From: Kyle Scott
Sent: Tuesday, 29 November 2016 9:45 AM
To: Chambers - Hatcher VP
Subject: 4 yearly review of modern awards: Casual and Part time Employment (AM2014/196, AM2014/197)

Dear Associate

4 yearly review of modern awards: Casual and Part time Employment (AM2014/196, AM2014/197)

I refer to the hearing yesterday before the Full Bench for closing oral submissions in relation to the *Social, Community, Home Care and Disability Services Industry Award 2010*.

During yesterday's hearing, in response to a question from the Bench, I undertook to provide copies of articles which were referred to in my clients' final written submissions filed on 30 September 2016 at paragraph 2.5.

These articles were not included in the tender bundle of materials filed by my clients in the proceedings. (Exhibit 251).

Please find **attached**:

1. Green J and Mears J, 'The Implementation of the NDIS: Who Wins, Who Loses?' Cosmopolitan Civil Societies Journal 6(2) 2014, pp 32-34;
2. Hilferty F & Cortis N, 'Analysis of Workforce Indicators Suitable for the Ageing, Disability and Home Care Sectors', Final Report, Report for Ageing, Disability and Home Care, Department of Families and Communities, NSW Social Policy Research Centre, March 2012; and
3. Cunningham I & Nickson D 'Personalisation and its implications for work and employment in the voluntary sector', Workforce Unit: Voluntary Sector Social Services Workforce Unit, 2010.

Please do not hesitate to contact me should you have any questions.

Yours sincerely

Kyle Scott
Senior Associate
Australian Business Lawyers & Advisors

The Implementation of the NDIS: Who Wins, Who Loses?

Jenny Green
University of Technology Sydney

Associate Professor Jane Mears
University of Western Sydney

Abstract

The National Disability Insurance Scheme, well into its pilot phase with bipartisan support, looks clear to be the future of support for Australians with disability. This paper takes a timely review of key research and reports, analysing the potential benefits and disadvantages of the person-centred approach on which the scheme is premised. It addresses these through the frame of services, employees and people with disability in the Australian context. Whilst there are potentially overwhelming benefits there are also potentially major losses.

Introduction

The promise of the National Disability Insurance Scheme (NDIS) is that it will provide no-fault insurance cover for Australians who are born with or acquire a severe or profound disability (Baker 2012, p.1). In addition to being a substantial financial commitment on the part of the Commonwealth and States, the NDIS represents a major paradigm shift in the funding models and organisation of services for those with disability that will dramatically change the planning, funding and delivery of services. This paradigm is commonly referred to as a 'person-centred' approach. Its hallmarks are user-controlled budgets and the direct purchasing of services (Dowling et al. 2006).

Paradigm shifts are not new to disability services. Up until the middle of the Twentieth Century care was predominantly provided within the family or in government asylums and 'homes for the incurable' (Green 2010). After the Second World War, parents of children with disability began to mobilise against government institutions and build their own parent-

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operated services. These were funded through philanthropic fundraising and government grants (Green 2010).

In the latter part of the last century, on the back of the civil rights and women's movements, the disability rights movement started to gain momentum. People with disability started to organise for themselves both in terms of services and advocacy. 1981, the International Year of Disabled Persons was the catalyst for policy and legislative change. Disability was included in human rights and anti-discrimination legislation and the process of 'deinstitutionalisation', moving people with disability out of congregate institutional care and into the community to live and work, began in earnest (Green 2010). Service provision was distanced from parents and families who were characterised as infantilising their adult sons and daughters, and from the medical profession, which was characterised as medicalising disability as illness and aberrant. New professions emerged: disability care workers, social educators, habilitation specialists, guardians and advocates. New organisations formed with specific focuses: employment, community accommodation, leisure and recreation, rights and advocacy. People with disability mobilised and engaged (Green 2010).

In 1992 the first Commonwealth State and Territory Disability Agreement (CSTDA) was formed to streamline funding and rationalise and integrate services. The Commonwealth assumed responsibility for employment services and the States and Territories took responsibility for the rest. The premise was funding based on need and consequently the Disability Services National Minimum Data Set was established to determine need. In line with the Commonwealth, States and Territories disability human rights legislation, disability service standards were developed (Australian Institute of Health and Welfare 2014). The most recent six standards, developed in 2013, can be applied across a diverse range of circumstances (Department of Social Services 2013). They are:

- rights
- participation and inclusion
- individual outcomes
- feedback and complaints
- service access
- service management.

Predominantly, government funding of service provision has gone directly to the service provider in a service-centred approach. Generally this has been in advance, in block funding agreements that defined expected outputs with a focus on cost and service quality (NSW Government 2010).

Nonetheless, there has been a small but growing shift taking place that attaches funding packages to individuals. By 2010 individual funding constituted a quarter of the funding allocated under the CSTD. On balance the individual funding was more likely to be used by people of working age with low support needs (Department of Families, Housing, Community Services and Indigenous Affairs 2010, p.13). In 2010, service providers held the majority (80 per cent) of individual packages. Financial facilitators primarily held the other twenty per cent. Currently, there are three models of decision-making. In the first, the person with disability makes the decisions and the service provider managing the finances implements the decisions. This includes decisions to change service providers, in which case the funds transfer with the individual. With the second model the service provider controls the funds, consults with the person with disability about a decision and implements that decision in the person's best interests. In the third model the funding is paid directly to the person with disability, or their substitute, to manage and purchase services as they see fit (Department of Families, Housing, Community Services and Indigenous Affairs 2010, pp.8-11). All three models reflect some elements of a person-centred approach.

The paradigm shift in person-centred approaches places the individual person with disability at the centre of service planning and delivery. It is variously referred to as 'direct payments' (UK), 'self-determination' (USA) self-managed care' (Canada) and 'cash for care' (Europe) (Department of Families, Housing, Community Services and Indigenous Affairs 2010, p.7). The concept originated in North America in the late 1980s (O'Brien and Mount 1989; Mount 1992; Garner and Dietz 1996; O'Brien and O'Brien 2000). It recognises people with disability as active participants and decision makers in their lives and their communities. Support is conceived as enabling them to achieve their lifetime goals based on their strengths:

> The person-centered approach creates a team of people who know and care about the individual with a disability, who come together to develop and share a dream for the person's future, and who work together to organize and provide the supports necessary to make that dream a reality (Garner and Dietz 1996).

The Productivity Commission (2011), in its report on Disability Care and Support, described the intention of a person-centred approach as maximising 'as much as reasonably possible, the capacity for people with disabilities to take control of their lives' (Productivity Commission 2011, p.345). It takes ownership, giving choice, flexibility, control and real purchasing power to the person with disability. They can then decide what they need and want, and buy it from the provider they choose. The people with disability who purchase their services fund the disability organisations. The funds are given to the person with disability not the provider organisation.

This has been applauded as a welcome and exciting change in principle that all who are committed to the rights of people with disability embrace (Baker 2012). Nonetheless, as Hilferty and Cortis (2012, p.22) point out 'implementation is complex and this approach requires infrastructural change and strategic redesign of service delivery'. The NDIS is in a pilot phase and the process of policy development. Its final form is far from defined. Consequently, it is timely to review the research and literature that has informed State and Federal Governments with a focus on potential risks.

Methodology

The methodology used in this paper is a directed literature review to answer the research question:

> What is the potential impact of the NDIS on individuals with disability, service providers and employees?

The primary sources are:

- the Product Commission's reports on the Contribution of the Not-for-profit Sector (2010) and Disability Care and Support (2011);
- three recent Australian Community Sector Survey reports from the Australian Council of Social Services (2009, 2011, 2013); and
- four reports developed by the Social Policy Research Centre at the University of New South Wales for government and union customers (Cortis et al. 2009; Cortis et al. 2013; Department of Families, Housing, Community Services and Indigenous Affairs 2010; Hilferty & Cortis, 2012).

Additional peer-reviewed research literature, web-based and practice literature was drawn on to provide contextual information.

Findings and Discussion

The findings and discussion are addressed together in the interests of narrative and clarity. The three stakeholder groups are taken individually, with service providers addressed first, followed by employees and then people with disability. For each stakeholder group there are specific issues which are addressed separately.

Service Providers

Person-centredness presents two types of changes for service providers. The first is conceptual and requires new and innovative ways of thinking about service provision. The second is practical, being in terms of income and cash flow. Government funding will now be directed to individuals; consequently, service providers will no longer be able to rely on block funding in advance of their service provision. Instead, service users will select services and pay on receipt of those services (NSW Government 2010, p.20). In order to get the 'conceptual' right, service providers will need to be close and sensitive to their actual and potential service users, understand the changing landscape and participate in shaping it. There is the potential for great social innovation (Productivity Commission 2010, p.xxiv). However, social innovation requires organisational capacity in the form of resources/investment and risk management, which is the 'practical'. In this section the risks and potential winners and losers are examined in relation to organisational capacity, connectedness, responsiveness and voice, and organisational roles beyond direct service delivery.

Capacity

In terms of capacity, NFP social services are hugely reliant on government funding for their operations. In NSW alone, nearly eighty per cent of primary income is from Commonwealth and State governments (ACOSS 2011, p.29). One of the significant problems with this reliance is that most government funding does not actually cover the costs of service provision. It only covers a proportion of the costs and on average this is around seventy per cent (Productivity Commission 2010, p. 281). In the recent Australian Council of Social Services (ACOSS) community sector survey, seventy-four per cent of disability service

providers reported that the cost of service delivery exceeded their revenue (ACOSS 2013, p.23). What is more, many government contracts require the return of any surplus, leaving little if any for investment in the organisation (Productivity Commission 2010, p. xxxii), let alone innovation, for person-centredness and capacity to traverse funding models from pre- to post-service delivery.

Organisational size plays a big part in capacity for innovation, traversing change and risk management. Resource reserves, cross-subsidisation, investments and loans tend to be the preserve of larger multifunctional organisations (Productivity Commission 2010, pp.225-226). The 2013 ACOSS survey found that fifty-three per cent of respondent organisations had annual revenue of less than one million dollars and eighty-three per cent had less than five million dollars (p.16). Whilst this is not directly representative of disability services, it is nonetheless indicative of a service provision sector that is disproportionately made up of small to medium players, which it is reasonable to assume are resource constrained. At face value it would seem inevitable that larger organisations will survive the funding transition better than smaller ones.

Connectedness, responsiveness and voice

Whilst larger organisations are likely to have greater capacity in the new frontier, they are also likely to have greater bureaucracy and less flexibility (Billis & Glennerster 1998). Their governance is significantly removed from the service user/purchaser by layers of management and, in many cases, geography. What is more, disability may be only one service in a portfolio of several within an organisation. Consequently, the further up the management and governance chain information is delivered, by necessity, the more it is distilled and aggregated.

The connection between an organisation's governance and its service users is central to the voice service users have and an organisation's responsiveness to that voice. This is particularly so in a landscape of many stakeholders such as disability services. Governance is about ends and means, what and how (Carver & Carver 2001), the key pillars of which are mission, direction and strategy. The closer the board or governance structure is to the service user, the better and more directly informed it is likely to be, and the more likely there is to be service user representation among the board members. For example, St Vincent de Paul is a large, established, multifunctional social service that has provided disability services in NSW

for many decades. It has a 17 member NSW Council. There is geographical diversity in its membership but no member identifies with a disability. Of the 17 Council Members, three have worked in disability services at some stage (St Vincent de Paul 2013, pp.12-13). By contrast, Spinal Cord Injuries Australia was established in 1966 by a group of young people with severe spinal cord injuries. It offers a range of services but with the single focus of disability. It has a nine member Board, five of whom have disability. Moreover, as part of its portfolio of disability services it engages extensively in advocacy (Spinal Cord Injuries Australia 2014). Clearly it has service user representation on its board and, for that reason alone, is better connected to its disability community than St Vincent de Paul.

It is reasonable to conclude that smaller organisations have greater connectedness with service users simply by virtue of their size, which also enables them to respond flexibly. If smaller organisations are at risk in the new person-centredness landscape then so is the strength of the voice of service users, and the strength of the connections between services users and services that goes beyond mere service delivery.

Roles beyond direct service delivery

The Productivity Commission (2010, p.xxix) identified that disability services generate benefits beyond the recipients of their services and their families. They are agents of social capital, community change and the embracing of pluralism. The most visible activity of disability organisations beyond direct service provision is advocacy. Because it is not a direct service to a service user it cannot be purchased in a new person-centred context. It is, nonetheless, an essential conduit and game changer. For example, it could be said that the National Disability Insurance Scheme is a direct result of effective advocacy on the part of the disability community. The relationship between advocacy organisations and governments has been a mixed bag. Labor governments have tended to recognise and uphold the role of advocacy in NFP community services and Liberal Coalition governments have tended to close it down (Green 2010, pp.40-41, Maddison 2009), the darkest times being the Howard Government years when advocacy services were defunded and confidentiality, or 'gag', clauses were included in funding contracts (Green 2010, p.40). The significance and scope of the shift in funding services under a person-centred model could see advocacy substantially reduced and left to the province of large multifunctional organisations that have the capacity to ensure their independence but may not have the detailed, nuanced agendas of smaller, community representative organisations.

The NDIS has introduced funding for a select number of organisations to operate as facilitating Disability Support Organisations. These organisations will maintain up to 20 Local Support Groups, providing and promoting local mutual support activities for people with disability (NDIS 2014). This suggests a role for small to medium organisations that is grounded in the community. Whether that role will include advocacy when it is not a direct service and, history suggests, unwanted by government, remains to be seen. Its loss would be a significant blow to civil society democracy and people with disability would be the poorer for it.

Employees

The Productivity Commission (2010, p.78) identified that labour accounts for the majority of expenditure in social services that include disability services. In 2010, the disability services workforce was estimated at approximately 68,700 workers (Martin & Healy 2010). The roles included personal carer, home care worker, community care worker and disability and residential support worker. Seventy six per cent of the workforce was VET sector qualified with at least a Certificate III qualification (Martin & Healy 2010). This reflects a growing professionalisation in the workforce. Along with growing professionalisation is a growing demand for career paths which are essential for workforce development, retention and stability (Productivity Commission 2010, p.269). However, currently there are three major career path impediments.

