

National Disability Workforce Project

Pilot Site Report — part 1 of 4

Skill Development for Support Workers

Optia Incorporated

(Project Team: Mandy Clarke and Mark Deverell)

1. Who are the Key people involved and engaged in the project?

Internally - The key people in this project have been the state-wide Human Resources Manager (Mandy) and the Operations Manager (Mark), with all staff in the organisation involved.

Externally – The key groups have been the Guiding Network (Industry group hosted by Disability Services), and three RTO's - STEPS Training, Parkside Training and the Hobart TAFE.

2. What have been the key workforce issues addressed?

We have chosen to focus on the Support Worker level rather than management.

The key workforce issues we originally identified and have been addressed are:

- Lack of trained staff available to recruit
- Gaps in skill levels of existing staff i.e. staff not appropriately skilled to meet individual client needs
- Low credibility of disability roles i.e. not considered a professional career

At the commencement of this project we had the impression that areas of our workforce were lacking in tertiary qualifications, and we had a shortage of staff who had the skills or interest in working with clients that have complex behavioural support requirements.

We also felt strongly that there was an ongoing struggle to recruit appropriately qualified staff, and that staff entering the industry may have theoretical knowledge but were not 'work ready'. It is also a concern that resources are invested in new people entering the industry, only for them to decide it's not what they thought it would be and leave.

3. What strategies have been trialled?

Before any strategies could be trialled, some baseline data needed to be established – overall results tabled under success measurements. A skills analysis was undertaken to identify the number of staff with tertiary qualifications and the training database was re-tabled to easily identify staff with specific client related skills such as PEG, Challenging Behaviour experience etc.

With that data in mind, the following strategies have been trialled as part of this project:

- Increasing the level of tertiary qualified staff within our service
- The implementation of a training bonus to encourage staff to either complete an existing course, or enrol in a diploma level subject
- The establishment of a preferred supplier agreement with an RTO for 'essential' training, as well as client specific and staff related training courses
- The development of a new Induction Program including a handbook that can be used as a resource tool for staff
- Identifying skill gaps and providing targeted training to ensure client and business needs are being met
- The development of an E-Learning training program in partnership with our local TAFE
- Collaboration with other service providers to recommend a consistent pre-employment training program for new starters into the Industry, with the aim of creating a minimum standard of qualifications required by employers.

3.1 Increasing the level of tertiary qualified staff within our service

(the ideal outcome would be that 75% or more staff have a Certificate 4 by the end of 2011)

A training initiative was trialled with an RTO (STEPS Training) in both the North and South of the state with mixed results. Staff responded to a memo seeking expressions of interest from people looking to do FREE certificate 3 or 4 training, with the uptake being 14 in the South and 10 in the North – all doing Certificate 4. Training was 1 day per month in a classroom and the remainder on the job learning and workbook exercises.

SIDE NOTE – we have been attempting to enrol staff utilising the PPP Funding as part of this project, but the lack of funded places made available in Tasmania was very limited. We managed to secure places at the end of December 08 for 14 staff to undertake Certificate 4, but there has been delay in getting the course underway due to the RTO having a change of training managers. We currently have another 12 staff interested in undertaking training at Cert 4 and 17 staff at Diploma level, but are waiting for the PPP funding to be announced before enrolling anyone.

3.2 Implementation of a Training Bonus

In January 2009 we looked at the budget and funds remaining in the training budget and decided to trial a training bonus until December 2009. This is designed to encourage staff to either complete training started in 2008 (or earlier) or enrol in Diploma level courses at a reduced cost. The bonus is \$500 payable at completion of a Certificate 3 or 4 course (inclusive of tax and super), or \$500 paid upfront towards the cost of the course for anyone wishing to enrol in a Diploma or Advanced Diploma course.

It is too early to analyse the results of this but it will be interesting to see if it has the desired effect.

3.3 Preferred Supplier Agreement with an RTO for 'essential' training

In an effort to increase the standard of 'essential' training provided to staff, we have established a non-documented preferred supplier agreement with an RTO (Parkside Training) that operates state-wide. This approach ensures staff receive a consistent and professional approach to the 'essential' training components being first aid, medications,

manual handling, infection control, personal care and challenging behaviours. We are also using Parkside Training for client specific training and we are in the process of developing a Program Design unit for all Level 4's and 5's.

Out of the training providers in the state, Parkside Training are the only organisation that deliver the "Administration of Drugs in a Non-Institutional Setting" course and this level of training has been essential for staff undertaking more complex client specific training.

3.4 New Induction program developed

The induction session is basically an information session for new staff not necessarily a training day, and as it is not a funded process, time restraints have been considered. When looking at the levels of professionalism we expect from our staff, it was necessary to look at how they enter our organisation and for some, the industry for the first time.

It is well known that staff who feel valued and supported are more productive and enjoy their work more, so we have an obligation to provide new starters with information and resources at the outset. It was identified that our current program needed to be updated, our expectations made clearer, more opportunities for hands-on exercises to practice and more resources provided that can be used as reference material in the future. A comprehensive Staff Induction Folder was created as a handout, all members of the Executive team present topics on the day, and consistency, professionalism and positive role modelling has been introduced at the first stages of employment.

Ongoing support is then provided through the three month probation period such as orientation with the clients and house routines, formal probation meetings, training requirements identified and booked, and buddy shifts with their Coordinator and team. This part of the induction program is to be reviewed in the 09/10 FY.

3.5 Targeted Training provided to meet client needs

In May 2008 we felt that we had a shortage of staff with skill sets to meet complex client support needs. The lack of experienced staff to select from during recruitment has put pressure on support workers to be thrown into the role, often supporting clients with very different needs. We are expecting our workers to be 'generalists' in an industry that requires specialist skills.

As a trial, we have started grouping skill sets required for each client base, identifying which staff fit that group and providing targeted training to fill skill gaps. The aim is to create a workforce of professionals or specialists that can work confidently within their area of expertise. This makes for a more robust buddy system when new staff join the team, and client care is not compromised when 'regular' staff are on leave.

Examples are:

- In 2008 when we were looking to build an Intensive Support Services Team in the South, our approach was to review our training database to target existing staff who had either the experience or appropriate attitudes, and approach them individually to discuss the opportunity (A memo seeking expressions of interest was unsuccessful in attracting attention). At the same time we advertised externally and offered to pay level 5 pay rates (equivalent to an Advanced Support Worker or House Manager) for anyone working within the ISS team, with good results. With a positive team assembled, we

used our internal resources to provide intensive training including PART and behaviour management strategies, and now have a cohesive team working successfully with our client.

- Training for Level 4 and 5 support workers has been designed in response to feedback that senior support workers either were not sure of what was expected of them in their role in regards to responsibility, or wanted some training in gaining the skills to be able to perform their role more effectively. A training program was designed to cover the specific responsibilities such as the role of a senior worker, mentoring level 3 staff, leadership traits, effective communication in teams and how to prepare and deliver feedback to another support worker. This is part way through being delivered across the state. Team dynamics, service delivery and individual performance of senior staff will be closely monitored over the 09/10 FY to see how effective this approach has been.

3.6 E-Learning module developed with TAFE

Mandy had previously mentioned to the TAFE team that if computers were put in our houses, most staff would need to attend a computer course to learn how to do their administration, and suggested that a training program would be ideal if it simulated the work environment while teaching computer skills. No-one in the Hobart region offered that kind of training in the Community Services Training package. By chance, TAFE had funding available shortly after and we were asked to partner with them in the development of an E-Learning program to incorporate into their training program.

The online learning system has 4 units to complete, with each unit playing a scenario for the student to assess and complete the appropriate paperwork. Units are OH&S, challenging behaviour, legal frameworks and communication using Daily Shift and Communication books. Our document templates were used in the program and the intention was/is that all staff will be put through the course as computers are installed in houses.

Unfortunately this project has ground to a halt with the change over to the new Polytechnic/Skills Institute structure of TAFE, but I hope that this can be reinstated as the program was 75% completed at the end of 2008.

