

CALDER BATEMAN
Workforce 2010

- Qualitative Report -

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TABLE OF CONTENTS

1. BACKGROUND AND METHODOLOGY	1
2. RESEARCH APPROACH.....	2
3. ANALYSIS OF FINDINGS	3
3.1 OVERVIEW	3
3.2 FRONT LINE STAFF	4
3.2.1 <i>Awareness of Persons with Developmental Disabilities.....</i>	<i>4</i>
3.2.2 <i>Awareness of Career Options</i>	<i>4</i>
3.2.3 <i>Industry Vocabulary</i>	<i>5</i>
3.2.4 <i>Perception of Careers in Community Rehabilitation</i>	<i>6</i>
3.2.5 <i>Motivations for Entering Community Rehabilitation Motivations</i>	<i>7</i>
3.2.6 <i>Incentives for Remaining in Community Rehabilitation.....</i>	<i>7</i>
3.2.7 <i>Barriers for Entering Community Rehabilitation.....</i>	<i>8</i>
3.2.8 <i>Challenges for Remaining in Community Rehabilitation.....</i>	<i>9</i>
3.3 INFLUENCERS AND POTENTIAL WORKERS	10
3.3.1 <i>Awareness of Persons with Developmental Disabilities.....</i>	<i>11</i>
3.3.2 <i>Awareness of Career Options</i>	<i>11</i>
3.3.3 <i>Industry Vocabulary</i>	<i>11</i>
3.3.4 <i>Assessment of Community Rehabilitation as Career Choice.....</i>	<i>12</i>
3.3.5 <i>Motivations for Entering Community Rehabilitation</i>	<i>12</i>
3.3.6 <i>Barriers for Entering Community Rehabilitation.....</i>	<i>13</i>
3.4 SPECIALISTS.....	13
3.4.1 <i>Awareness of Career Options</i>	<i>14</i>
3.4.2 <i>Industry Vocabulary</i>	<i>14</i>
3.4.3 <i>Perceptions of Careers in Community Rehabilitation.....</i>	<i>14</i>
3.4.4 <i>Motivations for Entering Community Rehabilitation</i>	<i>15</i>
3.4.5 <i>Incentives for Remaining In Community Rehabilitation.....</i>	<i>15</i>
3.4.6 <i>Barriers to Entering Community Rehabilitation</i>	<i>16</i>
3.4.7 <i>Challenges for Remaining in Community Rehabilitation.....</i>	<i>16</i>
3.5 EXECUTIVES	18

3.5.1	<i>Awareness of Career Options</i>	18
3.5.2	<i>Industry Vocabulary</i>	18
3.5.3	<i>Assessment of Community Rehabilitation as Career Choice</i>	19
3.5.4	<i>Motivations for Entering Community Rehabilitation</i>	19
3.5.5	<i>Incentives for Remaining in Community Rehabilitation</i>	20
3.5.6	<i>Barriers for Entering Community Rehabilitation</i>	21
3.5.7	<i>Challenges for Remaining in Community Rehabilitation</i>	21
3.6	CAREER COUNSELLORS	23
3.6.1	<i>Awareness of Career Options</i>	23
3.6.2	<i>Industry Vocabulary</i>	24
3.6.3	<i>Assessment of Community Rehabilitation as Career Choice</i>	24
3.6.4	<i>Motivations for Entering Community Rehabilitation</i>	25
3.6.5	<i>Barriers for Entering Community Rehabilitation</i>	26
4.	CONCLUSIONS	27
4.1	AWARENESS.....	28
4.1.1	<i>Understanding of the PDD population:</i>	28
4.1.2	<i>Awareness of the Community Rehabilitation sector:</i>	28
4.1.3	<i>Maximize Recruitment Opportunities</i>	29
4.2	POSITIONING COMMUNITY REHABILITATION AS A CAREER OF CHOICE	29
4.2.1	<i>Motivations</i>	29
4.2.2	<i>Barriers</i>	30
4.3	REMAINING IN THE INDUSTRY	30
4.3.1	<i>Motivations</i>	30
4.3.2	<i>Barriers</i>	31

1. BACKGROUND AND METHODOLOGY

In September 2004, Criterion Research was commissioned by Calder Bateman to conduct research to support the marketing and communication plan for the Workforce 2010 project. The primary sponsors for Workforce 2010 are the community organizations employing people in the community rehabilitation workforce. Members and non-members of the Alberta Association of Rehabilitation Centres (AARC) together with government agencies and departments have provided funding for this project.

Directed by the vision, “*The province of Alberta will have a well-trained and stable community rehabilitation workforce recognized as professionals providing valued service,*” Workforce 2010 is working toward the goal of providing a comprehensive solution to current and long-term human resource challenges in service to persons with developmental disabilities. This research project, as a component of one phase of a 6 phased program for Workforce 2010, speaks specifically to providing information on the current image of the community rehabilitation industry to assist Calder Bateman in developing a human resources marketing plan.

Research objectives will be met through the use of both qualitative and quantitative research methodologies. Specific objectives of the research are to:

- Assess workforce perceptions of careers in the rehabilitation sector (qualitative);
- Understand barriers and motivations to entering the community service provider workforce (qualitative);
- Understand barriers and motivations to remaining in the workforce (qualitative);
- Assess the perceptions of individuals influencing decisions to work in this field (qualitative); and
- Ascertain perceptions of community rehabilitation service careers held by the general public (quantitative).

This report delivers the qualitative research findings.

2. RESEARCH APPROACH

The objectives of this qualitative research program are to identify perceptions and opinions regarding careers in the rehabilitation sector and to understand the barriers and motivations to entering and remaining in the workforce. A combination of focus groups and one-on-one interviews were used to meet the objectives.

Focus groups and one-on-one interviews both utilize a discussion guide, ensuring all relevant topics are covered, while at the same time affording the moderator / facilitator the flexibility to investigate issues and topics that arise during discussions. Focus groups are used when the process benefits from the back and forth discussion of ideas, sparking new thoughts. For the purposes of this research project, one-on-one interviews are employed for the target populations requiring more flexibility in scheduling, respecting the time commitments of respondents. Additionally, for some target respondent groups, the differences in the population are significant enough that it would be difficult to establish sufficient commonality to conduct a focus group. One-on-one conversations better meet the needs of the process and the respondent group.