The first career path impediment is fewer training opportunities and career mobility within community services (Productivity Commission 2010, p. 263). Career paths within an organisation are largely dependent on organisational size. However, within smaller organisations there are often greater opportunities for acting in positions with a significant range of responsibilities. Funding staff development and training is a vexed issue for service providers. For organisations whose primary source of income is government funds there is little, if any, financial capacity for staff development and training. Alternatively, using the donor dollar for staff development and training is also problematic because of the expectation that donations are given specifically for service users (Productivity Commission 2010, p.228). What is more, a lack of career paths has been identified as a disincentive to employees investing in their own professional development and training (Productivity Commission 2010, p. 269). The intersection of this issue in organisations is staff turnover. For example, ACOSS

(2011, p.26) found that in NSW the organisational turnover in disability services was forty-six per cent, whereas the average staff turnover across all service areas was twenty-six per cent.

The second career path impediment is low wages (DEEWR 2008; ACOSS 2009; Department of Families, Housing, Community Services and Indigenous Affairs 2010; Productivity Commission 2010; Kaine & Green 2013). Whilst wages improved after the 2012 decision by Fair Work Australia in the Social and Community Services (SACS) equal remuneration order, they are still low relative to other industries. In April 2014 on www.mycareer.com.au , Disability Support Worker positions were advertised requesting the following common knowledge and experiences:

- Experience supporting people with a disability.
- Experience working with people with autism/acquired brain injury/psychiatric disability who may display challenging behaviours.
- Experience providing direct personal care.
- Good communication and computer skills.
- Cert III or IV in disabilities is an advantage.
- A current first aid certificate.
- Respect for the rights and dignity of all people from all backgrounds in the community.
- Local community knowledge and connections. (My Career 2014)

The requested complex knowledge and experiences required of care workers not only reflect the growing professionalisation of the work but also the increasing requirement for disability service workers to deal with more complex and diverse client needs, an issue identified by the Productivity Commission (Productivity Commission 2010, p. 263). Nonetheless, hourly rates ranged from twenty dollars to thirty dollars per hour.

The third career path impediment is the significant and increasing casualisation of the workforce. This has been a long-standing issue (Martin & King 2008). For example, the Australian Bureau of Statistics reported in 2009 that sixty-eight per cent of community service workers were part-time or casual, compared to twenty-nine per cent of the workforce overall. This figure does not reflect employee choice. The Productivity Commission (2009, p.264) reported that thirty percent of part-time workers were part-time because that was the

only work offered to them and that a substantial proportion of workers reported a desire for more work (Cortis et al. 2009; Martin & King 2008; Productivity Commission 2010, p.264). A casual workforce gives greater flexibility and economy to the employer with little or no costs attached to cancelling and rearranging shifts. Consequently, greater casualisation of the workforce under the NDIS and person-centred care has been foreshadowed as a major issue of concern (Hilferty & Cortis 2012; Productivity Commission 2010). The staffing risks attached to person-centred care and direct purchasing by service users are intermittent service usage, short notice requests or cancellations of care (Baxter et al. 2010) and service user 'churn' as purchasers pick and choose to find the right care.

In the UK, where person-centred care is already under way, policy makers are concerned that, whilst a casualised workforce enables providers to manage fluctuating demands, it may also result in reduced training and service quality (Cunningham & Nickson 2010). Clearly this is an issue for service users, but it is also an issue for employees who, by and large, choose to work in community services for lower wages because they believe they are making a contribution to the social benefit and this is meaningful and important to them (Productivity Commission 2010, p.7; Green 2010).

How does the future look then for employees under the NDIS and person-centred care? Predictions would suggest that there will be greater casualisation at the frontline and less in-house training and development due to the uncertain return on investment given the likely fluctuations in service demand. This will enlarge an already existing career hurdle to first line management, making the path from entry level difficult and, consequently, unattractive. Again, larger organisations with greater resource capacity will most likely offer the clearer career paths and thus be more attractive to the committed and career-minded workers.

Front-line employment

In terms of possible front-line employment options there is potential for three tiers of direct care work. One tier may be occupied primarily by for-profit providers and offer more expensive and ostensibly better quality care for those people who can afford to supplement their NDIS payments. Another tier may be predominantly occupied by not-for-profit providers and offer a 'no frills' service for those paying the nominated rate under the NDIS. The third tier may be direct employment by the service user or their families and have little or

no employee benefits, such as health and safety, paid training and professional supervision (Carmichael & Brown 2002, p.803; Productivity Commission 2010).

This raises the question of the quality of the services provided and what that means for service users. Studies in the UK link good quality services and service user satisfaction with good employee working conditions that include training, guaranteed working hours, equitable remuneration and tenure within an organisation exceeding five years (Netten et al. 2007, p.84). By the same token, the Productivity Commission (2010, p.263) found that poorly trained, inexperienced and unqualified staff had adverse effects on service users, with poor quality care at best and negligence at worst.

People with Disability

If a person with disability or their guardian is well informed or well supported, able to exercise agency and has options for choice, then person-centredness has few risks and offers considerable benefits. LEAD Barwon, a project located in the NDIS launch site of Geelong, is documenting such stories and there is little doubt about the life-changing capacity of person-centredness with options including home modifications, equipment, tailored care and support, and therapy and tutoring at home (LEAD Barwon 2014). Nonetheless, it is not without its challenges. Reports from the UK identify that for people with disability, taking on the role of employer for direct support workers can be a steep learning curve, is time consuming and can include additional costs and risks, such as cash flow and insurance (Adams & Godwin 2008; Carmichael & Brown 2002; Glendinning et al. 2000). In a Victorian trial the people with disability who chose to employ direct support workers already had relevant experience, such as bookkeeping, accounting, or business ownership, that assisted them in executing their role (HDG Consulting 2010, p.25). This suggests that, for most people with disability, some support to operate as an employer is desirable.

The main risks with person-centredness arise for individuals with disability who have little or no agency. Their choices will need to be made and managed by others such as families, guardians and organisations. Inherent in this is the potential for exploitation (Productivity Commission 2010, p.321; Department of Families, Housing, Community Services and Indigenous Affairs 2010, p.32). Unscrupulous service providers, for example, could over service and 'cherry pick' users who have the greatest capacity to pay or who are the least expensive to support (Productivity Commission 2010, p.324).

Another difficult or risky area is the employment of family members or close family friends in direct support. There may be good reasons for considering employing family members, such as their detailed and intimate knowledge of the person with disability and the comfort and trust between them. Nonetheless, the downside can be a blurring of roles, conflicts of interest, burnout, limited if any quality control and a compromised independent voice. All or any of these issues may increase the vulnerability of the person with disability (Disability Services Commission 2012, p.3).

Finally, moving people with high support needs, particularly cognitive and communication impairments, from long term placements, possibly through a number of services, to find the one that best fits can incur losses often overlooked (Green & Wunsch 1994). Whilst there is little doubt that obvious information such as skill levels, support needs, and medical and dental records will move with the individual, more nuanced information such as preferences, interests, friendships, connections, routines, likes and dislikes may not; not to mention essential factors that contribute to identity such as a sense of belonging. Moreover, this information can be valued quite differently by family members and discounted as unimportant. Its loss can have a significant and sustained impact on a person's quality of life (Green & Wunsch 1994). It underscores the importance of ensuring informed, careful and considered decision-making, a process that may require multiple inputs and support.

Conclusion

The promise of the NDIS is that it will enable all Australians with disability to live full, engaged and rich lives of their choice. Many hopes and dreams are invested in this scheme and, indeed, many hours of tireless work have been invested to bring this dream to fruition. However, all of the reports reviewed for this paper highlighted, alongside the positive experiences of those already receiving individual support packages, that there is much confusion, misunderstanding and anxiety from providers, employees and people with disability. Implementation will inevitably be complex.

As stated at the outset, the philosophy and principles of person-centredness and the NDIS are not in question here. The purpose of the paper is to draw attention to the possible risks and losses so that we can minimise these risks and not lose effective programs and experienced

and committed workers. A major concern, as outlined above, is the potential drying up of funding for the specialist support organisations that are providers of information to, and advocates on behalf of, those with disability and their carers. Loss of these organisations, and the knowledge and human capital within, could be devastating to the disability human rights movement. Precautions can be taken in this planning and pilot phase.

We all need to be as well informed as possible as to unintended risks and losses. Cortis et al. (2013, p.43) summarise a way forward to take account of the interests of organisations, employees and people with disability. It is referred to as the 'high road' strategy (Folbre 2006) and requires higher costs and investment in the short term to support organisations and individuals through the transition and establishment of person-centredness. Implemented effectively, it will lead to more sustainable and higher quality service delivery in the immediate and longer terms with 'better outcomes for people with disabilities, and a more efficient and cost-effective system of care' (Cortis et al. 2013, p.43). We need to follow this high road.

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Analysis of Workforce Indicators Suitable for the Ageing, Disability and Home Care Sectors

Final Report

Fiona Hilferty and Natasha Cortis

Report for Ageing, Disability and Home Care, Department of Families and Communities, NSW

Social Policy Research Centre,
March 2012

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Publications, SPRC,
Level 2, John Goodsell Building
University of New South Wales,
Sydney, NSW, 2052, Australia.

Telephone: +61 (2) 9385 7800
Fax: +61 (2) 9385 7838
Email: sprc@unsw.edu.au

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Social Policy Research Centre, UNSW

Research team

Dr Fiona Hilferty
Dr Natasha Cortis

Authors

Dr Fiona Hilferty
Dr Natasha Cortis

Contact for follow up

Dr Fiona Hilferty, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052, Ph: (02) 9385 7836, f.hilferty@unsw.edu.au

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Abbreviations

ADHC	Ageing, Disability and Home Care
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CS	Community Services
DSNMDS	Disability Services National Minimum Data Set
FTE	Full time equivalent
HACC	Home and community care
NCSDD	National Community Services Data Dictionary
NGO	Non-government organisation
NMDS-SC	National Minimum Data Set for Social Care
NSW	New South Wales
SAAP	Supported Accommodation Assistance Program
SACS	Social and Community Services
SPRC	Social Policy Research Centre

Executive Summary

This report presents the findings of a research project undertaken to inform the development of workforce indicators for use in the ageing, disability and home care field in New South Wales (NSW). The Social Policy Research Centre (SPRC) at the University of New South Wales was commissioned to undertake this research by Ageing, Disability and Home Care (ADHC), Department of Family and Community Services (NSW). The research involved a literature and data review, reported in more detail in a previous report (Cortis and Hilferty, 2011), followed by interviews with representatives of funded non-government agencies and other key stakeholders. These exercises led to the development of a 'menu' of possible workforce indicators, and recommendations relating to information that could be collected in core and supplementary data sets which together would ensure availability of consistent, robust data for workforce planning and sector development.

The research was undertaken in two stages:

- Stage 1 consisted of a review of literature, current data standards and data sets relevant to ageing, disability and home care;

- Stage 2 consisted of qualitative data collection analysis and synthesis of findings with the literature and data review, to develop recommendations around possible workforce indicators and data collection processes. This involved twelve interviews with representatives of funded non-government organisations and stakeholders from peak bodies, advisory councils and data collection agencies. The interviews provide insight into current workforce indicator systems, experiences of collecting, reporting and using workforce data, and views about workforce indicator development for the future.

Key findings

The benefits of improving workforce information

The research literature and data reviewed were identified by searching public, social policy and social science databases, and reviewing existing data standards and data sets relevant to the ageing, disability, and home care field. This highlighted a number of documented benefits for policy makers, and funded organisations.

- **For both policy makers and employers**, workforce data can inform rational, evidence based policy and decision making. A further **sector wide benefit,** and one emphasised less within the literature, is that improved workforce information will help make visible the presence and total effort of industry workers who perform increasingly complex and vital work, that is often perceived to be remunerated poorly and unacknowledged within the community.

- **For policy makers**, workforce indicators can help monitor and track workforce issues that may threaten sustainable service delivery, implement strategies to address specific challenges such as an ageing workforce, and evaluate the effectiveness of remedial strategies by measuring against pre-

determined goals or benchmarks. In addition, workforce data assists with service planning across metropolitan, regional and rural locations.

- **For employers,** workforce data offers baseline information which can help organisations assess their human resource needs and plan for future recruitment, retention and training, and strategies for meeting expected demand. Strategic planning by employers is particularly important in contexts in which service delivery and funding models are in a process of change.

Despite their widespread benefits, non-government organisations and government funding agencies in Australia tend to make little use of workforce indicators. This stands in contrast to developments in the United Kingdom (UK). In the UK, indicators are well integrated into the national reform agenda; strong institutions exist to assess the state of social care services thereby creating a need for high quality workforce data; key occupations are regulated, creating opportunities for data capture; and employers routinely provide information to a central agency for the National Minimum Dataset for Social Care (NMDS-SC).

Australian workforce data is less developed. Minimum datasets focus on service delivery and data from clients. Where information about workers is collected, indicators tend to be limited to basic input measures such as numbers of staff and volunteers.

Data systems in funded organisations require further development

The interviews suggest that workforce data systems are not well developed within funded organisations.

Data on volunteers is particularly limited. Despite high reliance of the ageing, disability and home care sector on volunteer labour, little data is collected to enable measurement or management of volunteers. Large NGOs are more likely to keep records about volunteers, however, this information generally refers to worker numbers and hours.

Interviewees from funded organisations reported that it is not standard practice to regularly conduct internal surveys of staff, with the exception of exit interviews in one large organisation. The time of commencing a new job is the key opportunity for data capture. Interviewees highlighted how at this point, organisations collected workforce information relating to staff demographics, languages spoken, qualifications, employment type, wage levels, industrial relations information, hours, and visa information, for example. Some organisations also reported that organisations regularly updated personnel information, generally after annual staff appraisals. These exercises were predominantly paper based, and organisations expressed a need for additional resources to reconcile paper and electronic files, especially in smaller organisations with limited administrative capacity.

There is scope to improve the use of workforce data in funded organisations

According to interviewees, the use of workforce data for policy and planning within funded organisations appears to be limited, being used to identify training needs for example, and there is considerable scope to expand use for strategic planning. This

will benefit organisations in terms of their ability to strategically manage changes associated with *Stronger Together* and the expansion of direct funding models. The interviews showed that while data collected internally in funded organisations can be fairly comprehensive, there is no mechanism in place to provide guidance around precise data items and standardise the data format, or to capture workforce information across organisations.

The limited use of workforce measures throughout the sector may relate to non-government organisations' strong tradition of independence; the limited capacity of some organisations – especially those small in size – to undertake strategic human resource management; and/or limited time to engage workforce planning as a result of complying with other reporting and administrative requirements. Further, it seems evident that some organisations have a limited understanding of the benefits that increased workforce intelligence may offer for planning and development activities.

