

National Disability Workforce Project

Pilot Site Report

Work conditions for Personal Support Workers

Karingal Inc

Workforce issues targeted:

We examined the issues related to attraction and retention of Personal Support Workers in our Independent Support Branch. Independent Support provides a range of supports such as personal support, independent living support, community access, flexible respite and case management to people with disabilities in the community and their homes.

Personal Support Workers (PSWs) are low paid, do hard work and work in isolation. Due to very tight funding they have no regular face to face contact with their coordinators thus have no direct supervision or support in the workplace. Due to the nature of personal support work shifts can be some hours apart as well as geographically distant. Some PSWs are rostered continually on high care work which can be physically and psychologically demanding. There is a high turnover of PSWs which may or may not be due to support, supervision and rosters and this inevitably impacts the quality of support provided to clients.

Project 1 — peer support / group supervision

We explored methods of providing peer support and group supervision to PSWs. We investigated how this could be provided within existing funding and respecting work and life balance.

Project 2 — roster review

We surveyed PSWs to assess their opinion of their current rosters. We aimed to identify the impact of the type, length, location and regularity of shifts on PSWs. We also wanted to know what were the important factors

Our assumptions:

Project 1

Our assumption was that if peer support and supervision was available it would aim in recruitment and retention of PSWs. This would occur as PSWs would have increased contact with their coordinator and peers thus would be able to discuss their work, issues of concern and stresses related to their work. This would enable the agency to be more responsive to the needs of PSWs.

Project 2

Our assumption was that rosters could be improved to better meet the needs and preferences of PSWs. We assumed that the continual scheduling of high care work increased the likelihood that a PSW would resign. We also assumed that we know the out of work impacts on the PSWs hours of availability and preferences.

Strategies trialled:

Project 1 — peer support / group supervision

After considerable research we established that Peer Support was too complex and had potential risks that we would be unable to manage in the workplace. The majority of Peer Support models had a medical base and were used with a population that had higher skill and experience levels than our PSW population. The environment that PSWs work in is uncontrolled thus there was difficult to put boundaries and controls on the Peer Support which had the potential to become industrial relations issues.

We then explored for other support options and decided to trial Group Supervision. Research of group supervision also established that most were related to the medical or social work disciplines and required a high level of skill to conduct. We found a group supervision model that was developed for isolated workers in the mining industry and modified this for our use. There were considerable parallels between PSWs with the mining industry workers. Both had a low level of education and worked in isolation. Both had to make many decisions 'in the moment' and had little contact with their supervisors. Both worked in environments that had many Occupational health and safety considerations.

We brought together 3 groups of PSWs – high support, low support and a designated work team. The groups met with a coordinator and the project manager. A framework for the group supervision was developed and implemented in consultation with the PSWs. The groups met at least 4 times per group and nominated and discussed topics of interest. The topics they selected were – rosters, support on the job, duty statements, communication in the workplace, specific client support issues.

Project 2 — roster review

An analysis of the PSW roster (current at the time of the project) was conducted with the coordinators. This analysis included impacts on the roster, flexibility of the roster, shift breakdown (i.e. number of high care shifts performed by PSWs). A force field analysis was conducted to ascertain if there were issues impacting the development and implementation of the roster.

A questionnaire was sent to each PSW employed at the time of the project. The questionnaire included a range of questions about rosters such as

- Definition of a 'good' roster
- Definition of a 'bad' roster
- Impacts on your available hours
- Improvements that could be made to the roster
- Good things about your current roster
- Bad things about your current roster
- Suggestions for ways for Karingal to better capture PSW suggestions about rosters
- Aspects of PSW work likes/ dislikes
- Preference of type of PSW work

The information from the returned surveys was collated and analysed. Rosters were also discussed with the 3 PSW work groups. (see Project 1)

How we measured the impact of our strategies:

The impact of the strategies was measured through

- a) service improvements to clients
- b) response (positive or negative) of PSWs to the group supervision
- c) anecdotal feedback from PSWs
- d) observations made by the project manager of the work groups
- e) data received gained from questionnaires

Conclusions:

Project 1 — peer support / group supervision

We concluded that the group supervision project was successful. The model of group supervision worked well with all 3 groups. The model was most successful with the designated work team – perhaps due to the fact that they worked with the same clients in the same situation and could discuss issues in more detail. We also concluded that group supervision requires high level skills and specific training and support would need to be provided to Coordinators if group supervision was to be implemented.

All 3 groups anecdotally reported that they enjoyed the group supervision and felt that it value added to their workplace experience. They felt better informed and appreciated the opportunity to solve problems and be consulted about service improvements.

The work team stated that they wished to continue meeting and have requested that this somehow be implemented.

Project 2 — roster review

We received a very low response rate to the questionnaire so the data cannot be used as a valid sample. The data did provide useful feedback and suggestions for roster improvements. It also provided good data on the impacts on PSWs available hours and provided their definitions of good/ bad rosters.

The force-filed analysis demonstrated that review and redevelopment of the roster was not possible until the blocks to do so were removed. It clearly identified the blocks and clearly showed what was preventing the development of a more effective and efficient roster that more evenly spread high care work between PSWs.

Implications:

Project 1

Group supervision has aided in implementing both service improvements and increased support for PSWs. PSWs have been more actively involved in identifying and implementing the service improvements. These service improvements have led to improved outcomes for clients. The group supervision has improved the communication between the team and has quickly and effectively enabled them to identify and find solutions to workplace issues.

Project 2

The data gathered regarding the roster will enable us to continue to identify and implement potential roster improvements. It has also provided us with data that will enable us to remove some of the blocks to regular roster review.

Both projects have provided us with opportunities to improve the working conditions thus better attraction and retention of PSWs which inevitably leads to better service outcomes for clients. We are continuing to further develop these projects in our workplace.