3.7 Guiding Network Group – Skills Development Team

The Guiding Network is an industry group comprising of Disability Services staff, service providers, RTO's and family members, facilitated by the Workforce Development Unit (WDU) at Disability Services. As an off-shoot of this group Optia has been involved in a Skills Development Team to recommend a consistent approach to pre-employment training across the sector in Tasmania, and what that might look like. We were given criteria by the WDU to work around, but the aim was to build a more 'work ready' workforce that had a minimum acceptable standard of qualifications.

After much discussion, the group recommended the following:

An information session between 4-6 hours that promotes the industry as opposed to specific organisations. This gives interested parties a chance to hear about the industry before committing themselves to an organisation or study, and would be held on a quarterly basis.

Topics covered would be:

- Roles and Responsibilities
- Personal Care
- Legalities
- Structure of the Disability Services in Tasmania
- Values and Attitudes
- Employability skills

A Disability Entry Course that could be completed in a block before gaining employment (increasing employability skills), or completed as part of the three month probation period one day a week. This would be aligned where possible to the Certificate 3 in Disability Work and RTO's are currently working on how that might work from a training providers' perspective, with an aim of having a trial session ready late 2009. All sessions would be class room based as opposed to self paced learning. Funding has been discussed but with changes likely to the current structure of Disability Services, no-one is prepared to offer any firm ideas.

The identified Skill Sets for the Entry Course would look something like this (details of each criterion attached as Appendix 1):

1. Advocacy
2. Legal and Ethical – Industry wide and Tasmania specific
3. Specific Disability
4. Ability to work with families
5. Report Writing
6. Values and Attitudes
7. Personal Care
8. Self Management and Development
9. Understanding Challenging Behaviour
10. OH&S
11. Infection Control
12. Understand and apply manual handling techniques
13. Knowledge of how to respond to emergency situations such as fire
14. Apply First Aid
15. Organisation Specific induction including Policies and Procedures

The group recommended that the Industry adopt a best practice approach by encouraging all staff to either have or be enrolled in a minimum of Cert 3 by the end of 2010, with a view to coming into line with mainland states and adopting a minimum Cert 4 standard by 2012.

It was agreed that any recommendations above could not be made mandatory, and it would be up to the industry to enforce a best practice approach to maintain standards.

4 What have been the risks associated with this Pilot Plan

Initially the identified risks and management strategies to be:

- *People will not utilise or attend the training offered – negative impact on training budget*

In the previous year there were a number of staff that did not attend training booked on their behalf and this gave a poor impression of our organisation to the training provider, not to mention the funds spent with no outcome.

This has been managed in 2 ways – Letters have been sent to staff advising them they would not receive any paid training for the remainder of the financial year and the impact on the organisation for not utilising the enrolment costs; and there has been more paid training provided for staff.

These strategies may have been effective, as this period has seen a significant reduction in non-attendance at training.

- *Sourcing specific training courses may be difficult and costly*

The appointment of a Behaviour Management Specialist has significantly reduced our risk in this area, as complex and challenging behaviours has been difficult to source external training. There has been some difficulty in sourcing people management courses but I believe this is an ongoing issue for the majority of services.

- *Sending people to training and information not put into practice*

This pilot has highlighted a real concern for me that the staff attending the STEPS Cert 4 training will not be performing at the level we would expect at completion of their qualification. This opinion has been based on feedback from staff currently studying at STEPS compared to those at TAFE, and from other service providers who have used STEPS in the past. This will be closely monitored in the 2009 year as staff complete their qualifications.

I would now add to that:

- *Opposing risks of grouping staff by skill sets*

There are benefits of grouping skill sets as staff can team more effectively and clients benefit from the increased knowledge and skills, however staff may become dissatisfied if they are only working with that one client base. There is a risk that managers will not want to lose people once trained, and it is not cost effective to relocate someone with intensive support training within a 6 month period. To date we are trying to find a variety of shifts for staff when requested, and staff working with ISS clients are limited to 2 shifts per week where possible to prevent burnout.

5 What have been the benefits from trialling these strategies?

The most significant benefits have been the increased interest from staff in attending tertiary training, and the relationships built through the Skills Development Team and preferred supplier agreement with Parkside. Potential benefits from the recommendations made for pre-employment training could be very significant to the industry, but at a minimum I would see that at least 3 organisations would partner to pursue the idea with Parkside and set a minimum standard for employment amongst ourselves.

The new induction program has been held 4 times since conception with feedback being very positive.

A large number of attendees expressed interest in attending further workshops on some of the topics covered on the day which has been an interesting training option for us not currently used. While we haven't had time to trial this as part of the project, we intend to send out a questionnaire to all staff asking if they would be interested in attending workshops on a regular basis, how long would the sessions be, and give them a choice of topics to select from.

Ideally this training would be provided by both managers and members of the support team. Positive benefits would be personal development opportunities that could flow into increased job satisfaction, recognition and acknowledgement from peers, as an assessment tool for training purposes and most importantly, encourages a learning culture within the organisation.

This trial has also shown us that our processes in determining staff training needs to support new clients entering our service require tightening. Profiles detailing specific needs of new clients must be provided before the client enters the service to enable training to be sourced, delivered and staff competency assessed where necessary. This flowed into the necessity to have better systems in place to monitor and assess existing client support needs to provide appropriate levels of training for staff, particularly with the growing number of staff being recruited at present. This will now become an ongoing quality assurance process.

6 How have we measured our success?

Data collection for training and qualifications was essential in measuring our success and it was surprising to see that while our staff numbers grew by 69% in the 08/09 financial year, the number of tertiary trained staff kept pace with the previous year's percentage. The number of staff attending training in this financial year to date is 72% of our workforce including casuals and that figure was far higher than I anticipated.

Data collected = staff with a full qualification or enrolled in a qualification at that date			
	At 1 July 2007	At 1 July 2008	At 30 April 2009
Bachelor/Degree	3	4	7
Advanced Diploma	2	3	3
Diploma	12	12	19
Certificate 4	16	39	57
Certificate 3	11	18	22
Certificate 2	3	5	5
TOTAL	47	80	111

Data collected = Number of staff and % of staff with qualifications			
Total Staff Numbers		Percentage of staff with Qualifications	
1 July 2007	112 staff	1 July 2007	42%
1 July 2008	155 staff	1 July 2008	52%
30 April 2009	222 staff	30 April 2009	50%
160 staff attended some form of industry relevant training in this FY to date = 72% of workforce			

Results were very different between the 2 groups enrolled with the RTO - STEPS training:

Northern Group: 4 out of the 10 staff completed their training within 12 months, with the majority nearly completed. Attendance levels have been high with little follow-up required each month.

Southern Group: 1 out of 14 staff completed their training within 12 months, and attendance at the monthly classroom session is very poor, despite regular reminders and phone calls.

COMPARISONS

- The same trainer was used for both groups and feedback has been mixed on the presentation of the material and work output required.
- Regular contact was made with the RTO – both in regards to finding alternative training methods to encourage the Southern group to attend and/or complete modules, with disappointing results, and ensuring the Northern group did not feel isolated or unsupported throughout the training.
- Feedback on training delivery and content - the Southern trainees at the 12 month period of the traineeship said training lacked structure to cater for the various levels of learning in the class, the sessions did not flow together, but the material presented was of a good standard. Even with that feedback passed onto the RTO, the trainer has not made obvious efforts to change the delivery structure for more effective results. The Northern group have not made any comments about the delivery but the results speak for themselves.
- The Northern group have the Advanced Support Worker (level 5) roles being trialled as part of the pilot project and many of the attendees are ASW's or work closely with their ASW in the house. Perhaps this has raised the level of professionalism amongst the teams and we are seeing positive results?

The RTO also has poor administrative systems to back the trainer up. We have made a decision not to use this organisation again as it lacks the professionalism of other local RTO's.

The success of STEPS training will be measured over the coming 12 months as we observe staff bringing the information they have learnt back into the workplace, and being able to compare levels of knowledge against staff that have attended other RTO's such as TAFE.

Our other significant success is the strength of the relationships built with other providers through this process (should have used that as a Pilot Project!). Our relationship with Parkside Training has benefited our new service in Launceston with Parkside providing training at a loss as opposed to us going elsewhere and establishing new relationships within the area. This has allowed us to retain the consistency in training, and the training provider helps to reinforce the level of professionalism expected of our staff by understanding our values and attitudes. The other key relationship has been with another service provider and this has been formed through participation in the Skills Development Team and has resulted in our two organisations partnering in training offered by Parkside, and there is frequent talk about how we can work together in the future for training and sharing staff.