Person centred approaches raises challenges for the workforce and workforce monitoring

The expansion of person centred approaches, particularly individual and portable funding packages, as advocated in the NSW government's policy *Stronger together: A new direction for disability services in NSW 2006-2016* is likely to have a significant impact on the NGO workforce, although around half of the organisational representatives who were interviewed had not given the issue great consideration. The research literature shows some evidence of good practice and improved outcomes among service users following implementation of person centred care, however, it also highlights the complexity of implementation which requires infrastructural change and strategic redesign of service delivery.

A growing body of literature from the UK, which embraced this approach earlier than Australia, reports implementation obstacles throughout the social and health care systems that have the potential to undermine sectoral professionalisation. Concerns about this model include a possible shift to a casualised workforce which would enable providers to respond to fluctuating demands for services; and development of a two-tier workforce comprised of trained and regulated workers employed by agencies and service provider organisations, and less a qualified and unregulated workforce employed directly by individual service users. Neither the interviews conducted for this project, nor the wider research, literature offers detailed guidance on how to collect data from this latter group of workers.

Menu of indicators

The results of the literature and data review informed development of an extensive menu of possible workforce indicators for use in ageing, disability and home care, which are outlined in Chapter Four. Insofar as possible, the indicators on this menu are consistent with forms documented in the National Community Services Data Dictionary. These indicators offer various ways to capture:

- the size of the workforce (overall staff numbers);
- worker demographics (age, sex, ATSI and CALD status);

- education and training (including qualification level and field of study, and current studies);

- employment characteristics (including contract time, hours, occupation, pay and pay setting);

- skill shortages (including vacancies);

- staff retention (including time in organisation and industry, intention to stay and satisfaction); and

- labour dynamics (including source of recruitment and destination after leaving).

Core indicators

A selection of these can be used to track priority issues which may impact on service quality and sustainability, such as worker demographics, capabilities, and working conditions. The menu presented in Chapter four, provided the basis from which we drew the recommended set of indicators, using three criteria developed from the literature and data review and interview findings:

- data availability;

- data reliability;

- and data useability.

Moreover, the interview findings informed the recommendation of indicators, and provided guidance around other possible issues relating to the process of collecting and reporting data. Interview participants, for example, identified the information which is important for government agencies to collect, including workforce size, age, qualifications and skill levels, occupations, hours, contract type, turnover, and satisfaction with pay. No one commented on salary packaging, or recommended indicators to measure the take up of this option throughout the sector.

In developing workforce indicators, issues identified for consideration by interviewees included confidentiality of organisational data and privacy concerns. Interviewees favoured a process of government led sector engagement around any proposed reforms. Interviewees also highlighted the importance of information coming back to non-government organisations for their own use, given the benefits workforce information would have for organisational and industry planning. The recommended framework of workforce indicators consists of the annual collection of data from funded organisations (core indicators), and a less frequent but more detailed voluntary survey of individual staff within funded organisations (supplementary indicators).

The specific core and supplementary indicators are listed below.

These core indicators offer to profile the size of the workforce, worker demographics, education and training, employment characteristics, and skill shortages. As data requirements change in the future, the more extensive menu of possible indicators

(Chapter four) provides options that can be considered for inclusion. The core indicators could be based on data items collected annually from funded organisations.

CORE INDICATORS

Workforce size

1. Total number of paid staff in a typical/reference week

Demographics

Age

2. Proportion of the paid workforce by age range (for example, the proportion aged 55 and over)

Sex

3. Proportion of paid workers who are female

ATSI status

4. Percentage of staff who are either Aboriginal or Torres Strait Islander or both.

CALD

5. Percentage of staff who speak a language other than English at home

Education and training

6. Proportion of the workforce by highest level of qualification attained
7. Percentage currently undertaking a course of study

Employment characteristics

8. Proportion of staff employed on a permanent, fixed term or casual basis
9. Proportion of staff who are employed full time

Skill shortages

10. Proportion of organisations with a current vacancy

Supplementary indicators

However, to cover all of the issues necessary for comprehensive workforce monitoring, we also recommend a second tier of supplementary indicators, based on staff survey data. These supplementary indicators are listed below.

Together, the collection of workforce data from funded agencies (core indicators), and from staff in funded agencies (supplementary indicators), would complement existing national data sources, which capture trends in the wider community services sector and not solely in ADHC funded agencies. As indicated in the data review, the proposed indicators draw on national standards where possible, such as those listed in the Community Services Data Dictionary, as unnecessary differences in data definitions across collections can be frustrating and expensive for service providers.

Next steps

Overall, the research highlights a clear need to enhance workforce intelligence within the ageing, disability and home care industry, as current sources of workforce information provide an inconsistent and fragmentary picture. This report offers recommendations to inform a workforce indicators framework – the implementation

of which will take a significant step in supporting *Stronger Together* (NSW Government, 2010) reforms and building a solid evidence base upon which workforce planning, resource allocation and policy decisions can be made. The effectiveness of this workforce indicators framework relies upon partnership and commitment and we conclude this report by suggesting a period of consultation.

SUPPLEMENTARY INDICATORS

Demographics

Age

1. Age of worker (range options)

Sex

2. Sex of worker

ATSI status

3. Aboriginal or Torres Strait Islander or both.

CALD

4. Language other than English spoken at home
5. Country of birth

Education and training

6. Field of study of highest qualification attained
7. Years since awarded highest qualification
8. Years since awarded most recent qualification
9. Currently undertaking a course of study
10. Qualifications currently being undertaken by Level
11. Qualification currently being undertaken by field of study
12. Whether current course of study is in an employment related field

Employment characteristics

13. Employed on a permanent, fixed term or casual basis
14. Employed full time or part time
15. Hours worked
16. Key occupations / job role
17. Hourly pay rate (distribution)
18. Percentage paid according to an industrial Award only (ie with not above-award payment)

Staff retention

19. Average length of employment in current service (total years)
20. Average length of employment in industry sector (total years)
21. Expecting to be with employer in 12 months
22. Expecting to be in the same industry in 3 years
23. Satisfaction with key job dimensions such as job security, the work itself, work-life balance, hours, total pay, and overall job satisfaction (eg scale of 0 to 10)

Labour dynamics

24. Source of recruitment
25. Main reason for leaving
26. Destination after leaving

1 Introduction

This report presents findings from a research project undertaken to inform development of workforce indicators for use in the ageing, disability and home care field in New South Wales (NSW). The project was commissioned by Ageing, Disability and Home Care (ADHC), Department of Family and Community Services and was undertaken by researchers at the Social Policy Research Centre (SPRC), at the University of New South Wales (UNSW) during early 2011.

1.1 Background

The Project builds upon previous workforce research completed by SPRC for the NSW government. The Profiling Non-Government Community Service Organisations Project (Hilferty et al 2010), examined the size, characteristics and concerns of funded, non-government community service organisations in NSW, and the Labour Dynamics Study (Cortis et al 2009), explored issues relating to the capacity and sustainability of the NGO workforce in the community services sector in NSW. Together, these projects provided a profile of various workforce characteristics and issues affecting non government community service organisations. They also highlighted the critical need for improved and consistent data about the community services workforce.

The Workforce Indicators Project was commissioned by ADHC to address a gap in the collection and availability of workforce data related to non-government community service organisations providing aged, disability and home care. The data collected will enable these organisations to undertake better workforce planning, and in some cases, demonstrate the contribution they make in building social capital. As evidenced by the workforce related projects government funding agencies have commissioned in recent years, this gap in information has tended to be filled with ad-hoc collection of workforce data intended to inform the short term planning and policy requirements of government funding agencies. Intermittent collection of data for immediate purposes only can be expensive for funding agencies. Moreover, the use of inconsistent methodologies in various projects has meant changes in particular workforce characteristics or themes have not been tracked over time.

ADHC's commissioning of this project signals a desire to resolve the long-described paucity of workforce data within community services and implement an ongoing data collection and management framework – specifically related to the ageing, disability and home care sub-sector - that will support the sector in current and future workforce and strategic planning needs, as well as state wide planning and policy development. This is not an easy task given the sector's rapid growth[1]; the expanding role of NGOs in the provision of social, community and disability services; and a number of well-documented workforce challenges associated with meeting future human resource needs. Such challenges include difficulties recruiting and retaining staff in some job roles and locations, dissatisfaction with pay and working conditions amongst some staff, and problems associated with an increased demand for services from an ageing workforce.

[1] The Social and Community Services workforce expanded by 66.2 per cent in the decade to 2006, compared with a national employment growth of 19.2 per cent (Meagher & Cortis, 2010).

In line with this, the skills of workforce will need to change over time to accommodate new ways of delivering services and supporting clients. The expansion of person centred approaches and increased take-up of direct funding models as described in reforms under *Stronger together: A new direction for disability services in NSW 2006-2016*, will require workforce changes. Person centred approaches are an umbrella term referring to more flexible ways in which support for people who use disability services can be organised, as well as ways of empowering service users and their families to take a lead in choosing and controlling how available resources are used and how services are delivered. Under the second phase of *Stronger Together* ADHC aims to work in partnership with the sector to expand workforce capacity by attracting new staff to the sector; retaining current staff; and providing training for current staff to ensure high skill levels. As part of this partnership approach, an Industry Development Fund was established in 2009 to support capacity building within NGOs, and extensive sectoral consultation has been conducted as part of the *Living Life My Way* summits (http://www.adhc.nsw.gov.au/about/strategies/person_centred_approach/person_centred_approaches_consultations).

Acknowledging the significant impact that person centred approaches, and other policy changes, will have on the NGO sector and its labour force, there is a need to collect uniform, core workforce data across funded organisations. This data will inform ongoing planning and development across the service system, including development of training initiatives, to ensure a skilled, sustainable workforce into the future.

1.2 Report overview

This report recommends a set of core and supplementary indicators with which to monitor workforce characteristics and trends within the field of ageing, disability and home care in NSW. These indicators aim to collect data that will support sector capacity building and inform long term workforce planning. In addition, the report outlines:

- The methodology employed to conduct this project;
- Key findings from the literature and data review (Cortis and Hilferty, 2010);
- A menu of possible workforce indicators, sourced from research literature and existing minimum data sets, which may be used to monitor workforce issues;
- Key findings from interviews conducted with representatives from funded organisations and other sectoral stakeholders;
- Recommended core and supplementary indicators, selected from the menu of possible workforce indicators, and the criteria used for selecting them;
- Considerations related to the scope and structure of data collection systems, as well as implementation and reporting processes; and
- Recommended next steps that may enhance sectoral support and policy engagement.

2 Project methodology

This chapter provides an overview of the methodology used to undertake the project.

2.1 Project aims and data sources

This project was conducted to achieve one core aim: to examine the composition and use of workforce indicators within community services and other industry sectors, with a view to recommending relevant and robust workforce indicators for use in the ageing, disability and home care field in NSW. To achieve this aim, we drew upon two core data sources:

- Literature and data related to workforce indicators which were reviewed to produce a comprehensive document (summarised in chapter 3); and
- Interviews conducted with representatives of funded organisations and other key stakeholders.

Together, these sources of information have provided clear and consistent messages about the need for and potential use of workforce indicators within ageing, disability and home care. The methodology used for each data source is discussed separately below.

2.2 Literature and data review

The material used in the review document was identified by searching public, social policy and social science databases. Key material was primarily sourced from Public Administration Abstracts, Proquest Social Science Journals, Social Services Abstracts, Social Work Abstracts, Web of Science and Google Scholar. A strategy was devised to guide the literature and data search. This strategy was revised following an initial round of searching which highlighted that the search terms were too narrow. Due to the limited number of relevant articles, it became apparent that the search terms needed to remain broad, in order to ensure documents were not missed. Key single search terms for literature included 'indicators', 'workforce development', and 'volunteers', while combination terms that yielded good results included 'workforce/community services' and 'indicators/workforce'.

Datasets were collected for the data review using key search terms such as 'minimum data sets' or 'data dictionary' and 'disability', 'home and community care' or 'adult social care' (the latter example being the terminology used in the UK). The priority was to review data standards and data sets that apply in New South Wales, in the ageing, disability, and home care field. However, children's services datasets, such as the National Workforce Census were also included because these include comprehensive workforce measures so offer valuable insights. The overseas material included in the review is predominantly from the United Kingdom because of welfare state similarities and because the development and use of workforce indicators is advanced in UK social care.

Four main categories of material comprise the review. These are:

- Research articles and other academic literature;

- Government and data collection agency reports;
- Other grey literature; and
- Related datasets.

All identified literature and datasets were closely read and notes were taken. These notes were used to compile the review document (Cortis and Hilferty, 2010).

2.3 Interviews with key stakeholders

To ensure that the project upheld ADHC's commitment to incorporate the views of a number of key stakeholders, interviews were conducted (n=13). These interviews provided participants from stakeholder organisations with opportunities to explain current workforce indicator systems, share their experience of collecting, reporting and using workforce data, and express their views about workforce indicator development and the value of such data for future workforce planning. The interviews ensured the research captured critical perspectives and experiences of collecting, reporting and managing workforce data for non-government organisations and related agencies such as sectoral peak bodies, advisory councils and data collection agencies.

For the funded agencies, a non-random sample of non-government organisations was drawn from a contact list of all funded organisations obtained from ADHC. In a purposeful attempt to recruit a diversity of organisations, organisations were grouped into categories based on the funding amount received from ADHC: small defined as < $1 million; medium defined as $1-10 million; and large defined as > $10 million[2]. Invitations to participate in an interview were then emailed to a selection of organisations categorised as small, medium and large organisations within the following three categories: those with multiple funding sources; those funded by ADHC only for disability services; and those funded by ADHC only, not for disability services. For each category (e.g. a large organisation with multiple funding sources) an email invitation was sent to an organisation located within a metropolitan area, and one located within a rural or regional area. In addition, we sent email invitations to two Aboriginal organisations (metropolitan and regional) identified simply by organisational name.

In total, 36 email invitations were sent out and 13 interviews were conducted. Participant organisations included small, medium and large organisations, based in metropolitan and regional locations, offering a diverse range of services including migrant support, volunteer training and support, home modification and maintenance, respite care, multicultural aged care, children's services, HACC services, health care and mental health services, and early intervention services. All organisations reported receiving funding from multiple government agencies, most commonly ADHC, Department of Family and Community Services, and FaHCSIA. Consequently, aged,

[2] This categorisation roughly corresponds with those used in a recent project undertaken to profile non-government community service organisations (Hilferty et al, 2010). Data analysed for the profiling project found a moderate to strong correlation between funded amount and organisational size. Categorising based on funded amount for this project is an attempt to ensure inclusion of small, medium and large non-government organisations.

disability and home care services were not always organisations' primary activity. Those interviewed within participant organisations held managerial level positions, generally Chief Executive Officers, but we also interviewed a Human Resources Manager, Policy Advisor, and Training and Development Manager.