Criterion conducted research with the following:

- Front Line Staff – two focus groups, one in Edmonton and one in Lethbridge, recognizing the potential differences in the population based on urban and rural settings. Front line staff include persons employed as a Community Rehabilitation Worker 1 (CRW1) or Community Rehabilitation Worker 2 (CRW2);
- Skilled Workers - ten (10) one-on-one interviews with individuals representing the broader range of positions in the industry, including individuals in specialist positions and executive positions.
- Counsellors - ten (10) one-on-one interviews with high school, post secondary and professional career counsellors.
- Influencers - one (1) focus group with individuals in a position to influence the career decisions of people actively looking for work or contemplating a job / career change.
- Potential Workforce – one (1) focus group with individuals who are making career decisions and could potentially enter the community rehabilitation sector.

3. ANALYSIS OF FINDINGS

3.1 Overview

Each respondent population provides a unique perspective on the community rehabilitation workforce and will be reported on separately, with the exception of the Influencer and Potential Workforce groups. These two groups share similar thoughts and opinions and are presented together. Insights are categorized into the following topic areas:

- **Awareness of Persons with Developmental Disabilities:** The level with which the respondent groups are familiar with and have the opportunity to interact with the developmentally disabled population.
- **Awareness of Career Options:** The understanding respondent groups have regarding the variety of career options available and the perceived paths to gaining employment in Community Rehabilitation.
- **Industry Vocabulary:** A discussion of the terminology used to describe both the population being cared for (Persons with a Developmental Disability or PDD) and the industry, Community Rehabilitation.
- **Perception of Careers in Community Rehabilitation:** Current perceptions of careers in community rehabilitation and the individuals employed in those careers.
- **Motivations for Entering Community Rehabilitation:** Factors that are seen to encourage individuals to enter the community rehabilitation workforce.
- **Incentives for Remaining in Community Rehabilitation:** Realities of the community rehabilitation environment that are believed to encourage people to continue working in the industry.
- **Barriers for Entering Community Rehabilitation:** Perceptions of community rehabilitation that keep people from seeking employment in the industry.
- **Challenges of Remaining in Community Rehabilitation:** Realities of community rehabilitation careers that are seen to encourage staff turnover.

3.2 Front Line Staff

For the purposes of this research project, respondents employed as Community Rehabilitation Workers 1 and 2 are defined as front line staff.

3.2.1 Awareness of Persons with Developmental Disabilities

Respondents employed as Community Rehabilitation Workers 1 and 2 (CRW1 and CRW2) tend to perceive that the population at large is mostly unaware of the PDD population. Despite the growing trend to have persons with developmental disabilities actively engage in their community, members of the general public remain untouched by this community, *“They really are an invisible population. Someone could live out their whole life and never cross paths with a person with a developmental disability.”*

Front line employees acknowledge that while on the surface, the general public is accepting of the PDD population, there is sense that the general public is either unsure of how to interact with a person with a developmental disabilities, *“You can see that people don’t really know how to act around a disabled person – they’ll talk to my client through me rather than just talking to him directly.”* or that they are uncomfortable, *“Some people get nervous around my client. They aren’t sure how his disability will affect his actions.”* CRW1 and 2 workers are most frustrated by members of the public who do not treat the PDD population with respect, *“I get really angry when employers think that they don’t have to pay their developmentally disabled employees the same wage as other workers doing the same job.”*

3.2.2 Awareness of Career Options

Front line employees speak to three main ways that they became aware of careers in community rehabilitation. Having had a person with a developmental disability in their life is described as a powerful motivator for seeking employment in community rehabilitation. These CRW1’s or 2’s speak about having had a developmentally disabled relative or close relative employed in community rehabilitation, and therefore, being exposed to persons with developmental disabilities throughout their life. Alternately, respondents indicate that when they were looking at post secondary school options, they heard about and then became interested in the community rehabilitation sector. Finally, while there are respondents that would say they *“fell into the job”* either because they saw an ad in the paper or had someone suggest it as a career option, it is perceived that this does not happen frequently. An increased emphasis on post-secondary education reduces the opportunity for people to begin

working in community rehabilitation without any previous knowledge or understanding of the industry. The exception to this are university students (education, nursing) who take on weekend work in group homes, hearing that it is a good way to earn money, but knowing relatively little about the industry.

Front line respondents do speak about a certain type of employee that chooses employment in community rehabilitation *“just for the paycheque”* and that these employees do not remain in the industry, *“they only stick around for a year or two.”*

Among respondents employed as CRW1’s 2’s, there is a general perception that the public is unaware of the variety of career options in the community rehabilitation sector, *“Whenever I tell someone what my job is, I have to take the time to explain the diversity of what it is that I do. They usually just assume I am an adult babysitter.”*

3.2.3 Industry Vocabulary

Front line employees in community rehabilitation express frustration with the terminology used in their industry. They see it contributing to the lack of awareness and understanding of the industry.

There is stated agreement that the name ‘Community Rehabilitation’ is meaningless to the public and that it does not accurately reflect the actual aim of the industry. The goal of community rehabilitation is to, *“Give our clients the skills and opportunities to interact with and be part of their community.”* Rehabilitation is seen to imply, *“that we are trying to help them become what they were before, which is really the opposite of what we are trying to do. We want to enable them, not re-able them.”*

Similarly the names of the post secondary programs ‘Rehabilitation Practitioner’ and ‘Rehabilitation Technician’ are not seen to accurately reflect program learnings.

The terminology ‘PDD’ also creates some confusion. PDD is both the name of the population being served and the name of the government agency providing services to the community of persons with developmental disabilities.