7 What were our assumptions?

In May 2008 we assumed the following:

- That staff want to learn and improve their skills
- We view Support Work as a professional position but others may not view it that way
- Client needs are not always being met to the standard we expect
- We have enough staff on our books to place with clients based on skill needs

8 Are these still our assumptions?

Our assumptions were tested as we believed that staff would be interested in participating in formal training if it was provided at no cost to them, whether it is for self development or as a formal acknowledgement for what they do every day. While there was a significant increase in staff undertaking tertiary formal training compared to the previous year, it was disappointing there wasn't more of a take up, and we didn't expect to see quite as many staff lose focus within 12 months of committing to the training. It has been interesting to hear that some common staff perceptions were that they couldn't afford financially to take the time off to attend the training, or wouldn't be supported by their direct manager in regards to roster flexibility.

We did not expect the data to show that staff with qualifications had kept pace with the growth in our workforce. It does however reinforce the feeling that the past 12 months has been extremely busy with recruitment and sourcing training options for staff.

It was assumed that PPP funding would make training options far more available and affordable however the lack of PPP Funding available for Tasmania to utilise has been disappointing. This funding was to be a big part of Optia's training plan for 2009 as it will be the only way to cover course costs if we hope to put staff through Diploma level courses. We remain hopeful for the 09/10 financial year.

We are correct in our assumptions that we have a shortage of staff willing to work with intensive support clients. There is a core group of staff that you can rely on and are keen for training, and then there has been a big gap in skills and motivation levels. We assumed that staff would welcome the challenge to work with a different client base, but this has only occurred after the initial team was established and word got out about the amount of support and training they were receiving. We also didn't expect the amount of

negative peer group pressure around our ISS client directed to new starters at the site and the ISS team. A very disappointing side effect of being on a site with 5 residential homes and a large group of staff that enjoys the power of being in an isolated environment.

Appendix 1

Identified Skill Sets for Pre-Employment Course

Advocacy:

- Support client self-empowerment and self-determination
- Support client to develop decision making skills
- Understand and apply Duty of Care/Dignity of Risk Principles
- Understand and apply confidentiality and privacy principles.
- Have an understanding of the historical and philosophical context of disability. Develop knowledge of best practice principles and models of support for people with disabilities such as Person Centred Support, Active Support and Community Integration.
- Informed Choice
- Display respect, empathy & understanding towards clients, their families & friends at all times.
- Have knowledge of and comply with the (ASSID) Australasian Code of Ethics for Direct Support Professionals 2007
- Develop knowledge of relevant legislative frameworks including the Disability Services Act, Anti-Discrimination Act and the Workplace Health & Safety Act.

Values and Attitudes

- Ability to work with people with a disability
- Ability to support people with disabilities in activities that may be contrary to the personal values of the employee; e.g. religious, lifestyle choices
- Ability to support people with disabilities with personal care such as bathing, toileting, feeding, dressing, the use of continence aids, dental hygiene, menstrual hygiene and grooming
- Ability to support people with disabilities to access the community
- Ability to support people with disabilities with personal care requirements in a respectful, discreet manner

Legal and Ethical:

- Work within organisational policies & procedures (address themselves)
- Knowledge of Disability Services overarching policies in relation to service delivery to people with disabilities:
 - Aversive, Restrictive & Intrusive Practices in Services for People with a Disability – Policy & Guidelines 2007
 - Abuse in Services for People with Disabilities – Reporting Guidelines 2003
 - Consent by Clients – Policy & Guidelines 2003

Specific Disability

- Knowledge of the types of disability including Acquired Brain Injury; intellectual disability, developmental disability, and physical disability.
- Manage health needs of people with disabilities including for example knowledge of: Epilepsy, diabetes, invasive procedures, Health Care Plans, Nutritional Management, Weight Management, skin care, use of recording forms relating to client health

Communication

- Keep client health records up-to-date
- Ability to use different modes of communication such as emails and faxes
- Ability to apply basic computer skills and familiarity with Microsoft programs
- Report writing (including incident reports, BAF forms, client & staff communication journals, file notes, shift reports, clients reports as required, program writing, recording)
- Ensure appropriate records are kept and maintained for expenditure of client and organisational funds in accordance with organisations policies and practices.
- Legible writing ability
- Maintenance of client files

Stand alone items

Apply First Aid

Understanding Challenging behaviour

Communicating with families and people with disabilities

Understand & apply manual handling techniques

Infection Control

- Follow safe food handling principles
- Apply hygiene management principals including universal precautions & infection control

OH&S

- Read, understand and conform with organisations OH&S Policies
- Knowledge of how to respond to emergency situations such as fire.
- Maintain a safe working environment
- Contribute to the development of safe work practices
- Identify and report on OH&S risks to ensure a safe environment
- Ensure personal work practices comply with organisations OH&S policies & procedures

Self Management & Development

- Workplace diversity (including cultural diversity)
- Team Building
- Communication skills – well developed interpersonal skills including problem solving, decision making, active listening, conflict resolution and providing feedback.

- Ability to work as directed with some supervision
- Responsible for own actions
- Ability to apply effective time management strategies
- Participate in training as required
- Participate in performance development
- Participate in team meetings

Ability to work with families

Ability to work as part of a team

Knowledge & understanding of organisational policies & procedures

Units of competency that the pre employment course aligns to:

- CHCDIS1C Orientation to Disability
- CHCDIS2B Empowerment
- CHCCCS301A Legal and ethical
- CHCORG3B Organisational
- CHCDIS3C Provide services for support
- CHCCOM2C Communicate
- CHCOHS302A OH&S

National Disability Workforce Project

Pilot Site Report — part 2 of 4

Targeted Marketing Campaign for Launceston service

Optia Incorporated
Project team (Mandy Clarke and Mark Deverell)

1. Who are the Key people involved and engaged in the project?

Internally - The key people in this project have been the state-wide Human Resources Manager (Mandy) and the Operations Manager (Mark), with input from the broader executive team and Residential Managers.

Externally – The Employment and Careers Project Officer (Sonia Jessup) at the University of Tasmania, who oversees career development and employment services for students across the state. We have also used local newspapers for advertising which has been a more traditional avenue for recruitment.

2. What have been the key workforce issues addressed?

Early into the project we obtained a new residential group home in Launceston, a city where Optia had not previously provided support services, so how were we going to attract and retain the right staff for our service? Our challenge was to recruit a full team with a blend of experienced and 'green' staff, and a manager that could work independently in a remote location. This came within 6 months of a competitor moving into the area and doing a huge recruitment campaign for all levels of staff.

The key workforce issues became:

- Where do we find a diverse range of staff including age, sex, ethnic background, skills, experience, availability for work etc?
- What will our advertising campaign look like, including how to attract trained staff already working in the sector?
- How to build our brand name within the area?
- How are we going to support and develop a new team in a remote location once established?

3. What strategies have been trialled?

In summary, the following strategies were trialled:

- Advertisement wording changed to promote career options available, inclusion of hourly rate including penalties, flexible work hours available in particular student friendly work options
- Targeting marketing campaign at the University using bulk emails to students

- Our branding was promoted in the advertisements with an aim of raising community awareness of who we are, where we come from, what our values and ethics are and the fact we are a large state-wide organisation
- Staff Induction Booklet designed for staff to use as a resource tool (particularly in a remote location), with the view that a supportive induction process will help with retention.

3.1 Other strategies discussed but not trialled were:

- Using local Community TV advertising spaces
- Using late night radio to target people for wake shifts
- Advertising on the back of buses
- Flyers on Shopping Centre notice boards
- Public information sessions to attract interest
- Speaking at schools to the Year 11 and 12 students to promote the industry and career options

4. Background

In August 2008 when securing a group home in the same area, we reviewed the possible workforce dynamics of Launceston to determine which form of advertising would be most effective. Recent experiences in recruiting staff with skills in challenging behaviour did not prove successful, with the local papers and SEEK used for advertising. Our new client base was very different, but the challenge was still the same – where do we get staff from?

In the period since August 08 we have had 3 successful recruitment intakes in the Launceston area and have used 3 different techniques – newspaper advertisement, emails through University and resumes left by walk ins.