As well as interviewing representatives from NGOs, we also interviewed a non-random sample of representatives from organisations with an interest or concern in the collection of workforce data within community services, including sectoral peak bodies, advisory councils and data collection agencies. A peak body was invited to participate to explore, for example, whether the views expressed at the organisational level were reproduced and confirmed at the peak association level. Representatives from data collection agencies helped highlight some of the strengths and gaps of existing community services data, and future prospects for development, Given limitations relating to the project scope, this sample was relatively small (n=4). Interviews were semi-structured and guided by a pre-determined schedule of questions (see Appendix A).

With the permission of participants, all interviews were tape-recorded and later transcribed for analysis. Interviews were analysed with the assistance of NVivo 8, a qualitative data analysis software package. To begin, a 'workforce MDS' project was created in NVivo and all transcripts were imported into the project folder. A coding framework was then drafted and revised following hand coding of two hard-copy transcripts (see Appendix B). The framework was then created within NVivo using three core 'tree nodes' (organisation; reporting; and workforce data) and 16 related 'child nodes'. All interviews were coded using this node structure. Each node represents a conceptual category, used to integrate data into themes. Coding therefore enables data to be managed easily by reducing it and linking data across sources to related themes. Following this process, summaries were written for each node or theme. Node summaries included descriptive text, as well as more theoretical commentary focused on identifying patterns or themes within the data and the integration of findings from the literature and data review (Cortis and Hilferty, 2011).

Examined together the findings provide clear and consistent information about the use of workforce indicators within ageing, disability and home care.

2.4 Project ethics

Ethical approval to undertake this study was sought and granted from the University of New South Wales' Human Research Ethics Advisory Panel (reference 9_11_001).

3 Literature and data review

The literature and data review (Cortis and Hilferty, 2011) undertaken during the beginning of this project to examine the existing research and data related to workforce indicators within community services and other industry sectors. This was an important first step in the process of selecting workforce indicators as it ensures that indicator selection is based on priority sectoral issues and objectives, and informed by established indicator sets.

Following discussions with project reference group members at ADHC and the key stakeholder interviews, this document was revised to incorporate additional views and identified literature. In this chapter, key findings are synthesised into the main sections presented below.

3.1 The benefits of collecting workforce data

The literature consistently highlights a number of benefits for policy makers, sectoral stakeholders and provider organisations regarding the collection of workforce data. The key benefit for collecting workforce data for policy makers centres on obtaining workforce intelligence. The rationale is much the same as for other performance information: indicators are a way to reduce uncertainty and inform rational, evidence-based policy and decision making across government and non government service providers (Martin & Kettner, 1997). This evidence base provides multiple benefits to policy makers. Importantly, it enables policy makers to address workforce issues – as any workforce plan needs to be built upon an accurate understanding of the characteristics and dynamics of the workforce itself. The collection of workforce data facilitates management and tracking of issues relating to worker demographics, capabilities, and working conditions which can impact on service quality and sustainability. The collection of workforce data therefore enables policy makers not only to identify issues that threaten sustainable service delivery, but also to develop and evaluate remedial strategies.

One challenge to sustainable service delivery often identified in the literature is the composition and characteristics of the workforce. Workers in ageing, disability and home and community care (HACC) tend to be older than workers in other industries, and the workforce is dominated by women. ATSI and CALD workers are under-represented, despite being over-represented among clients; and there is a high proportion of low paid casual and part time workers in the sector (Meagher and Healy, 2006; Cortis et al, 2009). The collection of workforce data enables policymakers to implement plans that may target specific workers for recruitment into the industry. The regular collection of workforce data facilitates monitoring of such strategic initiatives, and the measurement of progress against pre-determined goals.

Workforce data also benefits policy makers by assisting service planning on a geographic basis. In an international development context, indicators have informed planning to correct geographical imbalances in the distribution of the health workforce (Dussault & Franceschini, 2006). Because urban areas are generally more attractive to health professionals for social, cultural and professional resources, this can lead to great disparities in health services and outcomes between rural and urban populations (Dussault & Franceschini, 2006). To assist geographic planning in the health field, indicators of staff density have been frequently used. These have

primarily consisted of ratios of full time equivalent professionals to the population. While this does not account for the productivity of personnel or the needs of the population, it does give a broad indicator of allocation of professionals to areas of need. Similar indicators may be used within ageing, disability and home care to monitor and address geographic imbalances in service delivery and quality as this was an issue of concern recently highlighted in a study of funded non-government community service organisations (Hilferty et al, 2010).

As well as providing benefits for policy making and public administration, the collection of workforce indicators is also beneficial for service provider organisations. Service provider organisations need information about their workforce – it provides a baseline from which organisations can assess and plan for future recruitment and training needs, as well as predicted service user demand. Like other performance indicators, workforce intelligence can enhance organisational control and learning, and help guide the strategic direction of the organisation (Jackson, 1993). In an uncertain context where service delivery models are changing (for example from block funding to direct funding models), increased information enables workforce planning and the implementation of strategies to ensure workforce development, quality and sustainability.

In particular, the collection of workforce data may enable organisations to assess the skill mix of their staff, including analysis of current and projected employee strengths and training requirements. Such information can enhance provider organisations' abilities to target training specifically to staff need. This is likely to result in improvements in the cost efficiency of training within organisations, which may offset the costs incurred to undertake data collection. Moreover, better targeted staff training is likely to lead to improvements in the quality and efficiency of program service delivery.

Finally, a benefit that is not elaborated within the literature but that seems appropriate within community services, is that the collection of workforce data will help to make visible the presence and total effort of sectoral workers who perform vital, yet often low paid and unacknowledged work within our community (Hilferty et al, 2010; Cortis et al, 2009). In this way, workforce data could be used to promote the sector and careers in community services within the broader community.

3.2 NGOs and workforce indicators

Literature related to non-government organisations and the collection of workforce data is limited. In a study of non-government organisations in the UK, Moxham and Boaden (2007) report a generally low utilisation of workforce indicators in voluntary and community organisations. This is despite the fact that as non-government organisations have been increasingly engaged in public sector delivery, they have also been required to demonstrate accountability for the use of public money. These researchers found that the only workforce indicators used were input measures, such as numbers of staff and volunteers (Moxham and Boaden, 2007).

Moxham and Boaden (2007) suggest that the paucity of workforce measures results from the fact that non-government organisations tend to have strong traditions of independence and have historically been unaccustomed to external scrutiny. As organisations overwhelmingly dependent on government funding and donations for

income, NGOs aim to spend the majority of their income on service delivery and do not want to be seen to divert a high proportion of funds from services to administration in the belief that such expenditure is inefficient and wasteful (Productivity Commission, 2010 p. 282). In addition, there are widespread indications that many government funded services provided by NGOs in Australia are not sufficiently funded to cover the direct costs of service provision, let alone indirect costs (Productivity Commission, 2010). Consequently many organisations have limited capacity to undertake strategic human resource management and data collection, as indicated by previous studies (Cortis et al, 2009).

In a survey of NSW non-government community service organisations, Hilferty et al (2010) reported that many organisations felt burdened by what they considered to be excessive administrative processes involved in accessing and complying with funding requirements. In a review of monitoring and reporting issues in NSW, the Department of Premier and Cabinet (2009) outlined a diverse range of existing practices, including annual compliance and financial statements, self-assessment of risk or site quality audits, progress status reports, and minimum data sets. The review found that monitoring and reporting could be repetitive for NGOs, requirements were sometimes inconsistent across agencies, programs and regions, and the amount of reporting could be disproportionate to the amount of funding involved (NSWDPC, 2009). This suggests that as well as minimising administrative requirements through for example rationalising and/or consolidating the collection of data on NGO activity, there is also a need to support capacity building among some funded NGOs to assist their ability to collect and report the data required. This issue is further examined in chapter five which presents the findings of stakeholder interviews.

In a survey of US non-government organisations, Guo et al (2011) found that organisations which were more likely to measure and monitor human resources and undertake strategic management were larger in size and well resourced technologically. However, exactly what aspects of their human resources they monitored and managed is unclear from the study results. Notwithstanding, it is pertinent, and not surprising, that larger organisations showed a greater capacity to engage in more strategic planning and workforce monitoring and this finding is relatively positive for ageing, disability and home care in NSW: Hilferty et al's (2010) survey of funded community service organisations found that ADHC funded organisations were generally larger than organisations funded by Community Services or NSW Health. This finding suggests however that smaller organisations may require additional assistance in providing workforce data for use in the ageing, disability and home care field in NSW- and this issue is also considered in Chapter Five.

3.3 Measuring the volunteer workforce

The aged, disability and home care services sector is characterised by high numbers of volunteer workers. Yet, while heavy reliance on volunteer labour is known, little data exists to enable management and development of this important human resource. This situation is not restricted to Australia. In a study of volunteer labour in non-profit organisations in Canada, Mook et al (2007) found that even where volunteering is captured in national accounts, very few organisations kept records about volunteer contributions. Large organisations with large numbers of volunteers were significantly more likely to keep records about volunteer hours. Mook et al (2007) suggested that onerous funding contract reporting requirements restricted the ability of Canadian

non-profits to collect data on volunteer workers. The additional requirements placed on non-government organisations to collect data that is unlikely to be easily retrievable within their own data systems needs consideration, however, as excluding volunteer labour in workforce data sets may be seen as undervaluing the importance of the contribution of unpaid workers to the sector.

Hager and Brudney (2004), in a study of volunteer management in the US, add complexity to this issue by pointing out that while collecting information on worker numbers and hours is vital to quantify the volunteer contribution to the sector, this data does nothing to help assist with retaining volunteers. To this end, they suggest that volunteer management should include collecting data on volunteer qualifications and training to enable better matching between organisational tasks and volunteer skills. The literature shows that volunteers are more likely to leave if they do not feel that the organisation is making good use of their time or talents.

Community service organisations incur substantial costs recruiting, training and replacing volunteers and hence instability within this unpaid workforce can result in disruption to service delivery and quality (Jamison, 2003). Volunteers play an important role in the delivery of services to clients, yet there are no state wide data sets that would help to manage the volunteer workforce, or which provide an informative model. Further, the important role of organisations in building social capital through the use of volunteers is disregarded without supporting data. Social capital is developed through a process whereby individuals form relationships and connections that enable them to participate in activities that build their community (Hays, 2002). Building social capital is an important goal because it is a necessary precondition for improvement in community level social and economic conditions (Hays, 2002). Volunteering is a crucial facilitator of this process, however, this important role is seldom acknowledged.

The collection of workforce data by service providers in NSW could facilitate an accurate assessment of the contribution that volunteers make to the sector, as well as their positive role in building social capital. Additional data could also help organisations retain volunteer workers, however, as previously mentioned, these benefits need to be balanced against the administration that would be required by funded organisations.

3.4 Workforce indicators in the context of person centred care

The NSW government's expansion plan for disability services is articulated in *Stronger together: A new direction for disability services in NSW 2006-2016. The next phase 2011-2016* (NSW Government, 2010). This document advocates a shift in policy and practice towards person centred care within disability services. Person centred care and planning[3] are umbrella terms which refer to a variety of more flexible approaches in which support for people who use social care services can be organised and received (Dowling et al, 2006). The practice developed in the US and Canada, and has been embraced through the introduction of user-controlled personal budgets and direct purchasing of services by clients in the UK (Dowling et al, 2006).

[3] Person-centred care is the term most commonly used within the field of aged care, while person-centred planning is more commonly used in the physical and learning disability literature.

Person-centred care is growing in importance in Australia, although take up of direct funding in NSW is slow. Person centred care aims to empower service users and their families to take a lead in controlling available resources. Notions of choice and self-determination are central to this model of service delivery, which prioritises addressing individual need over provision of block-funded standardised services.

Person-centred care is at the heart of the NSW Government's strategy for providing social care services now and into the future. The literature shows some evidence of good practice within services and improved outcomes among service users following the implementation of person-centred care (Dowling et al, 2006), however, implementation is complex as this approach requires infrastructural change and strategic redesign of service delivery. *Stronger Together* (NSW Government, 2010) acknowledges the significant challenges involved in achieving a person-centred disability system, and these concerns are borne out by an increasing body of literature that highlights implementation obstacles throughout social and health care systems.

In a recent study that explored the workforce implications of early personal budget usage within the UK social care system, Baxter et al (2010) detail problems anticipated and experienced by service provider organisations. A majority of organisations interviewed were concerned about the loss of financial stability provided by funded contracts and the subsequent impact of increased direct purchasing by individual clients on organisations' ability to plan and pay for staff availability and training. Service provider organisations were concerned about their capacity to adequately meet the needs of one-to-one working often required for person-centred care when direct purchasing by clients raised the risk of intermittent service usage, and short notice requests or cancellations of care. Some providers felt that the only way that they could offer flexibility to clients was to increase their workforce capacity by, for example, paying carers to be on-call. In a report on the implications of person-centred care on employment, Cunningham and Nickson (2010) examined the perspectives of policy-makers and asserted that some were concerned about a possible shift to a casualised workforce which would enable providers to respond to fluctuating demands for services, but may also result in compromises in workforce training and service quality.

In the Baxter et al (2010) study, about a third of participant organisations had experienced a small number of care workers leaving to be employed directly as personal assistants by clients with personal budgets. While the staff losses were not great, organisations felt that they were operating within an unfair environment where they were obliged to meet national care standards and staff training requirements, whereas clients directly employing their own personal assistants were not. This circumstance adds to an already difficult labour market. Baxter et al (2010) concluded that person-centred care raised the risk of development of a two tier care workforce comprised of trained and regulated workers employed by agencies and service provider organisations, and a less qualified and unregulated workforce employed directly by individual service users. Whilst there is much speculation but currently little evidence about the development of a two tier workforce, the question that emerges relevant to this study is how data can be collected on the workforce when a growing part of it is unregulated. Within the sectors of education and healthcare, workforce data is collected through registration and/or accreditation bodies, yet no such agency exists for workers within the field of ageing, disability and home care. It

would be extremely difficult, therefore, to collect data on independently employed workers unless employers were required, or offered some kind of incentive, to provide data.