3.2.4 Perception of Careers in Community Rehabilitation

Front line employees speak to their belief that their friends and relatives support their career choice and are *“proud of my choice – they think I am doing something good for the community.”*

Respondents articulate that the general public is less supportive of them / their career choices. They indicate that the public generally responds to their career choice in one of two ways. At the most negative, they perceive that members of the public do not value / respect the developmentally disabled population and consequently do not value the work of CRWs, *“They think that this must be the only job I could get. They don’t know why anyone would choose to work in community rehabilitation if they had a choice.”* More moderately, other members of the public are perceived as thinking persons with developmental disabilities are valuable members of society, but the public still finds the work *“distasteful.”* Front line workers indicate that this segment of the public is *“relieved that someone is doing the work – but they certainly wouldn’t want to do it himself or herself.”* They go on to say they believe these people would put many relief workers / caring professions into the same category, *“They feel the same way about me as they do about the Red Cross workers, and the people that pick up the homeless off the street in freezing weather.”*

When asked, respondents believe the negative hygiene aspects of the job and the low wages are what position community rehabilitation negatively.

Respondents find it insulting when members of the public say, *“You must be a special kind of person to do that work,”* implying that the front line workers do the job *“Out of the goodness of our hearts.”* They don’t believe that the public understands how demanding the work is and when combined with the front line workers’ perception that wages don’t adequately compensate them for the work that they do, the comment is seen to be *“condescending.”*

When asked, front line workers will describe themselves as being professional, but they wouldn’t describe their industry as a profession in the same way they would describe nursing, teaching or engineering. The industry is perceived to lack standardization (programming, educational requirements, services levels) and cohesion (no one overseeing body).

3.2.5 Motivations for Entering Community Rehabilitation Motivations

Front line workers identify a number of reasons for why they were motivated to enter the community rehabilitation sector:

- Flexible schedule, *“It fits well with my school schedule”*;
- Good pay, *“For part time work, it is good money”*;
- Knowing people with developmental disabilities and consequently knowing what an impact a good rehabilitation worker can have on the lives of someone with a developmental disability;
- Belief that it would be personally rewarding;
- Desire to help people with developmental disabilities;
- Perceiving a need for community rehabilitation workers / giving back to the community, *“I knew that my skills were needed and my contribution would be meaningful”*; and
- Belief that they could do a good job, *“I thought it was something I would be good at.”*

3.2.6 Incentives for Remaining in Community Rehabilitation

Respondents speak strongly about the personal satisfaction they receive from their jobs. While there was a belief that the work would be rewarding prior to entering the field, front line workers state that the gratification they get from their work is more powerful than originally anticipated, *“I just can’t explain it, but you have to experience the feeling at the end of the day of having helped someone do something they couldn’t have done before, like learning to take the bus themselves, knowing what a difference that is going to make in their personal sense of freedom, to know just how rewarding it is. It would be hard to give that up.”*

There is little standardization in the community rehabilitation workplace and consequently, there is perceived to be a great variety in working conditions from one employer to the next and from one work unit / team to the next. Respondents articulate that when you work for a “good” organization the following can be strong motivators for staying in the industry:

- Supportive team and supervisors, *“I work in a really supportive house. The people I work with all do their share and my boss is always available if I have questions or if I need some help finding the best way to support a client.”*

- Opportunities for variety in the types of clients worked with, *“You know what they say – a change can be as good as a rest – and there is lots of opportunity for change. You can work in a group home, you can work one on one, you can work with women or men, adults or children.”*
- On the job training, *“I have lots of opportunity to improve my skills in order to better meet the needs of my clients. Right now I am working with an autistic boy and I don’t have much experience in that area so my supervisor has signed me up for a workshop on this topic.”*
- Accommodating further education, *“My job is really flexible so when I decided I wanted to take some psychology courses to further my career, they were really accommodating of my class schedule.”*; and
- Salary improves with seniority.

3.2.7 Barriers for Entering Community Rehabilitation

Aside from a lack of awareness of the industry, the barriers to attracting community rehabilitation employees are articulated as:

- Perception of poor wages;
- Concerns about the unpleasant personal hygiene tasks required; and
- Belief that it wouldn’t be intellectually stimulating.

There is an increasing requirement for front line workers to have completed post secondary education. Wages are not seen to compensate employees for their investment in education, especially when compared to the salaries made by others having completed similar levels of education.

An opinion is also expressed that it can take a long time for the recruitment and hiring process to be completed, and once an organization is ready to make an offer, the applicant has been hired elsewhere. While there is an acknowledgement that the background employee checks are important and necessary, they are seen as slowing the hiring process down.

3.2.8 Challenges for Remaining in Community Rehabilitation

Front line workers in the community rehabilitation sector identify a number of opportunities to improve the working environment and consequently, improve employee retention:

- Inadequate wages. Respondents consistently speak to the need to work two jobs to *“make ends meet.”*
- Opportunity to change jobs within the community rehabilitation sector or even within an organization is limited by salary and seniority. If someone leaves a current position, they lose their seniority and their salary is reduced accordingly.
- Lack of opportunity for career advancement – Respondents do not perceive there to be a significant opportunity to advance in the community rehabilitation sector. Those opportunities go to individuals with more education or outside industry experience.
- Inadequate funding creates a lack of access to programs. It is seen to be difficult to get sufficient program funding to effectively support the client’s involvement in the community: *“I can’t get any programming money to help my individual take art classes, attend a movie or participate in organized physical activities,”* which is in direct conflict with the objectives of community rehabilitation.
- Instability of funding: *“Every time the forth quarter rolls around, we have to cut costs, which means cutting programs and services.”*
- Funding that does not appear to support program objectives: *“It is financially better for my client not to reach new milestones. If he is doing well in an area, the response is to take the money for that program away, rather than to reassigning the funds to help him reach the next developmental milestone.”*
- Male respondents speak to a set of concerns created specifically by their gender. They speak to an inequality regarding the number of clients they can work with. Women CRWs can work with either male or female clients, but men can only work with male clients. While there is frustration that their female counterparts could work with either males or females, male frontline workers indicate that they prefer to not be left alone with female clients: *“I am extra careful never to be alone with a female client to ensure that I am not falsely accused of anything.”*

- Lack of opportunity to impact care decisions. Despite the fact that as their client's primary care worker they have a deep and thorough understanding of their client's needs, front line employees are often the last group consulted, if they are consulted at all, about treatment and care decisions: *"I know my client's needs better than anyone. I am with her all day, I know what she can do and can't do and what she wants to be able to do, but my opinion falls into line after her parents, the family doctor, the physio therapists, the social worker and the program coordinator."*
- Staff turnover and lack of access to "quality" staff causes retention challenges impacting the remaining workforce. Respondents indicate that the lack of interest in the community rehabilitation sector means that at times, candidates are hired: *"because they are the best of the bunch. They take the job just for the paycheque, they don't really become a part of the team, they don't do their share and they don't provide good service to their clients."* This is seen to negatively impact others on the team because it creates an unfair distribution of work and it creates a hesitancy for taking days off: *"I don't want to take a day off if I'm sick because I know the replacement worker is going to just make more work for me."*

3.3 Influencers and Potential Workers

For the purposes of this research project, influencers are individuals with someone in their life who is currently contemplating a career change or is in the process of looking for work. Influencers provide suggestions and direction for these people on potential career options. The people in their lives are, at minimum, perceived to be open to the idea of working with the developmentally disabled.