5. Types of advertising used

The initial advertisement was in the **local newspaper** to reach the maximum amount of people – cost \$730 including a coloured logo and headings. The wording of the ad was changed from our regular text to attract people's attention by including penalty rates, flexible work hours, salary packaging available and career options for Uni or Community Services students who wanted to compliment the theoretical studies with practical hands on experience.

The second ad was in December 2008 and **triated through the University of Tasmania** by contacting the Employment and Careers Project Officer to discuss advertising options to target students enrolled in nursing, teaching and psychology. We had the opportunity to post an advertisement on the careers board in the Uni for no cost, as well as doing a bulk email to every student's personal inbox. This equated to \$133.40 to reach 1334 students and we did not exclude any student groups from the mail out. The wording was similar with a dot point advertising the positions as an "ideal income and work experience for a nursing or medical student". The result was amazing with 189 expressions of interest, with 86% of those as a result of the advertisements (data based on the email and postal addresses given to send packs to).

The third recruitment intake was in February 2009, but did not require any advertising as **word of mouth** and previous advertising had given us a stockpile of resumes to use, and we only required a few casual staff.

6. Branding Strategy:

In all our advertisements, our aim was to promote Optia as a reputable organisation, highlighting that we are a state-wide service that employs over 200 staff and provides support to around 175 clients, and are one of the largest disability support providers in Tasmania. This was designed to show potential candidates that we are not a risky investment on their behalf if they leave an existing job, and an attractive career option for anyone thinking about entering the industry.

7. Strategies for Support and Retention of staff in a remote location:

Once recruited, there remained the issue of retaining and building a culture that fit with Optia's values and attitudes. An extensive Staff Induction Booklet was designed as a hand out for staff and our Induction Program was expanded on and used as a trial for the Launceston service – very successfully according to the feedback forms. It was recognised that staff in remote locations need resource tools at hand for easy reference, and every member of the Executive team attended to build relationships with the new team in an effort to make them feel more supported.

We recruited based on individuals' values and attitudes, spoke about our culture and expectations at the Induction, incorporated the message into the probation reviews, and time is showing which staff fit with our culture, or have chosen or been encouraged to move on.

8. What have been the risks associated with this Pilot Plan

Initially the identified risks and management strategies were:

- *The cost of advertising and management time setting up a new service with no guarantees of success.*
To manage we closely monitored the budget and effectiveness of our advertisements at each recruitment intake. Time spent by management wasn't a concerning factor through the process.
- *Not getting the appropriate support from external stakeholders.*
To manage we worked on building relationships with stakeholders in the new region, in particular the families of the clients we are supporting. This has been a critical factor for our success as their opinions of us can make or break us within the region.
- *Staff and managers not representing Optia in a professional manner.*
To manage we developed the Staff Induction Booklet and Induction Program that made regular reference to the high level of professionalism we expected from the team, as well as the impact of negative behaviour and attitudes can have on potential staff, the community and stakeholders. 'Desired' turnover has been a result of identifying that staff are not fitting with Optia's values and culture.

I would now add to that:

- *Not having the right manager in place to support and build a positive culture or team environment.*

The past 6 months has shown that the wrong manager can be a very negative influence on a team, and since replacing the original manager, we have seen the team bond together, enjoy their jobs more and be far more productive.

- *Providing too much support and flexibility at the transition planning stage and induction.*

This has been an interesting risk to review 8 months into the service. Both families and staff have been given a huge amount of support and flexibility to ensure the service is successful, but both parties have shown elements of abusing that relationship by pushing boundaries to the limit. We suspect this could have been different with the right Residential Manager in place overseeing the service but unfortunately that didn't end up being the case.

- *Availability of students versus cost effective recruitment*

While the targeted marketing of University students is innovative and a cheap avenue for resources, it needs to be acknowledged that students can have poor availability around subjects each semester which can be a stressor for the remainder of the team. Workforce planning will be critical if employing a number of Uni students for casual work, and we will be reviewing staff availability on a regular basis as opposed to head count of casuals.

It also needs to be acknowledged that turnover can be high as students apply to other University's for study and have to relocate, or they graduate and move into their chosen career. When this occurs within a 3 month period, recruitment is not cost effective even if it does fill a short term need.

9. What have been the benefits from trialling these strategies?

The biggest benefits have been identifying a workforce that is interested in doing hands on work to compliment their studies, the way those skills can then be transferred into their chosen career and the cost effective way we can advertise to that group. It can only benefit our client base to have trained nurses, practitioners and teachers with hands on experience.

Feedback from some candidates is that they feel valued that an organisation has sought them out as a target market and appreciate the flexibility this industry can offer them for an income stream.

The other benefit has been seen from including penalty/hourly rates in advertisement to attract people's attention and move away from the perception that Disability Support is a bottom of the ladder career option when it comes to pay.

10. How have we measured our success?

In May 2008 we listed ways we could measure our success with some being relevant 10 months down the track and others coming to light through the process.

Our success stories have been:

- The fact that our new service is still operating after 6 months and the families of our clients are happy with our service delivery! It is a good reflection on the staff that

have gone through the recruitment, induction and probation process as well as acknowledgement that managers involved have done their jobs well.

- We have identified that University Students make an affordable targeted marketing group who appreciate flexible work hours, a regular income stream, an understanding employer that knows they will be unavailable around exams and practical sessions, and are likely to have a limited employment lifespan as they move into their career of choice.

DATA COLLECTED - The advertisement we trialled at the University was emailed to students in the North, North West and Southern regions. 15 students have been employed across the state through this form of advertising – 11 are still employed and 4 have left our employment. 1 student stayed for 5 months, 1 for 4 months, 1 for 2 months and the other student stayed for 10 days before transferring to South Australia for further study. In that period 49 staff were recruited across the state making University sourced employees 31% of the total staff recruited.

FEEDBACK FROM UNI STUDENTS

Question	Summary of responses
What attracted you to this position or industry?	Love working with people, able to utilise skills learnt through study – alignment to current degree, flexible hours around uni courses
What were you hoping to gain on a personal level by becoming a support worker?	Develop people skills, especially with people with a disability, learn care based skills that study doesn't provide, better understanding of how disability affects different people, hoping to positively affect others and the cash!
Has the job met your expectations?	In many ways, would like more variety in clients, no real preconception of role but happy with the job
How has the hands on work complimented your study?	Gaining experience in personal care, training reinforces knowledge, helpful to learn about challenges of supporting in the community, gaining perspective and a greater understanding of the issues faced in the industry
Has it been difficult combining study and work commitments?	No - Optia has been helpful and accepting of unavailability around Uni, they seem to understand that study is No 1 and am not penalised for that, not too difficult but it's all in how you balance it. One person said it would be perfect for anyone in 1 st or 2 nd year nursing to do.
Would you recommend this field of work to others?	Yes, most definitely – new way to look at life and gain hands on experience, builds skills in personal care, communication, observation and working as a team. A positive and building experience. Paid better than aged care and you get to build a rapport with the clients rather than be part of a production line.

- We took a chance on recruiting some untrained staff based on their values and attitudes, and enthusiasm for the position. It is rewarding to see the commitment

shown by these people to both the job, Optia and their own personal learning and development. The skill level of the team is increasing as 4 staff have enrolled this year in Certificate 4 traineeships and another at Diploma level.

- The amount of walk ins we now have for the Launceston area, with the interviews conducted in February 2009 entirely made up of resumes received from word of mouth referrals or people recalling our advertisement in previous months and deciding to apply at a later stage.
- Our lack of 'desired' turnover from conception of services. Our team has taken some hits as we have performance managed 4 of the initial team out, but unwanted turnover has remained at 2 staff in total – one being a Uni student who graduated and entered nursing full time.

DATA COLLECTED - The turnover rate for the Launceston service is currently 37% in total, with 11% being unwanted turnover (7 exits since commencement with 2 being unwanted turnover).

- We have a training provider who is prepared to send trainers from Hobart to conduct a training session at a loss to accommodate our needs in a remote area. This has allowed our staff to be trained in a consistent manner by a provider of choice who knows the culture of the organisation. This would not be possible if it wasn't for the relationships built in the last 12 months in particular, and Optia's commitment to using that provider for state-wide training.
- Through our strengthening relationships project we have referred 2 staff moving interstate to pilot project organisations for potential recruitment. With Tasmania being seen as the 'sea change' state there are options for intake of support workers referred by other members of the pilot project group.