Baxter et al's (2010) study resonates with the findings from others (for example Cunningham & Nickson, 2010) that suggest that the introduction of person-centred care will bring major human resource challenges for service provider organisations and will have a significant impact on care workers. The collection of uniform, core workforce data will facilitate monitoring of the impact of person-centred care, and will enable policy makers and provider organisations to identify the capacity of organisations to meet demand from clients, and identify any trends that have the potential to undermine workforce professionalization efforts.

3.5 The importance of National Data Standards and the National Community Services Data Dictionary

While there is no set of indicators which is used consistently to monitor the community service workforce within Australia, there are relevant national metadata standards, developed by the Australian Institute of Health and Welfare (AIHW), which may help inform workforce data development. Differences in the purpose of different data collections, and the operational and policy context of service delivery, means that some data items in different indicator systems will inevitably vary. However, unnecessary differences in data definitions can be frustrating and expensive for service providers, and compromise how useful the information can be for higher level planning and resourcing decisions. To combat this problem, national standards should be used where possible.

The AIHW encourages the adoption of data definitions which are consistent with national standards across Australian governments through the National Community Services Information Management Group, and its data standards committee. The main resource for promoting use of data standards is The Community Services Data Dictionary (NCSDD) (AIHW, 2010). The NCSDD was designed to improve the comparability of community services data nationally and inter-sectorally, and to promote uniformity, reliability, validity, consistency and completeness (AIHW, 2010). The current version of the Data Dictionary (as at April 2011) is version 6 (AIHW, 2010). Most of the items in the NCSDD are client data items, relating to the amount, type and timing of assistance received; client functioning and disability; and demographic characteristics. However, some indicators related to client demographics could also be used to collect demographic data on workers. The adoption of established data items to collect matching data from different stakeholder groups (clients and workers) promotes uniformity in data collection.

Use of standard data items, such as those listed in the Community Services Data Dictionary or other standards held in the AIHW data repository ('METeoR'), are important for preventing conflicts that may arise where there are different data requirements of different funding bodies (Ryan & Bowler, 2004). These data standards offer a menu of data items that can be selected into the reporting system. However, adoption of data items from the dictionary would require further validation within the sector, with peak bodies and service provider agencies for example being involved in selecting the final indicator set and developing the final reporting

protocols. It is important that data items are relevant and meaningful to those involved in collecting data as well as using it (Ryan & Bowler, 2004).

3.6 What do other national minimum data sets and workforce information tell us?

The data review showed that few existing minimum datasets include workforce indicators as most prioritise the collection of data pertaining to client outcomes. The HACC Minimum Dataset (MDS) is the key data source used by governments and service providers for strategic HACC planning and performance monitoring. It is a collection of nationally agreed and de-identified data items about HACC clients and the amount and types of assistance being provided to them through the HACC program. All service providers receiving HACC funding are required to report MDS on a quarterly basis. The MDS began in 2001 and the current version is 2.0 (NSW update 2.1f). At present, the HACC MDS is focused on clients rather than providers. As such, it does not collect extensive data about the organisations that receive HACC service funds or the staff or volunteers that provide them. Rather, its focus is on measuring the range and intensity of services provided, and mapping service outputs by provider and region.

The Disability Services Minimum Data Set (DSNMDS) collects significant data items from each Australian jurisdiction to facilitate collation of nationally comparable data about disability services in a way that minimises the data collection requirements on disability providers (AIHW, 2009a, 2010). Provision of data is required under the National Disability Agreement (NDA), which states that those organisations receiving funding must provide information for the minimum data sets, comparable across jurisdictions and years. Data items relate to funded service type outlets, service users, and the service received by users in a seven day reference period and a snapshot day. Data is collected on the basis of resources received for services under the NDA. However, where funded agencies cannot differentiate this, they provide details of all service users and staff.

The DSNMDS does contain a few items about the workforce. This includes total number of staff hours allocated to each service type outlet in the reference week, and staff hours in a typical week. Total hours worked by staff includes hours worked by contracted staff, paid staff and volunteers, including administrative staff, Board members, staff on sleepover duties, cleaners, staff travel and staff training.

The Supported Accommodation Assistance Program (SAAP) Data Collection provides information about services for accommodation and support services for people who are homeless or in crisis to peaks, community groups and researchers, as well as policy makers and program administrators. This data collection reports full time equivalent staff (paid), however, this item is currently optional.

The use of workforce indicators in children's services is more developed, however, an ongoing national data set remains to be established. Although the data items have not been implemented, many of the final data items in the Children's Services National Minimum Data Set (MSDMDS) capture workforce issues. Indeed, as well as data items relating to the service and to the child, a set of items relates to the worker/caregiver. For all paid workers/caregivers, data is collected about their role, their working arrangements (permanent/ fixed term/ casual); their employment status,

their age group, their sex, their indigenous status; their level and field of qualification; educational enrolment status, length of experience; and length of time with the current service. Although there have been barriers to implementing the CSNMDS, it remains a solid framework for collecting nationally comparable data for child care and preschool services, and a model which could be adopted within the ageing, disability and home care field.

3.7 The United Kingdom: an ideal model?

The United Kingdom has a very well developed approach to measuring and monitoring the social care workforce. Their national system, devised to support and sustain the National Minimum Dataset for Social Care (NMDS-SC), collects some of the most comprehensive national statistics pertaining to the third sector and its workforce. The UK system has four main strengths:

- Indicators are well integrated into the national reform agenda. 'Putting People First' is the UK's strategy for fitting adult social care services around people, and putting choice and control into the hands of service users. Workforce planning is recognised as a key and effective means of ensuring the achievement of the goals of 'Putting People First';

- Strong institutions exist to independently assess the state of social care services. These central oversight agencies reinforce the need for the regular collection and reporting of high quality workforce data;

- There is a centrally managed National Minimum Dataset, the National Minimum Data Set for Social Care (NMDS-SC). Social care employers provide information to a central agency 'Skills for Care', rather than individual funders. Efforts have been made to encourage employers to use this information for internal planning purposes.

- Key occupations, such as social work, are regulated by a central agency, the General Social Care Council (GSCC). Regulation provides opportunities for data capture.

These arrangements, while very different from current practices in Australia, provide a model which may usefully inform workforce indicator development in Australia.

4 A 'menu' of possible workforce indicators

Informed by the literature and data review reported above (and in more detail in Cortis and Hilferty, 2011), the data items explored in this section are intended to provide a 'menu' of possible indicators. A selection of these can be used to track priority issues which may impact on service quality and sustainability, such as worker demographics, capabilities, and working conditions. In outlining the indicators, consideration has been given to possible data sources, for example whether information upon which the indicator could be based is likely to be collected by agencies at present, and how organisations might collect certain information from staff. Some indicators would be based on unit level data, that is, data from individual staff, while others would be compiled by organisations and reported in aggregate form.

In the menu outlined below, guidance around demographic indicators is most detailed as these have standardised, consistent forms documented in the National Community Services Data Dictionary, and used in other minimum data sets in the human services. Where there aren't clear national definitions and guidance around indicator selection, for example in relation to indicators of skill shortages, retention and labour dynamics, indicators listed in these domains need to be informed by practices in other relevant surveys and data sets.

4.1 Workforce size

Basic indicators of the aggregate size of the workforce are essential for monitoring its overall capacity. These could be based on simple head counts of the numbers of paid and volunteer workers, and the number of full time equivalent (FTE) staff and volunteers. Full-time equivalents are sometimes considered more useful measures of workforce supply because they take into account the numbers of hours worked (AIHW, undated). FTE can also help compare workforce supply between regions and over time, to give a 'worker per head of population' figure. Information about workforce size could therefore be monitored in terms of FTE workers per head of population. Where full time equivalent staffing is calculated, it should be recognised that ordinary time hours can differ according to the type of work, however, 38 hours per week is standard.

4.2 Staff demographics

The demographic characteristics of the workforce are basic information, which can help highlight issues such as the under or over-representation of specific groups, for example women, Indigenous workers, or workers from culturally diverse backgrounds. Monitoring demographic trends is essential if policy makers are to develop and implement plans to attract specific groups of workers, or develop specific recruitment and retention strategies for under-represented groups. While demographic indicators do feature in the minimum datasets used in the human services at present, these tend to relate to client rather than staff demographics only.

Age

Age is an important workforce indicator. Workforce ageing is a threat to workforce sustainability, and workers in ageing, disability and home and community care services tend to be older than workers in other industries (Martin and Healy, 2010).

At a workforce level, mean age, and the distribution of workers across various age ranges is important. Organisations can capture this information by recording date of birth, or current age in years. In most cases, staff members' date of birth will be recorded in administrative records. A staff questionnaire could also be used to capture this information, by asking for example, 'What was your age last birthday?' or 'What is your age in complete years?'

The NCSDD (AIHW, 2010) instructs that age should be recorded in the format DDMMYYYY as this can be used to most precisely calculate the current age of individuals. This can then be used to classify staff into age ranges, and calculate other required information such as mean or median age. The NCSDD (AIHW, 2010) also suggests that if date of birth is not known or cannot be obtained, provision should be made to collect or estimate age in years. If year of birth is known (but date of birth is not) use the date, 0101YYYY of the birth year to estimate age (where YYYY is the year of birth). When date of birth is an estimated or default value, national health and community services collections typically use 0101 or 0107 or 3006 as the estimate or default for DDMM.

Date of birth is currently used in other NMDS, including the children's services NMDS, Disability Services NMDS, Early Childhood Education and Care unit Record Level NMDS; Juvenile Justice NMDS; and SAAP NMDS. Age in single years is used in the Early Childhood Education and Care: Aggregate NMDS 2010.

For workforce monitoring, rather than single or mean age, the proportion of staff by age group would probably be most useful. NCSDD suggests the following categories (although these can be combined if considered too detailed):

1 15-19	7 45-49
2 20-24	8 50-54
3 25-29	9 55-59
4 30-34	10 60-64
5 35-39	11 65 and over
6 40-44	99 Not stated/inadequately described

Sex

Sex is a further demographic characteristic which is important to monitor as traditionally, both the paid and unpaid components of the community services workforce have been strongly female dominated.

Like age, in most cases staff members' sex will be recorded in administrative records. This could be reported (as per the NCSDD, see AIHW, 2010) in the following categories:

1 Number (or percentage) of staff who are male

2 Number (or percentage) of staff who are female

3 Number (or percentage) of staff who are intersex or indeterminate

9 Number (or percentage) for whom sex is not stated

While the sex profile of the workforce may not fluctuate rapidly across each year, it may in the medium term. Indeed, changes in the structure of the workforce and policy changes such as the expansion of direct funding arrangements may affect the sex profile.

Indigenous status

According to the NCSDD (AIHW, 2010), Indigenous status is best measured using the following question, which asks individuals to self-report whether they are Aboriginal, Torres Strait Islander, both or neither.

Are you of Aboriginal or Torres Strait Islander origin?

1 Aboriginal but not Torres Strait Islander origin

2 Torres Strait Islander but not Aboriginal origin

3 Both Aboriginal and Torres Strait Islander origin

4 Neither Aboriginal nor Torres Strait Islander origin

9 Not stated/inadequately described (an option which should be used only where the question could not be asked or where answer was refused.)

Note that NCSDD (AIHW, 2010) instructs that this question be asked regardless of data collectors' perceptions based on appearance or other factors. As such, it is important that organisations allow staff to self-report. Indeed, many organisations will have this information collected for paid staff.

Also note that this measure is used in several other human service data sets, such as the Children's services NMDS; Disability Services NMDS; ECEC Aggregate NMDS and Unit Record NMDS; Juvenile Justice NMDS; SAAP Client collection and SAAP demand for accommodation NMD sets. As such, it will be familiar to many service provider organisations.

Cultural and Linguistic Diversity

Along with age, sex, and Indigeneity, cultural and linguistic diversity (CALD) is another important demographic workforce indicator. The CALD status of the workforce can be measured in a number of ways.

Main language other than English spoken at home

'Main language other than English spoken at home' captures CALD status and a skill of the community service workforce: languages currently spoken. As indicated by the NCSDD (AIHW, 2010), organisations should collect this information directly from staff, for example through the following question:

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

Italian Vietnamese

Greek	Spanish
Cantonese	German
Arabic	Hindu
Mandarin	Other (please specify)

This list reflects the most common languages other than English spoken in Australia. Alternatively, and if the details of actual languages spoken are not considered relevant, a tick box for 'English' and an 'Other - please specify' response category could be used. The data could be reported by organisations in terms of numbers or proportions in each group, or, more simply, as numbers and a proportion of the organisation's workforce who speak any language other than English at home.

Note that this indicator is consistent with the Australian Census of Population and Housing. Along with Indigenous status, Proficiency in spoken English and Country of birth (see below), languages spoken at home forms the minimum core set of cultural and language indicators recommended by the Australian Bureau of Statistics (ABS) (AIHW, 2010). It is also used in the Children's Services NMDS.

First language spoken as a child

This is another indicator of CALD status. It could be used to capture the proportion of the workforce who spoke a language other than English first as a child. This information is less useful than the question above, which captures *current* languages spoken. This information could come from the following question for staff:

Which language did you first speak as a child?

English	Mandarin
Italian	Vietnamese
Greek	Spanish
Cantonese	German
Arabic	Hindu

Other (please specify)

Country of Birth

Organisations would also need to collect this information from staff, through, for example, the following question:

In which country were you born?

Options could be provided as either :

Australia or

Other (please specify)

Alternatively, a list of countries may be used based on common census responses eg

Australia	India
England	Scotland
New Zealand	Philippines
Italy	Greece
Vietnam	Germany
	Other (please specify)

NCSDD (AIHW, 2010) specifies that coding of country of birth data should conform to the Standard Australian Classification of Countries. This provides a 4 digit, 3 level hierarchical structure specifying major group, minor group and country. The ABS sometimes reports country of birth data in terms of whether workers were born in Australia, the main English speaking countries, or elsewhere. Note that country of birth is also used in Disability Services NMDS, although this relates to clients rather than staff.

Length of time in Australia

Organisations could obtain this information from staff using the following question:

In what year did you first arrive in Australia to live here for one year or more?

This would form the basis of an indicator which would be presented in terms of the percentage of the workforce who had been in Australia for a given length of time (eg less than two years, more than two years but less than five years, more than five years but less than ten years, more than ten years but less than twenty years, more than twenty years). For the purposes of monitoring the characteristics of the community services workforce, this indicator is likely to be less useful than information on linguistic diversity, or country of birth.