Potential workers are defined as individuals who are currently in the process of, or are contemplating, a career change. They also indicate, at minimum, a willingness to consider working with persons with a developmental disability as a career option.

3.3.1 Awareness of Persons with Developmental Disabilities

Influencers and the potential workforce respondent groups have only limited awareness of and interaction with the PDD population. With the exception of personal relationships “*My son is developmentally disabled*” or superficial associations “*My friend’s sister has a child with a developmental disability*” or “*There is a boy in my daughter’s class that has a developmental disability*” these two groups articulate that they do not have opportunities to interact with the PDD population in a meaningful way.

3.3.2 Awareness of Career Options

Influencers and potential workforce respondents candidly acknowledge they have only a limited understanding of the career options available in community rehabilitation. Their level of understanding ranges from the simplistic “*People to take care of the disabled*” to the more complex and thorough, “*There is a range of jobs available from the people that provide basic care like helping with eating, bathing and dressing to those that specialize in a certain type of care like physiotherapy.*” They articulate an opportunity for improved communication regarding the career options available.

Similarly, respondents are unaware of the post secondary certification options like Rehabilitation Technician and Rehabilitation Practitioner. While they indicate that a skilled background would help community rehabilitation workers, they are unaware of the education and certification programs available.

3.3.3 Industry Vocabulary

There is significant misunderstanding of the term ‘community rehabilitation’. Respondents do not associate the term with the industry providing care and services to persons with developmental disabilities, rather, they believe that it refers to a range of occupations and initiatives ranging from working to improve “*community life*” to helping people released from prison adjust to life as part of the general population. Even when told what community rehabilitation refers to, influencers and potential workers have difficulty understanding how the words ‘community rehabilitation’ describe the industry.

There is a lack of clarity regarding what ‘person with a developmental disability’ means. Perceptions regarding developmental disabilities range from mild physical disabilities to learning disabilities to profound physical and cognitive impairments.

3.3.4 Assessment of Community Rehabilitation as Career Choice

Respondents speak of respect for people who work with the PDD population, doing what is perceived to be a physically and emotionally draining job. While front line workers perceive that the community does not value the work they do, influencers and potential workers speak positively about the work and the people who do the work. There is a level of admiration for the community rehabilitation workers *“They do a really tough, draining job for not a lot of money.”* The better respondents understand the community rehabilitation workforce and the PDD population, the more strongly they articulate their appreciation *“They are wonderful people helping, helping my son develop and grow. I don’t know how I would be able to care for my son and help him mature without these people.”*

While respondents indicate they would expect community rehabilitation workers to be professional in how they carry out their duties, the careers in community rehabilitation are not seen to be part of a larger profession. Respondents indicate that a couple of issues impact this perception:

- Lack of awareness of careers: *“Tough for me to see it as a profession when I don’t understand the types of jobs that it includes.”*
- Lack of awareness of education: *“When I think of a professional industry, I associate it with people that are certified to do the work, like teachers that have to take a 4 year education course at University.”* and
- Lack of awareness of a professional association: *“Do they have a standardized industry? Nurses have rules and regulations they have to follow. I would bet these guys do to, but I have never heard of them.”*

3.3.5 Motivations for Entering Community Rehabilitation

Influencers and potential workers identify a number of reasons why people would be motivated to enter the community rehabilitation sector:

- Flexible schedule;
- Belief that it would be personally rewarding;
- Desire to help people with developmental disabilities;
- Perceiving a need for community rehabilitation workers; and
- Belief that they could do a good job / would be a good match with their skills.

3.3.6 Barriers for Entering Community Rehabilitation

Respondents indicate that they perceive a significant barrier for recruiting a skilled workforce is the lack of awareness of opportunities. Respondents believe that the challenge isn't that people are choosing not to go into community rehabilitation, but rather, community rehabilitation is not even in the decision making queue. Even for those individuals who are aware of community rehabilitation in general, the lack of understanding of the range of jobs makes it difficult for influencers and potential workers to identify career opportunities that would be a good match with their skills.

When prompted to discuss what elements of community rehabilitation would create barriers for entrance, respondents identify the following concerns:

- Salary. The community rehabilitation sector is perceived to be a low paying industry: *"I'm not sure what someone would make in this industry, but I think it is low, and probably doesn't reflect what they should get paid.."* and
- Lack of training. Respondents are unaware of the certification programs available at post secondary institutions and career colleges. They express concerns: *"I think I could probably do the work and it would be rewarding, but I don't know anything about how to work with the disabled. I hope they would have a good training program."*

3.4 Specialists

Specialists include employees in a broad range of positions in the community rehabilitation industry, including:

- Skilled workers on the continuum of medical services (e.g. speech language pathologists);
- Social workers;
- Higher skilled support workers (e.g. providing education and employment counselling, program management); and
- Administrators and middle managers.