11. What were our assumptions?

In May 2008 we assumed the following:

- There are people out there interested in working in disability
- People don't know what the sector is all about and what the work involves
- Our brand is not recognised in our Community
- Providing information to the community is going to create interest
- There are still people out there and we haven't exhausted the labour market

12. Are these still our assumptions?

Our assumptions are correct that there is a labour market out there with an interest in working within the disability industry, and most don't really know what the job entails. I think the response to advertisements being so high is a positive sign, but the small amount of

completed packs sent back is indicating that people are either not interested once they know the ins and outs of the job, or they are not motivated enough to complete application forms and address selection criteria.

We have assumed that our brand is not widely recognised in the community and that is correct but resumes received from 'walk-ins' suggests that is improving. Feedback from candidates at interview have indicated that Optia as a brand is not widely known outside the Disability Industry but quite well known amongst people working in the industry.

Our assumptions have been challenged around forms of advertising used and the way we connect with potential workers in a new region. When commencing the Launceston service, a large provider had recently recruited and we assumed there would be problems finding experienced staff. This proved to be incorrect as people at interview were already expressing dissatisfaction in working for that new provider and were actively seeking a change.

A significant outcome of this has been uncovering an untapped market within the University at such little cost. Students completing their degree/training have study as their priority and it has been an interesting process to see how they juggle both commitments while remaining reliable for shifts. While turnover has been higher than preferred, it has been seen as a realistic risk when recruiting in a market that is actively seeking work during school holidays. Lack of overall turnover has been positive and University students responding to targeted marketing have consisted of 31% of our new recruits since August 2008.

While we were hoping for success, it has tested our assumptions that people only enter the disability field if they can't get anything else. The response to this form of advertising is proving that theory incorrect, particularly for Gen Y applicants that are actively seeking meaningful and rewarding employment options where they feel their work is valued.

Surprisingly, my assumption that students at Uni could follow clear instructions on how to apply for a position was proven incorrect. The majority of these incomplete applications were from international students (if not all), who identified English as a second language. I made the assumption that anyone in 2nd or 3rd year Uni would be able to follow directions, particularly with a "How to Apply" document enclosed that steps through the process. It was interesting that the second time we tried this form of advertising we deleted international students from the mailing list and all applications were sent in completed. We are trying to encourage workforce diversity but can't consider applicants that can't follow instructions.

National Disability Workforce Project

Pilot Site Report — part 3 of 4

Job Redesign

Optia Incorporated

Project team (Mandy Clarke and Mark Deverell)

We introduced a new role within the organisation titled Advanced Support Worker and Specialist Support Worker (Intensive Support Services). The idea of this role was to create a new pathway for support workers that didn't necessarily lead to management. This role focused more on the practitioner skills of support workers. The intention of this role is to professionalise the role of a support worker through role modelling and skills building.

1. Who are the Key people involved and engaged in the project?

There has been a collaborative approach to this project.

- **Residential Coordinators** – The coordinators for individual sites have been active in ensuring that these roles work. They conducted monthly meetings with their ASW's away from the home environment. These meetings have been the forum for decision making, collaborative management techniques, improving communication between management and support staff and developing more productive and client focused systems.
- **Operations and Human Resource Managers** – We have been actively involved in writing and rewriting the position description, reviewing what has been working and generally providing the education and skill development to better undertake the position. We created and delivered a power point presentation which outlined the role of an ASW and broke the PD down into sections. The power point presentation provided the ASW with the necessary skills to develop this role further on the job.
- **Advanced Support Workers** – The positions of ASW were advertised and the successful applicants were made aware of the reason behind this role. As part of the meeting that ASW's are having with coordinators, issues have been raised around the way the position is working and the level of supervision that those staff have. The ASW's believed that they then should be consulted when it came to staff probationary and performance reviews which we agreed and adopted as part of the role.
- **Business Manager** – The Business Manager made this job redesign possible. We approached the BM to determine whether our organisation had the capacity to implement a new level into each accommodation and community site. The OM and BM looked at the individual budgets and made necessary adjustments to achieve the positions.
- **Support Staff** – The support staff were very productive in the implementation of this position. We relied on them supporting and assisting where necessary the ASW in the completion and development of the PD. The support staff have found that this

position has provided them with the internal support that previously coordinators had not been able to do.

2. What has been the key workforce issues addressed?

There were great concerns in May 2008 that we needed more career opportunities for support staff to increase their skills acknowledge their achievements and retain good staff in the sector. We have had very little turnover of staff working in sites where there had been an ASW introduced. Since the implementation of this position, the ASW have not resigned from their roles however a few have moved into higher positions.

Attracting staff into the sector through broader opportunities has greatly benefited our organisation. Not only has this brought new and skilled staff to our organisation but it has also increased our reputation which in turn brought in new services.

We have found that due to having more career paths for support workers, they became more motivated to stay and strive for the opportunity to take on this role.

3. What strategies have been trialled?

What we said we would do:

In May 2008 we said that we would trial developing a new position including; Increased responsibility, increased remuneration. We would use initiatives in this role to retain staff and provide acknowledgement for individual work. We would appoint a mentor for this position to support and role model to the staff.

What strategies we used?

- We developed a new position that included more responsibility and higher remuneration.
- We implemented incentives for staff in general, not specifically tied to this position which included; each fortnight there 4 staff that are randomly drawn from payroll that receive movie tickets or gift vouchers.
- We provided a mentor for the ASW's to access. This person met with the ASW's and discussed issues with the roles and looked at ways of expanding or reducing the scope of practice.
- We changed the position title for the ISS (intensive support services) which was Specialist Support Worker. We felt the need to do this because working under the ISS model required different and more defined skills than the ASW.
- Coordinators set monthly meetings for all ASW's to attend. There was a clear and consistent agenda for these meetings.
- We provided specialised training such as IABA 4 day workshop and competency based training package, communication foundation workshop, performance management workshop – steps on preparing and providing feedback.

Why did we choose these strategies?

We firstly created the PD knowing that it was going to be a draft document which would be altered as the position progressed.

With the incentives, we wanted staff to feel good about their job and their choice of organisation. By receiving a gift card or movie tickets in the mail, it made the person receiving them feel appreciated. We had many calls from staff thanking us for the gesture and how it made them feel.

It was important for us to give each ASW a mentor that they could trust, communicate effectively with and also be honest with. The role model provided the ASW's with feedback on areas that could be improved and skill development around policies and procedures for the role.

The monthly meetings were intended to open the communication and provide the residential coordinators an understanding of what had been happening in the individual sites and with the implementation of the roles.

As we expected the ASW's and SSW's to role model to staff and provide on the job training for new staff, we felt it necessary to provide them with additional training to do so. By giving them specialist training that covered most aspects of their role, it created an internal educator and resource for support staff to access.

4. What have been the risks associated with this Pilot Plan

Initially we identified the possible risks as being: The wrong person for the job, lack of interest and negativity towards the position.

How we said we would manage these risks was through a consultative process, inviting feedback from support staff, coordinators, ASW's and listen to ideas. Based on this feedback we would model flexibility and change.

What risks were relevant after the implementation and how did we address them.

We identified it as being risks if; we put the wrong person in the position. We made the decision not to fill the position until we felt that we had the best person for that role. We advertised the positions based on our targeted marketing project. It took several attempts and a few different methods of advertising before we felt comfortable in the people that we interviewed to take on the role. It was minimising the risk each time we advertised by ensuring that the decision to put someone in that role was not based on a need to have it filled rather a need to have the right person fill it.

There was some negativity about the role and the implementation of another level in the house from a coordinator in the South. As this was a Northern project only, it didn't pose a great risk but it did allow us to look at it from an external perspective. The issue raised was; by creating another level/layer are we putting ourselves further away from the support team. Was it necessary to have so many different levels of staff working in one site?