4.3 Education and Training

The education and training of paid staff is also important to monitor, as it is a key indicator of service quality. Qualification levels is something which could be monitored in any transition to person centred care and direct payments, to assess the extent to which the composition of skills across the workforce may change, particularly if there is any growth in employment directly by service users. Data on volunteer qualifications and training is more important at an organisational level than across the workforce, as organisations could use it to improve the way they match volunteers to tasks. While education and training indicators have not been priorities for data collected under the HACC MDS and National Disability MDS, measures of staff education and training are collected comprehensively through the Childcare Census.

Highest level of education attained

This information could be collected by organisations upon staff commencement or in a staff survey. A question recommended in the NCSDD (AIHW 2010) is:

What is the highest level of education you have achieved (in any field of study)?

01 Postgraduate Degree Level	07 Junior Secondary Education (e.g. Year 10)
02 Graduate Diploma and Graduate Certificate Level	08 Primary Education
03 Bachelor Degree Level	09 Pre-primary Education
04 Advanced Diploma and Diploma Level	10 Other education
05 Certificate Level	88 No Education
06 Senior Secondary Education (e.g. Year 12, Senior Secondary Certificate of Education)	99 Not stated/inadequately described

Using these response categories and codes, as recommended by the NCSDD, would allow data to be mapped to the Australian Standard Classification of Education (ASCED) 2001, from the Australian Bureau of Statistics (ABS, 2001). If the codes are considered too detailed, some could be combined (for example 07, 08 and 09; 04 and 05).

Percentage of persons providing direct services who have a qualification

A variation of the question of the numbers of staff with qualifications relates to a subset of workers, those providing direct services. Because preparedness of direct workers can indicate service quality, a relevant indicator such as the percentage of workers who are directly providing community services who have a qualification should be considered. If more detail is required, the codes listed in the above question would capture the highest level of education achieved.

Year awarded qualification

The year in which a qualification was awarded may also be considered important. If so, year they were awarded their highest, or their most recent, qualification could be asked.

Field of education

As well as level of qualification, the field of education is also important, as an indicator of whether education is likely to have prepared workers specifically for community services or a related field.

The Australian Standards Classification of Education (ASCED 2001) can be used to classify the main field of education undertaken by a person in relation to their current study or completed education. This is a three-level hierarchical classification specifying broad, narrow and detailed fields of study. For example, social work is coded to the broad field 09 ‘Society and Culture’, the narrow field 0905 ‘Human Welfare Studies and Services’ and the detailed field 090501 ‘Social Work’. Key fields can thus be used to present a set of options that relate to the field of education in which the highest qualification was completed, and field of education for the qualification currently being undertaken.

Feels well prepared

A further indicator, which requires workers to reflect on and assess the quality of preparation of their post-school qualification, could come from a question such as:

To what extent do you feel your post-school qualifications prepared you for your current position?

1. Not at all
2. To a slight extent
3. To a moderate extent
4. To a great extent
5. To a very great extent

A variation of this question was asked in the NSW NGO workforce survey (Cortis et al, 2009), which asked the extent to which respondents' felt their post-school qualifications prepared them for work in community services. A question such as this should only be asked of those with post-school qualifications.

Student indicator

A measure of the proportion of workers who are currently studying also gives an indication of skill development in the field. Organisations could gather this information gained from a question to staff by asking, for example,

Are you currently enrolled in a course of study?

1 Yes

2 No

9 Not stated/inadequately described

The results can then be reported as a number or proportion of staff who are currently enrolled in a course of study. Note that the person must be formally enrolled in an academic institution or technical college, or other accredited teaching institution, and or engaged in employment related formal training. This can include migrant English classes. This indicator is used in the SAAP client collection NMDS. The Childcare Census asks workers about any current studies.

Employment related study

Building on the indicator above which captures student status only, this indicator captures whether current studies are in an employment related field. This could be asked only of those staff who indicated they were currently enrolled in a course of study, in a question such as :

Are you undertaking education or training in an employment related field?

1 Yes

2 No

9 Not stated/inadequately described

This would give more specific information about whether education or training is related to their current role or a future role in community services.

Organisation expenditure on provision of training

A further indicator of education and training relates to investment in training by organisations. This information would be captured in organisations financial accounts, such as the proportion of all organisational spending on training. Note that an indicator such as this would give information about spending only, and not employee uptake or effectiveness of training.

4.4 Employment characteristics

The characteristics of employment, including contracts, hours, and occupation, give key information about the composition of skills in the workforce, and workforce capacity.

Employment contract

Recent studies of the community services workforce have identified job security as an issue for staff, particularly where job continuity is perceived to depend on the continuity of funding. As such, capturing the use of permanent, fixed term and casual contracts should be a priority for workforce monitoring and planning. Organisations will have administrative records of staff employed on a permanent, fixed term or casual basis, and as such, could be expected to report this information without requiring any additional data collection. While figures based on head count will be easiest to collect, the number of staff based on full time equivalent workers may also be considered.

A key indicator could be the proportion of staff employed on a permanent basis, keeping in mind the following definitions, provided in the NCSDD (AIHW, 2010). They outline that permanent employees are those entitled to either paid sick leave, or paid holiday leave, or both, and who are not employed on a fixed term contract or casual basis. Fixed-term-contract employees are those employees who have a written agreement to work a minimum number of days over a specified period of time. Casual employees are those employees who do not have a written agreement on the minimum number of days that will be worked. They are usually paid a higher rate of pay, to compensate for lack of permanency and leave entitlements. Casuals may be full-time or part-time, according to the hours they have agreed to work

Although it is not captured in the HACC or Disability NMDS, employment contract is an indicator collected in the Children's Services NMDS.

Employment by full-time / part time status

This is another important indicator, allowing monitoring of trends in full and part time workers. Organisations could be required to report the numbers and proportion of workers who are employed full time or part time. As set out in the NCSDD (AIHW, 2010) employed persons are considered to work full time if they *usually* work 35 hours or more in a week or if they *actually* worked 35 hours or more during the

reference period. Employed persons work part-time if they usually work less than 35 hours a week and either did so during the reference period, or were not at work in the reference period. As such, this indicator would need to be based on data collected for a reference period. Alternatively, questions could be asked based on a usual week.

Hours worked

This indicator would capture the total number of hours worked by each paid staff member over a specified period, for example a reference week or fortnight. It would give more detailed information than obtaining information based on full time / part time status only. This information could be obtained from organisational records. Alternatively, staff hours could be tallied and reported for ranges, for example: less than 8 hours; more than 8 hours but less than 16 hours ; more than 16 hours but less than 24 hours etc. Indeed, it may be more practical for organisations to report the number of staff in given ranges of hours, rather than the numbers of hours for each paid worker.

Occupation category

Monitoring an indicator of occupations would help track the changing composition of the workforce and job roles, and, in particular, trends around professionalisation or deprofessionalisation. NCSDD (AIHW, 2010) suggests occupations be self-identified, and based on current ANZSCO (Australian and New Zealand Standard Classification of Occupations) definitions (ABS and SNZ, 2006). The list of ANZSCO classifications is extensive. If organisations were required to gather information from a staff questionnaire, it should present, as options for respondents, all possible categories of occupation which could be present in funded agencies. In addition, a category of 'other, please specify' should be included. Note that ANZSCO has a hierarchical structure. Most occupations of direct service workers will fall into major group 4 (Community and Personal Service Workers), and the sub-major groups of 41 Health and Welfare Support Workers and 42 Carers and Aides. These are broken down further into a series of 4 and six digit categories. Ideally, occupation should be captured at the six-digit level as this is the most detailed.

Pay and pay settings

Pay is also important to capture, as pay rates are often considered to undermine job morale and labour supply. In their staff survey, Martin and Healy (2010) captured weekly earnings and hours, and used this to calculate hourly wage rates. These wage rates, for example, the mean or median or distribution across levels, can then be tracked over time, and used as the basis for comparison between various parts of the industry or occupations. England's National Minimum Data Set for Social Care (NMDS-SC) Worker Data Items (Skills for Care, 2010) also capture salary. The salary interval is captured firstly (eg annual, monthly, fortnightly, hourly, unpaid); followed by the salary amount, and the contracted hours of work. This can also be used to calculate an hourly rate, which can be monitored at the aggregate level as a mean, median or distribution.

A further indicator of pay, and one which uses methods of setting pay as an indicator of low pay, would be to collect information on the use of industrial Awards. The proportion of organisations paying staff according to an industrial Award, or the

proportion of staff paid according to an industrial award and without any above award payments, for example, gives an indication of those likely to receive lower tier wages.

An alternative way to capture pay, and one which would utilise management information, collected from organisations rather than from staff, would be to capture total spending on salaries as a proportion of the organisation's overall costs. This could be tracked over time, and be used to help understand the varying pressures on different kinds of organisations.

4.5 Skill shortages

Martin and Healy (2010) did not find evidence of widespread skill shortages across the child protection, juvenile justice, disability or general community services industries. However, any skill shortages will have serious implications for the capacity of the sector to deliver quality services. Moreover, shortages can emerge in particular areas in relatively short timeframes, especially if the labour market is expanding rapidly. As such, this indicator is likely to be volatile, and emerging skill shortages are therefore worth monitoring, especially on a regional basis. Possible indicators include time to fill the most recent vacancy; the number of current vacancies in an organisation; and overall, the proportion of organisations with a current vacancy. Use of agency staff can also indicate staff shortages. Perceptions of employers as to the proportion of staff working with sub-optimal skills may also indicate shortages of required skills.

This information is likely to be held by the human resource departments of larger organisations. However, smaller organisations, or those without dedicated human resource personnel, may not have immediate access to this information. Notwithstanding, the information is likely to be helpful for service provider organisations, who could be encouraged to monitor their own vacancies.

4.6 Retention

Staff retention is key to the quality and sustainability of service delivery. Indicators relate to staff time in their current employment, in the industry, and their intention to leave. Job satisfaction can also be treated as an indicator of likely staff retention.

Length of employment in current service

A further possible indicator of retention is average length of employment in current service (total years). This could be reported based on administrative records of the date workers were first employed. Alternatively, organisations could obtain the information from a staff questionnaire. Note that this information is currently collected in the Children's Services NMDS.

Length of experience in industry sector

A similar indicator to that listed above (length of employment in current service) is length of experience in the industry. This captures experience acquired in the industry, over a number of years, which do not need to be continuous. This information is unlikely to be readily available in administrative records. Length of experience in the industry would need to be obtained from a staff questionnaire,

unless organisations kept a record of employee's length of experience prior to their current employment. Length of experience in the industry features in the Children's Services NMDS.

Intention to leave

Information about intention to leave can be an indicator of worker commitment, and can help employers plan for possible vacancies (Martin and Healy, 2010). Martin and Healy (2010) captured this in their community services survey with a question about whether workers expect to be with the same employer in 12 months. This indicates rates of retention in organisations. Workers who said they would or might leave were then asked the main reason why. Workers were also asked whether they expect to still be working in the industry in 3 years, which indicates rates of retention of current staff in the industry.

Job satisfaction

Job satisfaction should be considered an indicator of the quality of workers' experience in their jobs, and their intention to leave (Martin and Healy, 2010). Job satisfaction data needs to come directly from employees, and due to confidentiality issues, would be better captured in a survey than in data collected by organisations and reported to funders. Based on questions in the Household, Income and Labour Dynamics in Australia Study, Martin and Healy (2010) asked respondents to rate their satisfaction on various dimensions of their work, including job security, the work itself, work-life balance, hours, and total pay, as well as their overall job satisfaction. The scale ranged from 0 (totally dissatisfied) to 10 (totally satisfied). This question is recommended, as it has been tested and allows comparison with Martin and Healy's data, and with the Household, Income and Labour Dynamics in Australia study.

4.7 Labour Dynamics

Source of recruitment

Source of recruitment, or where employees were working prior to their current position, can give important information for organisations seeking to recruit, and important insight into the sector's labour dynamics.

England's National Minimum Data Set for Social Care (NMDS-SC) Establishment Data Items (Skills for Care, 2010) collects information about source of recruitment, that is, workers' previous employment prior to their current position. This requires that organisations record source of recruitment upon commencement. Based on the NMDS-SC item, the following options could apply:

Same organisation	Commonwealth government – community services
Another non-profit agency	Commonwealth government – not community services
Local government – community services	Private sector- community services
Local government – not community services	Private sector- not community services

State Government - community services	Overseas
State government- not community services	Not from another job straight away
	Source not known

Reasons for leaving

Main reason for leaving is also monitored through the NMDS-SC establishment Data Items (Skills for Care, 2010). Organisations would need to note main reason for leaving at exit, for example, at an exit interview. The following options could be provided.

Pay	Reason not known
Conditions of employment	Retirement
Nature of the work	Death
Competition from other employees	Dismissal
Transferred to another employer	Redundancy
Career development	End of contract
Personal reasons	Other reason
Resignation for other or undisclosed reasons	

Destination after leaving

For those leaving, workers' destination is collected in the NMDS-SC establishment Data Items (Skills for Care, 2010). If reported by organisations, they would need to note staff destination after leaving, for example, through an exit interview. As for the source of recruitment indicator, options could include:

Same organisation	Commonwealth government – community services
Another non-profit agency	Commonwealth government – not community services
Local government – community services	Private sector- community services
Local government – not community services	Private sector- not community services
State Government - community services	Overseas
State government- not community services	Not to another job straight away
	Destination not known

4.8 Summary list of possible indicators

To summarise, the following list contains the large number of indicators identified for consideration in any workforce indicator system. Many of these indicators are discussed in the following chapter which presents the findings from interviews conducted with funded and other stakeholder organisations. In chapter six we draw on literature and qualitative data findings to refine the summary list presented below. We recommend a framework for workforce data collection within ageing, disability and home care which focuses on ten core indicators which would be meaningful for funded organisations and funders to monitor, and which are relatively simple to collect. Chapter six outlines the full set of criteria applied in developing core indicators.