3.4.1 Awareness of Career Options

Specialists, like front line staff, follow one of three routes into community rehabilitation. Specialists speak of knowing someone who was supported by the industry. After entering the industry, they sought specialized training as a way to develop in community rehabilitation. Alternatively, respondents indicate choosing a specialized career (e.g. psychology) and learning about community rehabilitation during the course of their studies. After, or before, graduation, they sought positions in community rehabilitation. Finally, specialists report that they found themselves in community rehabilitation without having sought it out, *“I took a temporary job for two weeks as a clerical replacement and never left the industry. I got my undergraduate and graduate degrees have always worked in community rehabilitation.”*

3.4.2 Industry Vocabulary

Specialists feel that the expressions ‘community rehabilitation’ and ‘persons with developmental disabilities’ are poorly understood concepts outside of community rehabilitation. Similarly, the term ‘Rehabilitation Practitioner’ diploma is arcane and *“doesn’t tell anybody what I do.”* In contrast, designations such as speech pathologist or physiotherapist are perceived as better understood by those who are not in the community rehabilitation industry.

3.4.3 Perceptions of Careers in Community Rehabilitation

Specialists hold a range of perspectives about careers in community rehabilitation. For some, community rehabilitation is one of many industries in which they plan to work. These workers can, and do, apply their training in more than one industry at a time. For others, the attraction of community rehabilitation is sufficient to preclude going to other industries to work.

Specialists define their professionalism in one of two different ways:

- By their training and professional association in their area of expertise. These specialists see themselves as belonging to an established profession by virtue of their training and designations; or
- By describing themselves in terms of their association with the community rehabilitation industry. Recognizing that community rehabilitation is not widely acknowledged as a profession, these specialists support endeavours to position their industry as such.

Specialists hold positive views of the people in community rehabilitation, including those with front line positions. They tend to see everyone in their organizations as part of extended teams.

Specialists acknowledge that people outside community rehabilitation may view those inside community rehabilitation as having low skill jobs, but they do not see themselves as being viewed that way.

The new model of community rehabilitation emphasises integration, individualism and self-advocacy. Specialists articulate less tolerance of those in community rehabilitation who have not embraced the new precepts that move individuals toward independence.

3.4.4 Motivations for Entering Community Rehabilitation

Specialist and front line employees speak to similar motivations for entering community rehabilitation:

- Community rehabilitation is “noble and necessary”;
- Belief that it would be personally rewarding; and
- Foreknowledge of the impact that a community rehabilitation worker can have on the life of someone with a developmental disability.

It is common for specialists to have personal experience with the industry prior to entry. They articulate having known someone who was supported by the industry, or having worked more casually in the industry prior to obtaining their specialist designation, “*I started by providing respite care on the weekends.*” It is also common for workers to obtain specialized training after entry to contribute in personally more meaningful ways.

3.4.5 Incentives for Remaining In Community Rehabilitation

Specialists report the most important reward is seeing the progress made by the individuals they serve. Progress may be any activity in which the individual being assisted becomes more autonomous. Self-advocacy and independence of those who are served are paradigms of progress.

The industry model emphasizing the individuals' progression toward independence is strongly supported and preferred to earlier models that emphasized care rather than growth. Specialists with more tenure report they are now *“being encouraged to do what I've been doing all along.”*

The concept of an extended but invisible team that provides support when needed, rather than continual attendance, is also supported. Specialists see themselves as providers of prescriptive care that is administered when needed while front line workers provide more of the ongoing assistance.

Many rewards are dependent on the organization in which the specialist is employed.

Important non-financial benefits are:

- Additional training on the job, or training subsidies;
- Opportunities to take on additional responsibilities when the responsibilities are congruent with training or aspirations;
- Management that wants their inputs and ideas;
- Workplace that is close to home or otherwise conveniently located; and
- The opportunity to control the hours of work.

These rewards do not arise from being in a particular profession or industry, but are prerequisites for service to the company or organization.

3.4.6 Barriers to Entering Community Rehabilitation

There are no significant barriers to entry facing specialists' entry into community rehabilitation. Monetary compensation is not a major issue for specialists.

Specialists feel that community rehabilitation is a *“worthy endeavour”*, and/or is one of many industries in which to practice their specialty. Specialists report that, at the very least, community rehabilitation is a suitable option for new graduates seeking experience.

3.4.7 Challenges for Remaining in Community Rehabilitation

Specialists indicate they often have responsibilities for training new hires. As staff turnover increases, the time devoted to training necessarily increases. After some point, time spent training new hires frustrates specialists because it is seen as reducing the time available for providing specialized services to the primary clientele.

In some community rehabilitation organizations, people can “drop in” without appointments and make unscheduled requests of the specialists. Specialists report perceiving themselves as professionals by virtue of their training (e.g. speech pathologists). They expect professionals to have appointments and office hours, and to be used for the skills that they have worked hard to obtain. Drop-ins and requests for assistance beyond the scope of their specialty contradict the specialists’ professional self-image.

The proportion of less skilled front line workers has declined in some organizations. Specialists report spending what is perceived as inordinate time on tasks that are more suitable for less skilled workers. The tasks are recognized as important to the individual being served, but are resented as inappropriate use of the specialists’ time and training. The nature of the task can exacerbate the irritation when it is not congruent with the specialists’ perception of their role “*I am not a taxi driver.*”

Specialists report that many of the irritants of working in community rehabilitation are organization specific:

- Specialists may see it as a challenge of their professional judgement when family members or administrators question their recommendations;
- Programmatic approaches that emphasize categorization are seen as tending to put the individuals being served “*back into the boxes that we are trying so hard to get them out of.*”;
- Decisions based on categorization schemes may be seen as contradicting the tenets of independence and self-advocacy;
- Doing more with less is stimulating and rewarding, but only up to a point. In the extreme, time and energy spent finding ways to do more with less is also seen as diverting resources from the primary clientele; and
- Training out of house is one of the ways to obtain peer interaction, but is not available to many staff. While specialist leaders feel that they may have adequate training opportunities, an inability to provide additional training to their staff is bothersome.

Specialists articulate one of two reactions to the challenges they face in community rehabilitation. One type of reaction tends to see the challenge as contradicting the specialists' view of how members of their profession should be treated. The other type of reaction tends to see the challenge as detrimental to the individuals being served. For example, specialists generally agree that low wages make it difficult to attract and retain high quality front line staff. They also agree that this situation requires them to execute tasks that could be done by relatively unskilled front line staff. One reaction is to be annoyed that a professional has to spend time on unskilled tasks. The other reaction is to be concerned that the time spent on the unskilled task is taking needed service away from individuals requiring support.

