities as valued components of society. Finally, a large number of employers and family members felt that creating a professional designation for rehabilitation work would go a long way in making the field an attractive career option for potential workers.

FINAL WORDS

As the rehabilitation sector faces the challenge of developing and maintaining a responsive and sustainable workforce to support persons with disabilities in Alberta, human resource issues in this sector can no longer be assumed to be the problem of individual agencies. Government leadership, stakeholder partnerships and inter-agency collaboration are needed for a comprehensive and effective human resource plan for rehabilitation services. The WORKFORCE 2010 initiative is a prime example of the kinds of collaborative undertakings that will be required to prepare for the workplace of the future.

In today's information age, knowledge management skills and intellectual capital are an organization's most valuable assets. We expect industry leaders to use the information provided here as a stepping stone in their journey to do their own research and continually assess their own learning. Knowledge managers know that it is increasingly important to "do the right thing" instead of just "doing things right"; they also know that "best practices" of yesterday or today may not necessarily be the "best practices" of tomorrow. Double-loop learning, unlearning and relearning are strategies that leading organizations are embracing. Rehabilitation organizations cannot afford to be exceptions to this trend.

It is clear, however, that information and tools on their own will not be sufficient; nor will it be prudent for service providers to try to achieve success by relying solely on their own resources and creativity. Service providers have identified a number of solutions to current and imminent challenges, and many are implementing a variety of "best practices" to remain valued employers. Despite their dedication and efforts, only a few feel adequately prepared to provide quality services in the future.

The human resource challenges that confront the rehabilitation field are not unique to the industry, but shared, to varying degrees, by all human services in Alberta. Effective and long-term solutions will require solid commitment and partnerships to ensure that information and innovation are coupled with adequate compensation formulae, increased resources and flexibility, and a consolidated effort to change the devalued perception of the field—which includes establishing a professional designation for rehabilitation work. More than ever before, PDD Provincial and Regional Boards, AARC, service providers, family members and self-advocates will have to work together in partnership to achieve the vision set forth by WORKFORCE 2010.

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