Workforce size

1. Total number of paid staff in a typical/reference week
2. Total FTE staff
3. Total number of volunteers in a typical/reference week
4. Total FTE volunteers
5. FTE workers in funded organisations per head of population
6. Volunteers in funded organisations per head of population

Demographics

Age

7. Mean age of paid workers
8. Mean age of unpaid (volunteer) workers
9. Median age of paid workers
10. Median age of unpaid (volunteer) workers
11. Proportion of the paid workforce by age range (for example, the proportion aged 55 and over)
12. Proportion of the unpaid (volunteer) workforce by age range (for example, the proportion aged 55 and over)

Sex

13. Proportion of paid workers who are female
14. Proportion of unpaid (volunteer) workers who are female

ATSI status

15. Percentage of staff who are either Aboriginal or Torres Strait Islander or both.

CALD

16. Percentage of staff who speak a language other than English at home

17. Percentage of the workforce by first language spoken as a child (or English, and other)
18. Percentage of workers born in Australia
19. Percentage of workers born outside either Australia or the other main English speaking countries

Education and training

20. Proportion of the workforce by highest level of qualification attained
21. Proportion of the workforce by field of study of highest qualification attained
22. Percentage of persons providing direct services who have a post-school qualification
23. Mean years since awarded highest qualification
24. Mean years since awarded most recent qualification
25. % who feel their post-school qualifications prepared them well for their current role
26. % currently undertaking a course of study
27. Qualifications currently being undertaken by Level (%)
28. Qualification currently being undertaken by field of study (%)
29. Whether current course of study is in an employment related field
30. Organisation's spending on training as a proportion of all organisational expenditure

Employment characteristics

31. Proportion of staff employed on a permanent, fixed term or casual basis
32. Proportion of staff who are employed full time
33. Proportion of the workforce by hours worked
34. Proportion of the workforce in key occupations
35. Hourly pay rate (mean, median or distribution)
36. Percentage paid according to an industrial Award only (ie with not above-award payment)
37. Organisation's total spending on salaries as a proportion of the organisation's overall costs

Skill shortages

38. Average time to fill most recent vacancy (weeks)
39. Numbers of current vacancies
40. Proportion of organisations with a current vacancy
41. Proportion of organisations using agency staff
42. Proportion of staff that employers consider are under-skilled

Staff retention

43. Average length of employment in current service (total years).
44. Average length of employment in industry sector (total years).
45. Proportion expecting to be with their employer in 12 months
46. Proportion expecting to be in the same industry in 3 years
47. Mean satisfaction level (eg scale of 0 to 10)
48. Percentage of staff who are satisfied with their job

Labour dynamics

49. Source of recruitment
50. Main reason for leaving
51. Destination after leaving

5 Stakeholder Interviews

This chapter presents the findings of interviews conducted with representatives from stakeholder organisations. The interviews were included to ensure the participation of those best placed to comment on current data collection practices and future data needs – that is, service provider organisations and sector stakeholders. As detailed in chapter two, interviews were only conducted with a small number of organisations (n=13) and so the findings detailed below, while indicative of key issues, should not be considered representative. The interviews highlighted a diversity of data collection and management practices and views about workforce indicators. Where more consistent views were evident among participants, these are emphasised below.

5.1 Organisations and workforce data

Participants reported that their own organisations collect comprehensive data on their staff. Data on individual workers was collected at the time of recruitment with personnel/HR files containing information such as demographics (e.g. address, age, sex), qualifications (such as Certificate III), employment type information (e.g. full time, part time, casual), wage level and industrial relations arrangements (e.g. which award), driver's license information, entitlements such as rostered days off, tax file number, superannuation account details, and visa information if required. Further, a number of participants reported that they collect information on whether workers speak a language other than English. This data was not collected to identify workers as culturally or linguistically diverse. Rather, speaking another language was regarded as an important skill that could enhance service provision to CALD clients. Interviews identified personnel information collected at the time of recruitment as the primary source of workforce data for organisations. This information was usually paper-based however some organisations commented that the information was input into the electronic payroll system.

Recruitment provided organisations with an opportunity to collect comprehensive information on staff, and most participants reported that personnel information within organisations was updated regularly, generally after annual staff appraisals. This process of updating is important as it ensures the data's usefulness in informing workforce planning and development. As indicated by some participants however, there was concern about whether all updated paper-based information collected during staff appraisals was transferred to the electronic HR system.

> I would suspect that I would find that [the payroll database] wouldn't be as accurate as it should be – as it is in their personnel file. I suspect it would be at least 80% accurate and that there'd be a 20% differential where supervisors forgot to put the new qualifications on the computer file.

This participant commented that prior to providing government with specific information on all staff – such as qualifications – that he would need to "go through and check that my computer records match my personnel files". Interviews suggested that other organisations would similarly need to reconcile paper-based and electronic data to ensure accuracy. ADHC could assist with this process by providing organisations with one-off additional funding to support data reconciliation prior to policy implementation.

One participant believed that the quality and amount of data collected would depend upon the size of the organisation:

> Organisations that are quite large probably have full time human resource people… Now for smaller organisations, they probably don't really think much about [workforce data]. They can probably count the number of employees they have, but they'd probably be a bit like me. I mentally walk around the office and sort of like – one sits there, one sits there, you know you do that sort of thing. But on a consistent basis, if asked, they could get the numbers, but it would be something they don't do on a routine basis. They may well, if they're thinking about a restructure or have lost funding, or they've got new funding, they may think about those sorts of issues then, but probably not on a regular basis.

This belief is consistent with Guo et al's findings (2011) and suggests that smaller organisations may require additional assistance in collecting, updating and/or reconciling information on staff; and perhaps in manipulating the data to comply with required formats.

Generally, organisations reported that they do not survey staff on an intermittent or regular basis to collect data. One exception to this was a large organisation that offered staff that were leaving an opportunity to complete an exit survey or participate in an interview, and another participant commented that her organisation was considering implementing a one-off survey of staff as part of an organisational skills audit.

Analysis of interview data suggests that organisations do not generally use workforce data strategically to inform long term planning, but rather to inform day to day operations. Examples cited included using information about qualifications and training to encourage staff with no qualifications to undertake training and become certified, and those with training needs to also undertake training:

> We use information [on qualifications] – especially the managers of the divisions, when they're doing appraisals with the staff, to look at what sort of training they've had and what training would be appropriate for them to have in the future.

Further, participants spoke about using workforce data to alert a supervisor when a worker's visa was about to expire; when a fixed term contract was about to conclude; when a step up in award salary level was required for a particular worker; and when a staff member's leave balance was becoming excessive. As evidenced, participants provided many examples of workforce data being used for operational purposes, however, often struggled to provide examples of using data to inform strategic planning. This is concerning given the sector's well-documented recruitment and retention challenges, and suggests that some organisations may require training in how to use workforce data for strategic planning purposes. Part of such training could involve sectoral peak bodies and ADHC modelling how to use collected workforce data to inform long term sectoral priority setting and how to plan for changes within service delivery and funding models. Interviews with representatives from stakeholder organisations indicated that they had considerable knowledge of the data currently available to inform workforce planning, and the limitations associated with particular

data sources, as well as knowledge and experience in workforce planning particularly around issues of capacity building.

5.2 Organisations' current reporting requirements

Interview participants were asked questions about their organisations' current reporting requirements to inform recommendations about how best to integrate reporting of workforce data. Participants described different reporting requirements under the terms and conditions of multiple funding agreements:

> [reporting requirements] vary depending on the funding source, and depending on the program.

Audited accounts (e.g. acquittal of funds against use of funding received) and current insurance details (e.g. workers compensation and public liability insurance) were consistently reported to be the central requirement of funding agencies. Further, a variety of required output indicators were described, based on the different types of services offered by participant organisations. Examples included number of clients (per service, per bed, per caseworker etc.), hours of service, planned and achieved outcomes, individual support plans for clients, and the number of volunteers trained.

Data was submitted to multiple government agencies in different formats (e.g. through templates or proformas provided by the funder, activity sheets), using different methods (such as through electronic portals – different for each funder), at different time intervals. Participants generally described the multiple and often duplicated data requirements as 'cumbersome':

> Individually any single reporting requirement is not onerous. If you were doing just one grant, that's not onerous. It's just that organisations are managing multiple contracts – so this organisation is funded from 19 different sources, we have 36 different contracts with government. That kind of gets complex when one government agency might ask for something that's not consistent with what we provide others.

Interviews revealed that very little workforce data is collected by funding agencies - a finding consistent with the literature and data review findings of a lack of workforce data in existing datasets. Two exceptions were evident, with interviews revealing that much workforce data was submitted by organisations during a tender submission:

> When you do a tender to government, you'll often specify for example how many staff and how many volunteers you have in a particular program, and how many paid staff and how many volunteers you're intending to use. When we do applications, we report on the type of qualifications that our staff have and [their] backgrounds.

Further, organisations regularly provided funders with data about staff clearance checks. For staff working within aged care this comprises a national criminal history record check (renewable every three years), and staff working with children are also required to undergo a police record check.

5.3 Indicators recommended by organisations and sectoral stakeholders

Interview participants were asked about the information they thought was important for government agencies to collect from funded organisations. While responses varied, there was some agreement about the need for indicators to measure the workforce size (head count and FTE rates) and skill levels (education, qualifications, training). Responses suggested however that some data related to staff skill levels were not straightforward to collect. A participant from a large organisation that collected much information from staff at recruitment and kept updated computer records stated that:

> We wouldn't know how many social workers we've got – how many people with social work degrees, because you can be a case manager with a diploma or you can be an Indigenous case manager who's had like 30 years experience in the community.

This comment reflects the fact that there are often multiple pathways associated with job roles, and that qualification data is often difficult to collect – as evidenced by the fact that the UK's National Minimum Data Set for Social Care has incomplete and unreliable data on worker qualifications. One reason for this is because workers may have multiple qualifications, some of which may not be relevant for their jobs, or are currently working towards becoming qualified. Another reason is because migrant workers may possess qualifications not recognised within their new country. Some participants spoke about overseas trained workers during interviews whose qualifications were not officially recognised, yet were valued within the organisation, with participants commenting on how these workers build the strength of the sector.

To add another layer of complexity, three participants felt that the collection of basic education and qualification data would not accurately capture people's experience and skill in working with clients:

> So if you're measuring the workplace based on whether they have a degree, well I can tell you that having a degree is not really necessarily going to help you in dealing with complex behavioural issues. Its lots of experience and training, lots of coaching in terms of how to deal with it – not having a Bachelor of Science or some kind of degree. I'm not knocking study, but the indicator that you put in place has to say, well what is a relevant degree, relevant qualification, and what's the value of experience – which most people tend to overlook.

> I don't think the Department has much of an idea about who is delivering the services and they may assume that people are unqualified or lack experience… Whereas in actual fact they might well be quite highly skilled and they may not have qualifications but they might still be quite highly skilled. They might have really valuable experience.

The valuing of practical knowledge and life experience, sometimes over theoretical knowledge, has been a highlighted theme in some sectoral research (see for example Cortis et al, 2009). As indicated in the data review, a relevant indicator that may help assess worker experience is the length of time that staff members have been in community services or their specific job role – and it may be helpful to cross-

reference this data with qualifications data. Further, migrant workers could be asked to provide information on qualifications and work experience attained in their country of origin. Given the personal nature of this data, it may need to be collected at the individual worker level.

The majority of participants recommended that an indicator should be used to measure sectoral pay rates. Given recent industrial action such as Fair Work Australia's equal remuneration case it is not surprising that many participants focused on this data item, however, it was used as an introduction to express dissatisfaction with current pay rates – a feeling better captured by scales which measure job satisfaction on a range of aspects (including pay). Generally, participants felt that salary levels were inadequate compensation for the important and increasingly complex work being undertaken, and they believed that solid wage rate data would assist sector-wide claims for increased pay:

> A good indicator would be what staff are getting paid. [We] have to remind government people about the fact that they're all sitting there on fairly high wages, which the public pays for, but [are] expecting us to dole out services to those marginalised, vulnerable people in society at half the wage rate.

Participants were not specifically asked to comment on pay rates, however, many chose to express dissatisfaction at low pay and award rates, and related issues such as inconsistency in salaries and job classifications throughout the sector:

> We've tried to say to managers to classify correctly. So we get people on different funding – so government and non-government, state and non-state. In Queensland we've got employees doing the same job on different wages... because of who they're funded by. That makes no sense.

Issues associated with low pay were seen as central to organisational recruitment and retention difficulties. No participant commented on the positive impact of salary packaging options available to some employees of Public Benevolent Institutions such as many community service NGOs, or recommended indicators to measure the take-up of this option throughout the sector. Such data may be helpful as research provides inconsistent data on the accessibility and use of salary packaging options throughout the sector (see for example Hilferty et al, 2010).

Finally, it was clear from the interviews that some stakeholder representatives had given much thought to the issue of what workforce indicators were important:

> Certainly when [we] were looking at doing a workforce profile we were looking for information like numbers, roles in broad generic terms – were they managers, were they caseworkers, were they admin support roles, were they policy researchers? Qualifications we thought were really important. We were certainly looking at type of employment – so full time, part time, casual, temporary, permanent and some basic demographics around those. We thought age was important, because certainly there is some evidence that it's an ageing workforce, and so we needed to understand if people were coming in, and we also thought turnover was important – so some measure of how many jobs you have on the books, how many times have people left, or advertised jobs.... In a perfect world you'd probably ask whether or not they

> were covered by an award or an enterprise agreement, and whether their pay rates were based on the award, or whether they had a totally different classification structure, and some sense about what those pay rates might be.

This level of consideration indicates that the representative from the stakeholder organisation firmly acknowledges the need for workforce data and enhanced sectoral planning.

5.4 Volunteers and workforce data

Most of the participants interviewed reported that their organisation does use some volunteer workers, with one participant reporting that his large organisation engaged almost as many volunteer workers as paid workers. Analysis of interview data indicates that organisations collect little data on volunteer workers:

> We don't collect a great deal about volunteers. We have an initial process they go through – about who they are and what they've done and that kind of thing, but other than that we don't really collect much information.

Generally, organisations reported collecting limited demographic information about volunteer workers during the recruitment phase: name, address, phone number. As with paid workers, organisations are required to ensure that volunteers working with children and within aged care undergo national criminal history record checks, and so this data was also collected. These checks are also required for members of organisational management committees.

More than one participant reported that data relating to the number of volunteer workers, the services they support or provide, and their hours of service was collected. However such data, which could highlight the contribution of volunteers to the sector, was not described as accurate or complete:

> I can't guarantee that [the register where we record volunteer worker hours] is comprehensive because we don't know that we know every volunteer.

> So we definitely have a lot [of data on our volunteers] but we don't actually have a formal process of collecting it. We'll get better at it... but it's having the time to put systems in place.

While it was evident from interviews that volunteer workers were valued as playing an important role in the support and delivery of services, there was a clear distinction between paid and unpaid workers, and consequently about the data collected from these groups, as reflected in the following quote:

> Volunteers are on a database called 'Thankyou'. So again it's a lot of their police checks, when that expires, their address and their name and probably what area they are interested in. So that's a separate database and fundraising look after that and they work with our volunteers.