3.5 Executives

For the purposes of this research, executives are defined as the individuals that lead the operations and planning of their respective organizations.

3.5.1 Awareness of Career Options

Community rehabilitation executives path into their current position in one of two ways. They may either grow and develop within community rehabilitation, working up through the ranks, or they may be recruited from outside the industry. For those that are recruited from outside the industry there is little prior knowledge about community rehabilitation and the industries within. Executives perceive that there is a sufficient pool of interested senior leadership talent, *“Awareness of community rehabilitation isn't an issue for recruiting senior management and leaders.”*

Industry visibility is an important topic for executives because of the affect it has on their ability to raise funds and to recruit their staff.

3.5.2 Industry Vocabulary

Respondents in executive roles speak to a concern about lack of public understanding with the *“jargon and titles”* of community rehabilitation. The terms ‘community rehabilitation’ and ‘PDD’, and staff designations, are barriers to communication, *“Pragmatically, if the titles and name of the industry mean little to the public, then my opportunities to recruit staff and raise funds are curtailed.”*

3.5.3 *Assessment of Community Rehabilitation as Career Choice*

Similar to specialists, executives hold positive views of the people in community rehabilitation and tend to see everyone as part of an extended team, contributing to the enabling of persons with developmental disabilities.

Respondents acknowledge that people outside community rehabilitation may view those inside community rehabilitation as “*little more than glorified baby sitters.*” This public perception creates two concerns for executives:

- Lack of a professional perception contributes to challenges with securing funds and recruiting staff ; and
- Staff may be aware of these negative perceptions, which are acknowledged as being de-motivating and de-valuing.

3.5.4 *Motivations for Entering Community Rehabilitation*

Executives speak to being motivated to enter community rehabilitation for three reasons:

- Knowledge of someone supported by the industry;
- Serendipitous prior experience, “*I took a job working with an autistic youth on weekends while I was in University. I didn’t even know what community rehabilitation was.*”; and
- Recruited into community rehabilitation by a peer, “*I was consulting on another issue and they recruited me into their organization.*”.

Similar to the other respondent groups, executives perceived that working in community rehabilitation would be personally rewarding. The opportunity to be part of a system, which contributes to the growth of persons with developmental disabilities, is also seen positively.

Executives articulate that there are opportunities for advancement in community rehabilitation for those seen to be highly motivated, skilled and educated, “*Many people, including me, have worked their way up through the ranks.*”

Moving towards leadership positions was the consequence of conscious decisions to take on additional responsibilities. While a senior management job or the CEO position was not the initial motivation, respondents speak to being motivated by:

- Desire to do more logistical, planning, and administrative work; and
- Belief that their talents would be better utilized in leadership.

3.5.5 *Incentives for Remaining in Community Rehabilitation*

Executives identify a number of factors that encourage them to remain in the community rehabilitation sector:

- Being part of a system that supports the basic dignity, rights and personal development of many individuals. Executives will stay in community rehabilitation as long as they feel they can contribute to their respective organizations, despite challenges faced with funding, recruitment, or political support: *“There has been no real progress in the past few years to positively change the industry. Funding remains a major concern and there is a shortage of skilled staff, but that only motivates me more to try and find a way to make a difference.”*
- The opportunity to support staff that in turn is supporting the growth and development of persons with developmental disabilities, is *“tremendously rewarding.”* Executives are encouraged to stay in community rehabilitation because of the personal satisfaction they receive from *“watching both staff and clients grow and achieve their best.”*
- A good relationship with the Board of Directors. Boards that facilitate or enable the senior executive to improve services to the developmentally disabled are seen as vital to the success of the executive and the organization.
- Pay is seen neither as an incentive nor a de-motivator. Executives pragmatically accept that the salary they earn will be less than what can be earned elsewhere: *“Pay is what it is. I’m not impoverished, nor will I get wealthy doing this job, but then, I didn’t take the job because of what it paid me in monetary terms.”*
- Training opportunities both within their agency and the training subsidies received to attend educational institutions; and
- Ability to interact with peers from other organizations is another important benefit. This interaction often happens during training courses.

3.5.6 *Barriers for Entering Community Rehabilitation*

Executives articulate that they do not perceive any barriers to entering community rehabilitation.

3.5.7 *Challenges for Remaining in Community Rehabilitation*

Executives note several challenges in their industry, but none of these are reported as discouraging the entry nor encouraging the exit of executives from the community rehabilitation industry. Many of the challenges are expressed in terms of the pressures placed on specialists and front line workers.

A key challenge for executives is the impact of funding on staff compensation and the resultant loss of, or inability to recruit, talent. Executives fear that, “*a talent crisis is imminent.*”

Concerns regarding the shrinking labour pool are exacerbated because of perceived changes in the industry:

- Community rehabilitation is referring more people into care: “*Individuals that were once cared for by their parents and extended families are now receiving care from the community rehabilitation sector.*”
- The PDD population is growing with the general population: “*Maybe it is improved diagnosis or detection, but there are simply more people with a developmental disability now than there were 10 years ago.*”
- There has been an increase in the number of agencies providing care to persons with developmental disabilities, resulting in more competition for existing staff resources;
- Skilled workers are having to perform functions that are not a good use of their skills due to a shortage in front line staff; and
- Funding has not kept pace with the new model of service deliver and the increased role of the specialist.

Executives note that pay parity with government positions in community rehabilitation used to be the goal: “*Now the goal is just to get a basic living wage for my people.*”

Executives note a concern about the “*human costs*” of their industry. They report it is common for staff to “*have to work two jobs just to be able to feed their families.*” One executive reported that an emerging but ongoing topic for discussion with the Board is whether their large and, by all accounts successful, organization can continue to operate knowing that they are “*part of so much damage to the families of their workers.*”

Executives spend a lot of time attempting to mitigate the “*human costs.*” They express concern that while necessary, it reduces their time to address other critical issues.

The creation of a professional association for industry workers is seen as a high priority, helping to effectively position the industry for recruitment and securing funding. Realities of the community rehabilitation industry make it difficult to create a professional association:

- Many service agencies within the province;
- No one overseeing body, “*There is no requirement to belong to the Alberta Association of Rehabilitation Centres.*”
- The diversity of roles and functions within community rehabilitation; and
- Lack of common nomenclature of the industry.