After looking at it from an external perspective and speaking to people that had the opportunity to have an ASW in their site, it became clear that as we are a relatively large organisation, we already had barriers between the management team and the support teams. What it did do was bridged the gap and enabled more productive and accurate communicate. Having the extra level provided the support staff with the internal supports while on shift. There was someone to debrief after a disturbing incident and to actively

role model how things could be done differently. The risk of negativity did not pose as a risk to us rather it forced us to look at things from another perspective to ensure we were on the right track.

5. What other stakeholders locally will we engage in this work?

We only used internal stakeholder for this project as we have a professional executive management team with varied skills and specialisations. Rather than engage external stakeholders in this, we used what we had available.

6. How have we measured our success?

We chose 26 staff including; support workers, advanced support workers and coordinators to complete a survey. This survey covered areas such as what it was like before the implementation and how has it made a difference.

The results from these interviews showed us:

Communication		Poor	Satisfactory	Good
Excellent				
Before your position as Advanced Support Worker, how would you rate communication within your site?	1%	62%	36%	1%
How would you now rate communication within your site?	0%	19%	31%	50%
Before your ASW position, how would you rate communication within your team and your site?	25%	44%	31%	0%
How would you now rate communication within your team and your site?	0%	18%	37.5%	44.5%
Before your ASW position, how well was communication filtered from support teams to management and vice versa?	57%	29%	14%	0%
How would you now rate the communication filtered?	0%	28.5%	57.5%	14%
Role Modelling				
Before your ASW position, how do you rate appropriate role modelling and mentoring for your team?	14%	71%	15%	0%
How would you now rate role modelling and mentoring?	0%	13%	65%	22%
Before your ASW position, how well did your team learn by example?	33%	45%	21%	1%
How would you rate learning by example now?	0%	25%	47%	28%

Advanced Support Programs and Strategies

Before your ASW position, how would you rate the teams confidence in undertaking advanced support strategies and programs within your site?	0%	30%	61%	9%
How would you rate their confidence now?	0%	17%	63%	20%

Behaviour Management

Before your ASW position, how did your team manage client behaviours and consistency in programs?	17%	36%	37%	10%
How would you rate behaviour management and consistency now?	0%	42%	45%	13%

Professionalism

Before your ASW position, how would you rate the professionalism of your support team	11%	51%	32%	6%
How would you rate the professionalism of your team now?	0%	27%	57%	16%
Before your ASW position, how would you rate site specific inductions for new staff?	62%	30%	8%	0%
How would you rate the induction now?	0%	21%	44%	35%

Advanced Support Worker (General)

How do you rate the organisations decision to implement this position?	0%	3%	16%	81%
How would you rate the overall impact this position has had in your site?	0%	11%	67%	22%

Change

	YES	NO
Is there anything you would change about this position?	14%	86%

Suggested Change:

- At times ASW's are expected to undertake more than time allows.
- 2 hours admin per ASW to undertake tasks on site.
- More training focused on practitioner type support.
- Attendance at conferences

We also measured by talking to external stakeholders and funding agencies what we had implemented and why. We received positive feedback from families and friends of clients

about how the standard of support had increased and this was also evident by obtaining new services.

7. What were our assumptions?

- Not all support workers want to be managers
- Support workers want to increase and extend their skills
- People want to be recognised and valued for their advanced skills
- People are leaving the sector, and they are leaving for the above reasons

8. Are these still our assumptions?

- It has become clear through management positions that have arisen, support staff are not interested in moving into those roles. When advertising for a coordinator, we received no internal applications but when advertising for an ASW we received numerous. Support staff that are working in this industry are doing in for the hands on work that it provides.
- Over the past 12 months there has been a large amount of training provided to our staff. The skills of staff are increasing due to this and provide opportunity for future ASW's. Support staff are now recognising that increasing their skills and extending current skills, is providing an opportunity to practice those skills in an advanced support role.
- Within the past year, our organisation has not had any ASW's leave the sector. In fact we have managed to attract people from other organisations to join our team with the hope that they will have the opportunity to progress their career.
- Staff are feeling more valued in their roles through this project. Our organisation has adopted the philosophy that support staff are professionals. Staff feel that they are being empowered and respected for their skills, training and input to the organisation.

9. Where to from here?

As the implementation of this was only in the North of the state, it is our hope that we can extend it throughout the organisation and provide all sites with the same opportunity. We will continue to develop the skills of the ASW's and SSW's and provide recommendations to other services about the benefits of this role. This role has now become a vital part of our organisation and a standard that will continue after the conclusion of this project.

Our focus will be on what other training and innovative support options, could Optia adopt.

Appendix 1

Position Description – Advanced Support Worker

Position Title:	Advanced Support Worker – Level 5
Position Held By:	Position Vacant
Reports To:	Residential Manager
Location:	Northern Region

THE ORGANISATION

Optia Incorporated is an independent entity, incorporated as a non-profit organisation, providing services in the disability sector within Tasmania. Optia Incorporated's core business is the provision of a range of quality supported accommodation options for people with a disability.

Optia is committed to providing a quality service designed to be responsive to individual needs and enabling people to achieve their personal goals by removing barriers, increasing options, developing skills and lobbying for change.

The funding base is drawn from Commonwealth and State Government Departments, encompassing multiple service contracts.

PURPOSE OF POSITION

The Advanced Support Worker will assist the Residential Coordinator by providing advanced support practices within their allocated site.

To act as a role model for staff, promoting positive attitudes and a culture which reflect the philosophies of the organisation.

KEY TASKS & RESPONSIBILITIES

Client based outcomes

- Monitor and supervise clients at all times and be aware of where they are and what they are doing (Duty of Care)
- To assist and oversee the initiation, development, implementation and evaluation of programs designed to assist individuals develop goals and attain/maintain skills in a broad range of areas (personal care, living skills, social skills and community participation), in order to enhance that individual's quality of life.
- Encourage and assist clients in planning meals, personal budgets, house accounts and day to day decision making
- Evaluate and report on progress of client outcomes to Residential Coordinator
- Initiate and complete regular review of client programs in consultation with Key Workers
- Ensure the implementation of general and specific aspects of individual client Health Care Plans
- Maintain client records to the standard prescribed by Optia's Policies and Procedures
- Monitor the correct administration of prescribed medication, and personally administer prescribed medication in accordance with the Guidelines

Team management

- Assist the Residential Coordinator with the day to day functions of a team, and to act as a role model in the delivery of best practice services
- Ensure adherence to organisational policy and practice by the team
- Participate in employee recruitment, retention and induction
- Utilise conflict resolution and negotiation skills to promote effective outcomes within the team, and with the support and guidance of management
- Monitor usage of equipment and supplies to minimise wastage and/or abuse

Safety

- Oversee OH&S issues relating to the Group Home or Client Base
- React appropriately to unacceptable client behaviour and defuse potentially volatile situations
- Ensure a safe home like environment is maintained for clients and staff
- Report and document incidents in accordance with the policies of the organisation
- Implement correct fire safety procedures
- Ensure personal work practices comply with the organisation's Occupational Health and Safety Policies and Procedures.

Communication

- Provide written and verbal reports to Residential Coordinator as and when requested
- Monitor the quality of information that is recorded ensuring information is accurate and up to date ie Behaviour Analysis Forms, Incident/Accident Forms, File Notes, Handover and Communication Books etc
- Liaise with external service providers such as medical practitioners, activity centres, community and government service and case managers
- Ensure confidentiality of clients, their families, the organisation and incidents are maintained including client medical and social history and information discussed in confidence
- Display respect, empathy and understanding towards clients, their families and friends at all times

Financial

- Correctly utilise program and client monies and maintain receipts and records according to established Policies, Procedures and Protocols

Professional

- Adopt the philosophy of the organisation, work for its achievement and work towards a standard of excellence
- Build and maintain networks with external stakeholders
- Ensure continued participation in own self development
- Support and undertake to implement the service standards for accommodation and support services from the Department of Health and Human Services
- Promote a positive image of the organisation

FUNCTIONAL POSITION REQUIREMENTS

Support Workers must be able to meet the following functional position requirements and work within the conditions listed below:

- Must be able to work with clients with an intellectual disability or dual diagnosis or other disabilities, including unpredictable behaviour, aggressive behaviour, physical, emotional and verbal abuse and non-cooperation
- Must be able to work with clients with an intellectual disability or dual diagnosis or other disabilities, including unpredictable behaviour, aggressive behaviour, physical, emotional and verbal abuse and non-cooperation
- Must be able to work consistently as a member of a team and abide by agreed strategies and processes
- Must be prepared to participate in mediation if required, either with clients or other staff
- Must be able to support clients in activities that may be contrary to the personal values of the employee; eg religious, lifestyle choices etc
- Must be able to cope with the physical tasks of the position and support clients in a variety of environments by assisting with tasks including but not limited to:
 - Manual handling such as lifting clients, assisting with mobility such as using appropriate equipment and staff agree to abide by manual handling workplace instructions identifying appropriate techniques and equipment to be used for individual clients. Clients who are not subject to a specific manual handling regime may at times require assistance from staff that may involve weight bearing
 - Must be physically able to support the manual operation of a wheelchair and client
 - Supporting clients with personal care such as bathing, toileting, feeding, dressing, the use of incontinence aids, dental hygiene, menstrual hygiene, grooming
 - Supporting clients when they are unwell and abide by agreed practices for infection control
 - Assisting with outdoor leisure and recreation activities
 - Gardening and maintaining the exterior appearance of the residence, for example mowing lawns, tidying gardens, taking out the garbage, taking rubbish to the tip
 - Household chores such as cooking, washing, hanging out washing, ironing, cleaning, washing windows, vacuuming and bed making, routine domestic chores, maintenance of household equipment to a high standard of cleanliness such as white goods, covers on exhaust fans, cleaning bathrooms and toilets, maintenance of client clothing including mending
 - Supporting clients to maintain pets belonging both to individual clients and the household, including the necessity in some instances of undertaking the appropriate tasks personally
- The clients living in the shared household have varying levels of ability to undertake or complete such tasks. The ability of the clients should determine the extent of involvement of the staff member in any task, this may range from no physical involvement to being required to complete a task without client input.
- Must have the physical ability to undertake First Aid, including CPR and undertake emergency treatment of cuts, epilepsy, burns or other minor injuries that may occur.
- Must be able to cope with stressful situations that can occur when working with unpredictable clients who may change their behaviours very quickly and/or frequently. This may include the onset of serious illness or even the death of a client. Workers need

to be able to leave home situations at home and work situations at work, to avoid overlapping and increasing stress on clients, co-workers and themselves.

- Must be able to appreciate that they will often be working on their own with an individual or group of residents with an intellectual disability or dual diagnosis and/or physical or neurological disability. While there is back-up and support through the Residential Coordinator, Client Services Manager and CEO, there may be some delay.
- Staff may be required to support clients to attend medical and/or personal appointments, shopping, and participate in leisure and recreational activities. This may involve supporting residents to attend the cinema, restaurants, parks, beaches, organised functions, bush walking, boating, dancing, bowling or any other personal or community-based activity which residents and/or staff think may be appropriate in order to enhance the integration process and the philosophy of informed choice. Staff may be required to provide support in alternative venues; eg hospital, holiday accommodation etc.
- Staff must be able to be consistent with the implementation of programs that have been agreed through staff meetings, the intervention process of the Resource Team from Disability Services or other professional advice or direction. Success of such programs is dependent on consistency of all staff in adhering to agreed program.
- Staff will be responsible for the financial accuracy of client finances and financial record keeping is essential. Staff will complete personal, medication, shift reports, behavioural and other administrative records in the appropriate format as required.
- The administration of medication is part of the role of the residential support workers and staff must adhere to the relevant Policies and Procedures in relation to this matter. Staff will at times be required to participate in the development and implementation of Health Care Plans for individual clients and ensure all facets of the Plan are adhered to.
- Confidentiality is imperative for clients, staff and the organisation. The only information to be shared is that which is necessary for the client's benefit.
- Must be willing and able to attend training as determined by the employer.

EXPERIENCE, SKILLS AND QUALIFICATIONS

Qualifications:

- A minimum of Certificate 4 in Community Services or Disability Work or an equivalent qualification, or be part way through completion of the above
- Required to maintain a Level 2 First Aid certificate
- Required to hold a current certificate for "Administration of Drugs in Non-Institutional Settings"

Experience:

- Previous experience working in Human Services
- Previous experience working as a senior member of a team including mentoring and coaching
- Understanding of the philosophy of Optia Inc and broader disability issues
- The ability to remain highly confidential when handling sensitive information
- Experience in delivering a quality service considering all stakeholder interests
- Experience managing documents, recording and storing information

Skills:

- Ability to manage workplace tension and conflict
- Ability to be able to work under pressure and prioritise competing deadlines
- Good written and verbal communication skills

- Computer skills at a basic level
- Ability to network

POSITION REQUIREMENTS / WORKING CONDITIONS

- A current manual drivers license
- The successful applicant will be required to undergo a National Police Check, Medical Assessment and Child Protection Check where applicable.

RESPONSIBILITIES AND AUTHORITY

Occupational Health and Safety:

As an employee of Optia, while at work you must:

- Have a responsibility to take care of your own health and safety and that of others affected by your actions at work
- Comply with the safety procedures and directions agreed between the management and employees
- Not misuse items or facilities provided in the interests of your health, safety and welfare
- Report potential and actual hazards

Code of Conduct:

As an employee of Optia, while at work you must abide by the Optia Code of Conduct.

Optia's Values and Attitudes:

As Advanced Support Worker, you will act as a role model for all staff while promoting the Values and Principles of Optia.

Appropriate Delegation of Authority:

Be directly accountable to the Residential Coordinator.

STAKEHOLDERS

Internal Clients include:

Chief Executive Officer
bodies
Executive team
Management team
Direct Support Staff
Clients of the organisation

External Stakeholders include:

Various Government and Non-Government

Day Support providers
Disability Services – Service Coordinators
Child and Family Services
General Community
Families and Advocates

REMUNERATION

- The position is paid under Level 5:1 of the Disability Service Providers Award

- Salary packaging options available

PERFORMANCE REVIEW

An annual performance appraisal is conducted for all staff, based on your position description. All staff shall participate in self evaluation to promote quality service provision and professional growth.

A Performance Appraisal will be undertaken at the conclusion of the three-month probationary period.

National Disability Workforce Project

Pilot Site Report — part 4 of 4

Strengthening Relationships

Optia Incorporated

Project team (Mandy Clarke and Mark Deverell)

We have taken a more proactive approach in strengthening the current relationship that we have with external stakeholders and services and developed new working relationships with others.

1. Who are the Key people involved and engaged in the project?

There has been a collaborative approach to this project.

Executive Management Team – The exec team involved in this project consisted of; Human Resource Manager, Operations Manager, CEO, Business Manager and Manager – Specialist Support Services.

External Agencies – TAFE Tasmania, Guiding Networks Committee, Day Service Providers, Parkside Training, Steps Training, NDS and other Disability Services Nationally.

2. What have been the key workforce issues addressed?

- Identify who we have a good relationship with.
- Does the service that they provide meet our needs?
- How do we strengthen and maintain our professional relationship with key stakeholders?

Asking ourselves these questions allowed us to identify how and where we start building and strengthening relationships. We identified the organisations/service providers that would best suit our needs whether they were current services or they provide a service that our organisation requires.

With this project we have managed to address the issue of who do we need to have a relationship with, do they meet our needs and how do we maintain it.

3. What strategies have been trialled?

In order to do this we analysed the following:

- Who do we currently have a relationship with?

We made a list of the services that we have currently been using.

- What services do they provide to us?

This enabled us to identify whether we are using one great service to meet our needs or several services that have the same function.

- What other services can they provide?

Was there a service that was able to meet all of our needs.

- Analyse whether they meet our needs.
- Open and regular communication – How can we build and grow existing relationships to meet both providers needs?

Once we had looked at the services that we currently have and the services we still require we had a clear picture of where our organisation needed to grow and develop. We commenced the following to develop, build and strengthen new and existing relationships.

Guiding Networks

Our Human Resource Manager joined the state wide Guiding Networks Committee facilitated by DHHS. This committee consisted of families of people with a disability, registered training organisations, managers and supervisors from other disability services and departmental workforce development staff.

Function: This is to bring all stakeholders together to talk about changes to the industry that will benefit all parties involved. From this they have been looking at an induction run by the department for staff new to the industry.