Executives also note that programmatic approaches to service may be an economic necessity, but run counter to the concept of individualism. The current vision of community rehabilitation is to create programs that support the needs of the individual, but for economic reasons, more broad based programs may be required.

Another challenge is to develop their personal skills in the areas of “*social policy development*” and “*social marketing.*” This challenge is looked on with positive anticipation.

3.6 Career Counsellors

In this research program, career counsellors refer to counsellors in high schools and post secondary institutions, and counsellors working at employment placement agencies.

High school counsellors follow a mandate of helping the student acquire the information necessary for them to make a decision. If a student wants to know about community rehabilitation, or a job within community rehabilitation, the counsellors can help them to identify sources of information, including participants in the labour force, but will not suggest community rehabilitation, or any industry, as an option.

For the purposes of this research, counsellors who provide guidance to individuals seeking employment in a specific trade or industry are referred to as trade counsellors.

A final segment of the counsellor target population are those who assist people in finding immediate employment, focussing on 'jobs' rather than meaningful long-term employment. For the purposes of this research, this group of counsellors is referred to as placement agency counsellors.

3.6.1 Awareness of Career Options

From the perspective of the school counsellors, it is the students who need to be informed that community rehabilitation exists and offers rewarding careers. Visibility is a function of student awareness rather than counsellor awareness. Students are perceived as having a low level of awareness of career options in community rehabilitation.

Trade counsellors have little awareness of the community rehabilitation industry. When providing service, trade counsellors will recommend that client look in specific industries, geographies, or even businesses, according to their trade, or skill set, "*If I was working with someone with skills in woodworking, I'd direct them to opportunities in carpentry.*" Due to their lack of knowledge of community rehabilitation, trade counsellors are not able to direct people to that industry, "*If I was helping a Physiotherapist, I would direct them to hospitals or private industry, not community rehabilitation because I have no real knowledge of that industry.*"

Trades counsellors speak to being kept abreast of career opportunities by visits from representatives of the skilled trades' associations. For example, representatives of the Carpenters' and Joiners' Brotherhood makes regular visits to the trades counsellors to promote the services of their association's members in order to encourage the placement of their members.

Placement agency counsellors indicate no aware of community rehabilitation or the opportunities within.

3.6.2 Industry Vocabulary

The term 'Community Rehabilitation' has little meaning to school counsellors. The term 'persons with developmental disabilities' is meaningful. Counsellors report having students with developmental disabilities enrolled in their schools.

The words 'community rehabilitation', 'persons with developmental disabilities', and 'Rehabilitation Practitioner or Rehabilitation Therapist diploma' have no particular meaning for trades counsellors.

3.6.3 Assessment of Community Rehabilitation as Career Choice

School counsellors suggest that the work in community rehabilitation falls into one of two categories. At the highest level is the work of skilled specialists, in which the specialty, and not the industry, is relevant for the student. Specialists require specific post secondary training (nursing, nutrition science) and the skills can be applied in a number of industries, of which community rehabilitation is one. The focus for the counsellor is the specialization and the process required to achieve specialist designation, not the industry in which the student will work. The industry is revealed as one of the opportunities during the student's research.

Counsellors perceive the second category of work as being composed of more unskilled tasks. For these tasks, the counsellor feels the best fit exists for those students:

- With the right personalities and character traits (i.e. "*patience*"); or
- "*With no other options.*"

School counsellors feel that the lower skilled work will be low paying, physically demanding, may be “*unpleasant, requiring the employees to assist with bathing and washroom visits*”, and may be associated with high stress and burn out.

School counsellors speculate that the parents and friends of students expressing an interest in a community rehabilitation career will be either supportive or ambivalent. Parents are presumed to be supportive because the student has researched the subject and has already decided that it is a suitable field of endeavour. They are presumed ambivalent in cases when the student has not researched community rehabilitation and does not know what community rehabilitation is nor the meaning of community rehabilitation workers’ titles.

Trades counsellors and placement agency counsellors speculate the work in community rehabilitation pays poorly, is lower skilled, and is probably “*dirty.*”

Both types of counsellors think that low skill people in this industry are “*primarily caregivers.*” There is no particular awareness of the new model of independence in community rehabilitation.

3.6.4 Motivations for Entering Community Rehabilitation

Counsellors acknowledge that community rehabilitation gives the opportunity to be part of someone’s development, which is perceived to be personally rewarding for specialists and lower skill workers alike.

School counsellors see the motivation for someone with specialized training to enter community rehabilitation as the opportunity to gain experience in the industry.

For lower skill positions, school and trades counsellors both reported the motivation for entry is simply to get a job “*It’s work, and some people need to take whatever they can get.*”

3.6.5 *Barriers for Entering Community Rehabilitation*

Challenges to entering community rehabilitation are seen to be:

- Low wages;
- Need to carry out personal hygiene tasks;
- The need for great patience;
- The worker will be subject to high stress and burn out; and
- Physically demanding.

Awareness is a significant barrier. Students who are unaware of the option cannot seek it out. Counsellors cannot recommend it because they are unaware of the opportunities available within community rehabilitation.

4. CONCLUSIONS

Workforce 2010 is based on the belief that a strong and sustainable community rehabilitation workforce is essential in assisting people with disabilities achieve their dreams of being connected and involved. The goal of Workforce 2010 is to generate a comprehensive human resources solution that will provide a skilled, stable and robust community rehabilitation workforce. This research project provides an analysis of the perceptions and opinions of the community rehabilitation workforce, specifically the motivation and barriers for entering and remaining in the industry.

Recruiting and retaining a skilled workforce involves at least three steps. First, the general public needs to be aware of the employment opportunities that exist in community rehabilitation. Second, once community rehabilitation has entered into the queue of potential career opportunities, it needs to be positioned at the top of the queue, as an industry of choice. Third, the issues that currently keep individuals from remaining in the workforce need to be managed such that they become less impactful.

For a significant portion of the respondent groups, awareness of the PDD population, the community rehabilitation industry and the career options within was minimal. For these individuals, the decision not to seek out employment in community rehabilitation was not a rejection of the industry, but rather a decision made in absence of information.

Language used to describe the community rehabilitation industry and the careers within is seen to be inadequate and misleading. It compounds the challenges created by lack of awareness. Even when members of the public come across references to community rehabilitation, the specific language does not help to create a level of awareness or understanding of what career choices are available.

Individuals currently employed in community rehabilitation speak to the powerful motivation to enter the industry created by having had meaningful exposure to persons with developmental disabilities, *“My Mom worked with the developmentally disabled and she used to take me to work with her. Ever since I was a child I knew that I wanted to do the same work she did.”*

Community rehabilitation is not viewed as a profession in the same way other industries like nursing, teaching or engineering would be. The lack of awareness of training and certification programs, absence of a single, overseeing body regulating the profession, and the diversity of roles and functions within community rehabilitation all create challenges for perceiving and establishing community rehabilitation as a professional occupation.

Increasing awareness of both the PDD population and the careers within community rehabilitation will positively impact the numbers of people that, at minimum, will consider community rehabilitation employment opportunities.

4.1 Awareness

In order to have the potential workforce choose community rehabilitation, a number of awareness issues need to be addressed:

4.1.1 Understanding of the PDD population:

- What developmental disabilities are;
- How individuals with developmental disabilities are affected;
- How to relate to the population: *“People are uncertain how to interact with my client. They just need to know that Jason is really no different than anyone else; he just wants to be acknowledged and treated with respect. People seem to think it is so complicated.”* and
- How individuals with developmental disabilities are able to interact with their community in a meaningful and fulfilling way: *“I don’t think people understand that some people with developmental disabilities have the potential to live on their own, take classes, or run their own business.”*

4.1.2 Awareness of the Community Rehabilitation sector:

- Awareness of the industry;
- Confusion / misunderstanding of what ‘community rehabilitation’ means;
- Knowledge of certification and training programs available through post secondary institutions and career colleges; and
- Understanding of the range of occupations available within community rehabilitation.

4.1.3 *Maximize Recruitment Opportunities*

- Create awareness of community rehabilitation amongst students; and
- Ensure trade career counsellors are aware of community rehabilitation opportunities.

Having the opportunity to interact with a person with a developmental disability on a regular basis is effective way to educate the public about both the population and the careers that support it. As community rehabilitation continues to have persons with developmental disabilities interacting in and becoming part of the community, attending public schools, working in the community, and participating in sporting and creative activities, awareness and understanding will see positive improvements.

4.2 **Positioning Community Rehabilitation as a Career of Choice**

Once members of the general public are more aware of the career options available within community rehabilitation, maximizing awareness of the benefits of employment and managing perceptions of the barriers to entry will strengthen the appeal of the industry. Ultimately, the objective of positioning community rehabilitation is to place it higher in the public's decision queue, elevating it to a "*career of choice.*"

4.2.1 *Motivations*

Positive perceptions of the community rehabilitation workforce that help to position it as a career of choice include:

- Intrinsic rewards;
- Opportunity to positively impact someone else's life;
- Liberty to seek out and obtain more responsibility;
- Opportunity to work with developmentally disabled;
- Perceiving a need for community rehabilitation workers / giving back to the community;
- Opportunity to do a good job / utilize skills;
- Flexible schedule; and
- Good pay for part time work.

Any opportunity to position community rehabilitation as a professional industry will further increase positive impressions of the workforce.

4.2.2 Barriers

Perceptions of the community rehabilitation workforce that discourage individuals from entering include:

- Poor salary;
- Increasing requirement of post secondary / career training without an increase in wages;
- Negative public perceptions “*Is this the best job you could get*”;
- Concerns about unpleasant personal hygiene tasks;
- Long recruitment process; and
- Not mentally challenging.

Opportunities to reposition these barriers will create positive opportunities for recruitment.

4.3 Remaining in the Industry

4.3.1 Motivations

A number of factors are seen to positively impact employee retention:

- Personal rewards - not only is the industry perceived to provide intrinsic rewards, individuals currently employed in community rehabilitation indicate that the power of those rewards is significantly more than anticipated: “*You just can’t understand how great you feel about your work until it actually happens. It would be difficult to give up that tremendous feeling I get at the end of the day for a slightly better salary or a better schedule.*”
- Opportunity for lateral moves / variety in work;
- Increased responsibility and training;
- Supportive co-workers, supervisors, and;
- Opportunity for industry training;
- Accommodating further educational pursuits; and
- Salary increases with seniority.

4.3.2 Barriers

Employee retention is seen to be challenged by a number of issues:

- “*Burn-out*”;
 - The need to work more than one job in order to “*make ends meet.*”
 - The inability to take time off for illness or vacation because “*replacement staff aren’t going to do a good job and I don’t want my client to suffer.*”
 - Staff shortages which result in “*poor hiring decisions*” and staff that leave the industry after a short period or do not take on their fair share of the workload.
- Inability for lateral job changes without a negative impact on salary: “*Now that I have been with the company for a couple of years I have seniority and a better wage. If I was to change jobs, I’d lose my seniority and my pay would decrease.*”
- Inadequate funding making it difficult to access programs / support client’s involvement in the community;
- Lack of opportunity for promotions;
- Instability of funding / loss of funding;
- Funding that does not support program objectives;
- Limitations on opportunities for males;
- Excessive use of specialists to carry out “front line” tasks;
- Lack of voice / opportunity to influence client’s care; and
- Poor fit – individuals that are seen to choose community rehabilitation: “*just for the paycheque, not out of a desire to work with the developmentally disabled.*”

Creating a communication plan that will help to develop a stable and sustainable workforce for serving persons with developmental disabilities involves:

- Creating awareness and understanding of the industry and the career opportunities within;
- Brand marketing and positioning to maximize on positive impressions of working within community rehabilitation; and
- Managing the perceived barriers to entry and causes of staff turnover.

As awareness increases, community rehabilitation becomes part of the mix of opportunities for employment that the public evaluates when looking for meaningful employment. Brand marketing and positioning will place community rehabilitation higher on the decision queue, positioning it as a career of choice.