Why did we choose this strategy?

We chose this as a way to better understand what was happening within the sector. Our organisation is very proactive and innovative with the services we provide, however we are not perfect and believed there was so much more that we could learn. This forum was great for sharing what works and what we have trialled within our service and what were the outcomes. The benefit to this has been the opportunity to have input into what the department are developing for our support teams and services.

Staff Moving

Our Operations Manager made contact with services in QLD and WA when we had staff relocating to another state. These services consisted of Nulsen Haven WA and National Disability Services QLD (Len Airy).

Function: When we had staff moving interstate that were an asset to our organisation, we wanted to keep those staff working within the disability sector. Our aim was to make contact with other services in that area and give them the opportunity to make contact with the person relocating.

Why did we choose this strategy?

We chose this strategy to have a 360 approach within disability services. We believed that if we could develop relationships with other services we could set up a system whereas support workers choosing to relocate could be given a contact and an informal reference between our organisations. As each organisation has something different to offer the 360 approach could be expended and not limited to staff moves. Other areas that could be developed through this system are:

- Shared training
- Client holidays
- Sharing of information and service provision strategies

We will continue to develop this over time and hopefully expand what we offer and what we can receive in return.

RTO's

Our Human Resource Manager researched all available training providers in the state and the services they provide.

Function: After looking at what services were available, our HR Manager met with them to discuss why we should use them and what they can offer that other services couldn't. It also needed to be financially viable to the organisation. There are many different RTO's involved in the training of staff at Optia as they all have something to bring. Since this project began these are the services that we have developed stronger relationships and the services they have provided.

- **Parkside Training** – All medication, infection control, manual handling and introduction to disability which includes personal care.
- **Steps Training** – Steps offered group training in the North and South for staff to undertake a Certificate 4 in Community Services (Disability Work) meeting on a monthly basis. The Northern group are almost ready to be signed off on this.
- **Cordwell Nursing Service** – Provided client specific rectal diazepam and bowel management training.
- **Skills Institute (formerly TAFE)** – Providing Certificate 3 & 4 training in the North
- **Work & Training** – With the current PPP funding staff have had access to a flexible learning option.

Why did we choose this strategy?

We chose to access more than one training provider for a number of reasons. We looked at the services that these organisations offered and our staff base to determine what is best for individual staff rather than the organisation. As these RTO's have different delivery methods, training packages and flexibility, they have all met the individual needs of our staff.

Service Partnerships

- We have joined Anglicare Tasmania in conducting the IABA competency based training.
- Shared office space in Launceston.

Function: Together the Manager – Specialist Support Services (Optia) and the Manager – Specialist Support Services (Anglicare) have been conducting the CBT to staff working in Intensive Support Services throughout Tasmania. There are very limited organisations that provide support to clients that are eligible for the ISS transitional units. Anglicare and Optia worked together in rolling out training to the staff working in these areas.

As we were a new service in Launceston and didn't have the capacity to open an office, negotiations were made with Anglicare to share space in their current office block.

Why did we choose this strategy?

We chose to form a partnership with Anglicare to ensure best practice within the sector. With the skill and experience of the two people conducting the training it was determined the best option to share training. As there are only three organisations in Tasmania that have the purpose built ISS units it was more viable to share knowledge, experience and strategies. This provides our organisation with support in working with people at risk of harm who are facing the justice system.

Internal Relationships

As we are a state wide organisation, we have not always worked that way. We identified that there are skills within the organisation that should be shared throughout our service and systems that could be improved.

Function: We commenced a state wide coordinators meeting to take place quarterly. This is to allow coordinators to share systems with each other and talk about strategies and programs that are working or not working. The first of these meetings rolled out a state wide after hours system rather than a regional one.

Being a large organisation, it is increasingly hard to get a consistent approach with all services you provide. These meetings have enabled managers and coordinators to be more consistent with the service provision and the management tools that are used to ensure the effective running of the organisation.

The new staff induction that was developed as part of the skill development project brought together executive managers from all ends of the state to deliver it together.

Why did we choose this strategy?

We chose this strategy as we identified during our service provider review that internally our relationships also needed work. Before accessing external agencies we needed to identify what internal mechanisms we had in place to best suit the needs of our clients and staff. There was a lack of consistency between the North and the South with service delivery and system usage.

Though the exec team hold state wide roles, it was identified that to get the message to all relevant people, we needed to include those people in the decision making.

The delivery of our staff induction now with all members of the exec team is showing that we work collaboratively as a management team and that we expect the same from our support teams.

Team Building

A need to get specific teams working together in a planned and systematic way was identified throughout the service.

Function: To ensure that staff promote consistency within their site. We accessed a service that provided team training and building relationships. This consisted of an obstacle course that required all participants to move through each obstacle together. Only as a team could they move onto the next stage. The obstacles were both physically demanding and mentally challenging. Staff needed to share ideas about how each task could be approached and all people had to agree to and work with the chosen strategy to ensure a consistent outcome.

Why did we choose this strategy?

Consistency could only be achieved as part of a team approach. We identified a need to strengthen this team approach in order to increase productivity and maintain a high standard of support. Job satisfaction became another function of this approach as staff did not build professional relationships with their peers which in turn increased the likelihood of staff turnover.

In this we also found that there was an increased sense of team work for each task that the participants undertook. Staff were found to encourage and physically assist other staff that found this exercise physically demanding using encouragement and praise.

9 What have been the risks associated with this Pilot Plan

Initially we identified the possible risks as being:

- Services don't want to network with us
- There could be a breakdown in communication
- We can't find the services that best meet our needs
- We don't know what our needs are
- We are not successful in strengthening our relationships

We can overcome this by conducting a needs analysis on our organisation, review regularly, research available options, program regular communication into work schedule

What risks were relevant after the implementation and how did we address them.

The risks that were anticipated are still very possible. The one thing that we have identified already is that communication can break down if you don't meet regularly. There has been a situation where the communication broke down with a RTO which resulted in staff being misinformed. This was rectified with a conversation about what our expectations are and what our needs are.

There is still the risk that services will not want to build a relationship with us, we need to ensure that we have regular and effective communication with external and internal stakeholders.

There is a need for us to be consistently aware of what our needs are and whether those needs continue to be met.

10 How have we measured our success?

How we determined in May 08 we would measure the impact was as follows:

- Current list of external service providers as the base measurement.
- Review of needs analysis and monitor the increase in those needs being met.
- Increase in the range of services provided
- Staff feedback
- Management feedback
- Feedback from the external service providers

How have we measured the impact?

- We have had an increase in the number of services that we access. Historically, Optia have only utilised two registered training organisations with the increasing taking it up to five.
- The number of enrolments and expressions of interest for staff obtaining formal qualifications in training packages that meet their needs have increased.
- Communication and information sharing with Day Service providers has enabled issues to be addressed before they escalate.
- We were able to assist staff leaving the state to obtain employment in another state.
- Our HR Manager has been able to assist with the development of a package for new staff into the sector through the guiding networks committee.

We have found it very difficult to measure this and in most cases we have not found a measurement tool that can provide us with the necessary data.

11 What were our assumptions?

- External stakeholders want a relationship with us.
- It is essential for us to have a relationship with external stakeholders.
- We currently have a relationship with the services that we require at this time.
- Our perception of the relationship being strong is correct.

12 Are these still our assumptions?

- External stakeholders have indicated that they do want a relationship with us. As we have successfully developed new relationships and maintained the current ones we are confident that this assumption is still accurate.
- It is essential for us to have relationships with other agencies to best meet the needs of our clients and to provide the staff with the option to further develop the skills necessary to complete their roles.
- An assumption was that we already utilised the services that we required, however we found that this was not the case. We were not effectively providing opportunities for our staff in a manner that addressed their individual needs. Through expanding our networks, we have been able to cater to individual staff rather than as a whole.
- Our relationships are and have continued to be strong with our stakeholders. There have been issues that have arisen and through consultation and communication these issues have been addressed.

13. Where to from here?

We believe that it is important for us to maintain all current relationships. We have identified as an organisation that we must meet the needs of our staff, or our relationships become meaningless.

With the lack of skilled labour in this sector it has become more imperative to we gain and maintain effective and constructive relationships.