It is interesting to note that when asked to comment on the workforce information government agencies should collect from funded organisations, no participant specifically mentioned volunteer workers. This suggests that many NGOs are yet to fully acknowledge, let alone measure, the significant contribution they make as a

result of their ability to draw on volunteer labour. This ability benefits clients by enhancing service delivery at almost no cost. The use of volunteer labour by NGOs provides a collective benefit by helping to build social capital within the communities in which they work:

> What we find because of the nature of our service... is that we have a lot of people who come in here and volunteer in various activities and then they gain the confidence in their skills and presentation and then they move onto employment quite rapidly once they've got that ground work.

Interview data suggests an urgent need for organisations to develop better information systems for the collection of data on volunteer workers. Such information would provide evidence of the advantages to service users and communities in using NGOs as they often employ volunteer workers. It is likely that this information will become more important in the context of increased person centred funding.

5.5 Person centred care and workforce data

As indicated in the literature review, the expansion of person centred approaches and related changes to service delivery and funding models (such as individualised and portable funding packages) is likely to have a significant impact on the ageing, disability and home care workforce. Interviews revealed, however, that half of the organisational representatives had not given the issue great consideration. While this finding is perhaps not surprising given the slow take up of direct funding packages in NSW, the changes associated with an expansion of person centred approaches will result in significant changes in service design, delivery and funding. The finding that these changes have been given little consideration by participant organisations, and that they make little internal use of workforce data to inform planning and strategic human resource management is therefore concerning as there is need for NGOs to think about how to manage such changes and the ways that data can support this process.

Four interview participants spoke knowledgeably in response to questions about anticipated changes and organisational responses. These participants felt that their organisation has long offered person centred care despite the suggestion within *Stronger Together* that it is a new approach:

> That's how we run most of our programs.

> We believe we're very person centred in our approach.

These participants made a distinction between person centred care as a philosophical approach and way to work with clients, and the introduction of different funding models. Generally, they were supportive of a person centred care, but were concerned about the increased take up of individualised funding packages:

> Individualised budgets – I mean there is a concern about how it is going to be structured. We have to – we can't really employ full time permanent staff if we don't know how many services we're going to provide. So you have to... your casual force would have to be upped because you'd have to have people [on call] but you can't employ full time employees under the basis that you might get work, unless the government guarantees a certain core workforce.

> The introduction could potentially lead to a larger casualisation of the workforce.
>
> Every organisation is really concerned about that, because the government has to be aware of what exactly they will have. You can't just have a whole infrastructure on hold, while you're waiting for everybody to make up their minds... I think that the government should be looking at that and saying well we need to keep something in place to guarantee the survival of service providers while everybody's making these decisions.

It is not unexpected that representatives from organisations who have long operated on the comparative security of block funding held concerns about individualised funding packages, however, many of their concerns were around significant issues that will need to be resolved. One participant from a large organisation described the inequity in a model that could result in an unregulated, untaxed and unknown workforce – largely invisible to data collection processes:

> There are some real big questions that have to be asked about whether we who under the Disability Standards – our contract is written up on the basis that we comply with the Disability Standards. We are an employer under the laws of the land. We need to pay award based wages. We need to pay the award wages, we need to pay for long service leave, we need to insure for workers compensation, we need to have public liability insurance, and we need to provide pay taxation to government as pay-as-you-go taxation.... I then have the right as a parent to say well I've got $25,000 – I'll just pay my niece to come look after my child. I'll pay her $10 an hour – there's no equity in that... We'll go back to a system of no skills, and no actual accountability for a level of service delivered, and no legal requirements of the laws of the land for salaries, taxation, and workers compensation being complied with.

This participant further spoke about the inherent inefficiencies in such a model including the skimming off of funds by brokerage organisations, and the inability of large organisations to use economies of scale to ensure quality services at lower prices.

Another participant from a large organisation described two recent situations which highlight the difficulties in regards to workforce data collection:

> We've started consumer directed care and it's really tricky... We've had two conversations so far and the government is not really [helpful] and the guidelines don't help that much because they're a bit contradictory... With our employees we do the criminal record checks and so to a certain extent we can guarantee the duty of care and that [the client] is not at risk. But with the more casual – say the personal care or help that the client is asking for, they're not brokered and they're not through an agency and they're not through us.... So we have the duty of care and the responsibility but we don't have the control to ensure that [the client] is safe... So it's tricky – on the one hand you're responsible for the overall service provision for the client, but you don't have control over the components... We've had that twice now where one [client] wanted a granddaughter [to help] and the other one wanted someone that they wanted to hire... but they wouldn't even tell us who they were.

Such situations were new to this organisation and as indicated above, they had yet to be resolved. While teething problems are often expected with policy reforms and associated implementation challenges, it may be difficult for some organisations to manage these, while also engaging in broader workforce planning:

> Workforce planning is made much more difficult with individualised packages... it's very, very difficult to put staff on long term contracts when you can't forecast when individual contracts will come in. It does have – given we're currently having workforce difficulties, I think it does have the potential to entrench some of those difficulties.

Within such a context, the importance of collecting quality workforce data is enhanced. To this end, the indicators recommended in Chapter Six aim to enable monitoring of workforce trends and better workforce planning in the context of the expansion of person centred approaches in NSW.

5.6 Issues for consideration by funding agencies

As evidenced in the data presented in this chapter, interview participants were generally supportive of the proposal for them to provide workforce data to funding agencies:

> We are funded by government to provide a service. I think our funding providers [should be able to collect workforce data] as long as it's treated confidentially and appropriately.

Many participants commented on the need for consistent and reliable administrative data to inform workforce planning. Participants took the opportunity however to outline issues they felt should be considered by government. Two main issues dominated the interviews: uncertainty about the purpose of the proposal to collect workforce data and the subsequent use of this data by the government; and privacy concerns about sharing personal staff information with government.

Statements of uncertainty about the proposal to collect workforce data from funded organisations suggest that consultation with sectoral stakeholders and funded organisations may be required.

It was clear from interviews that participants acknowledge the need for improved workforce intelligence and management systems, but hold genuine concerns and questions about what that would mean for them in terms of methods and processes for data collection and data sharing. Some participants sought reassurance that the data would be shared with providers:

> If government is collecting all this [workforce] data in the aged and disability sector there's going to be a lot of data, but if you want to get some specific data back from government – like how many people in our region are in need of this type of services, it's like getting blood out of a stone. While it's being collected, it's not being well used across the board for planning and not going to the organisations that need to be involved in it.
>
> The big issue is to ensure that the information comes back to non-government organisations so that it's not just collected and disappears into a government

> hole, but it comes back – so that it's beneficial to organisations in terms of their planning and in terms of the industry around them.

Finally, some participants held legitimate concerns about the privacy of worker's personal information:

> Well if they're after the things that we actually already have, that is not a problem. Obviously, we do keep quite comprehensive information on our staff, but then again I would wonder about whether the staff should be allowed to decide whether they want information about – essentially personal information – to be made available to the Department.

> Privacy issues are important given that some organisations are very small - you will come across organisations that might have six or seven staff. So to collect data on those staff – they can be identified if it's not done in a really anonymous way. It's like in the ABS statistics where you can't release data on very small populations because they're too identifiable, so privacy is an issue.

These concerns could be tempered through the development of a data sharing and privacy strategy, and this is considered further in the final chapter.

6 Recommended framework of key workforce indicators

In this chapter we elaborate a framework for collecting workforce data within ageing, disability and home care. The purpose of this framework is to describe a consistent, achievable plan for workforce data collection from funded organisations. Central to the framework is the identification of ten core workforce indicators. The criteria used to reduce the menu of possible indicators outlined in chapter four are detailed below.

6.1 Criteria for choosing core indicators

The core indicators recommended below have been identified following the development of key criteria. The criteria comprise:

- Data availability

Informed by the interview findings, we have prioritised indicators based on data already collected by some funded organisations in relatively similar format(s). To support ease of reporting for funded organisations, the indicators aim to collect data which are likely to be more easily available from established organisational sources (e.g. personnel files, electronic HR systems).

- Data reliability

We recommend indicators only in relation to paid staff as these are most likely to produce reliable data. Project findings indicate that the collection of administrative data in relation to volunteer workers is not well developed in many funded organisations and so indicators relating to volunteer workers are, at this time, unlikely to produce reliable data. As indicated in chapter 5 above though, volunteer workers add to the contribution made by NGOs in their communities and the improvement of data collection systems for volunteer workers should be a priority aim for all funded organisations.

- Data useability

We have identified indicators likely to yield information that is relevant and useful for both organisations and funding agencies. To this end, the data will be able to inform both operational and strategic workforce planning issues.

Further, insofar as was possible specified indicators are consistent with forms documented in the National Community Services Data Dictionary. This helps to ensure that collected data is compatible across jurisdictions and sub-sectors within community services.

6.2 Recommendation of core indicators

We recommend that the following ten indicators form the basis of the collection of workforce data within ageing, disability and home care.

Workforce size

1. Total number of paid staff in a typical/reference week

Demographics

Age

2. Proportion of the paid workforce by age range (for example, the proportion aged 55 and over)

Sex

3. Proportion of paid workers who are female

ATSI status

4. Proportion of staff who are either Aboriginal or Torres Strait Islander or both

CALD

5. Proportion of staff who speak a language other than English at home

Education and training

6. Proportion of the workforce by highest level of qualification attained

7. Percentage currently undertaking a course of study

Employment characteristics

8. Proportion of staff employed on a permanent, fixed term or casual basis

9. Proportion of staff who are employed full time

Skill shortages

10. Proportion of organisations with a current vacancy

We recommend that the ten indicators listed above comprise a National Minimum Dataset (MDS) for Ageing, Disability and Home Care. The table overleaf provides further information on these core indicators by providing methods of data collection, the benefits of collecting such data, and the applicability of indicators for unpaid staff.

What measuring?	Recommended core data indicators for paid workers	Collection methods	Adaptation for volunteer workers	Benefits for collecting related data
Workforce size	Total number of paid staff	Provider reports numbers of paid workers (head count and FTE) in a typical or reference week.	Total number of volunteer workers in a typical/reference week	Enables monitoring of overall capacity of sector - informs service planning at sectoral and organisational level. Can be tracked over time.
Staff demographics: age	Proportion of the paid workforce by age range	Provider reports based on either date of birth information from administrative records (if data is unit record form), or tally of staff numbers in age range in organisation.	Proportion of the volunteer workforce by age range	Provides evidence about the characteristics of the workforce Enables monitoring of workforce ageing. Facilitates management and tracking of emerging challenges for workforce supply. May provide guidance about proportion of workforce approaching retirement age and the need to focus on recruitment and retention of younger staff.
Staff demographics: sex	Proportion of paid workers who are female	Provider reports based on administrative records. NCSDD (AIHW, 2010) recommends use of the following categories 1 Number (or percentage) of staff who are male 2 Number (or percentage) of staff who are female 3 Number (or percentage) of staff who are intersex or indeterminate 9 Number (or percentage) for whom sex is not stated	Proportion of volunteer workers who are female	Enables monitoring/benchmarking of the gender composition of the workforce. Facilitates tracking and management of an issue (female dominated workforce) that has been connected with undervaluation of work (‘care penalties’), and inform strategies to address issue (such as recruitment directed towards men).

Staff demographics: Indigenous status	Percentage of staff who are either Aboriginal or Torres Strait Islander or both	NCSDD (AIHW, 2010) recommends self-reported data from staff, using the following question. Are you of Aboriginal or Torres Strait Islander origin? 1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Both Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated/inadequately described (an option which should be used only where the question could not be asked or where answer was refused.)	Proportion of volunteer workers who are either Aboriginal or Torres Strait Islander or both	Enables monitoring/benchmarking of workforce composition. Are ATSI workers under-represented in workforce? Identifies workers able to assist over-represented ATSI disadvantaged people within community.
Staff demographics: CALD status	Proportion of staff who speak a language other than English at home	NCSDD (AIHW, 2010) recommends organisations collect this information from staff self reports, for example, using the following question: Do you speak a language other than English at home?	Proportion of volunteer staff who speak a language other than English at home	Enables monitoring/benchmarking of workforce composition. Language data . Identifies workers able to assist CALD disadvantaged people within community.
Education and training: qualifications	Proportion of the workforce by highest level of qualification attained	NCSDD (AIHW 2010) recommends data from staff through the following question: What is the highest level of education you have achieved (in any field of study)? Options should be provided to allow mapping to the Australian Standard Classification of Education (ABS, 2001).	Proportion of volunteers by highest level of qualification attained	Enables monitoring/benchmarking of educational characteristics of labour force. Indicates overall skill levels, so provides insight into workforce capacity and future development and/or training needs.
Education and training: undertaking study	Percentage of paid staff currently undertaking a course of study	Organisational level data sourced from question to staff e.g. Are you currently enrolled in a course of study? 1 Yes	Not applicable	Enables monitoring/benchmarking of educational characteristics of labour force. Provides information on skill development among paid staff. Not immediately relevant for volunteers.

		2 No 9 Not stated/inadequately described		
Employment type	Proportion of staff employed on a permanent, fixed term or casual basis	Data sourced from administrative records: numbers and proportion of paid staff employed on a permanent, fixed term contract or casual basis. Can be collected on the basis of head count and/or FTE.	Not applicable	Informs knowledge of labour force characteristics, expectations of likely staff continuity, and basic leave entitlements
Employment type: full time status	Proportion of staff who are employed full time	Data sourced from administrative records. Definition of full time work, as per the NCSDD (AIHW, 2010) should be 35 hours or more in a usual week or a reference week.	Not applicable	Important information on labour force characteristics.
Skill shortage	Proportion of organisations with a current vacancy	Data sourced from organisation's reports as to whether they have a current vacancy, for example, "Does your agency have any positions which are currently vacant?"	Not applicable	Informs knowledge of possible skill shortages (particularly in combination with related indicators outlined in chapter four). Skill shortages will have implications for the capacity of the sector to deliver quality services. Note that this indicator may be volatile, and vary according to region.

We further recommend that the data is collected annually from funded organisations. Some of the indicators listed, such as the proportion of organisations with a vacancy, may be fairly volatile, and can be expected to vary year by year and in different geographic locations. While other indicators, such as the proportion who are female, may be less volatile, each could be expected to change over the medium term.

Together, these indicators will collect data that is able to be disaggregated across multiple variables (e.g. regional and metropolitan service providers; multiple and single funded organisations), and comparable to other data collection initiatives. By focusing on total numbers and proportions of staff within organisations, the indicators collect data at the level of the organisation, rather than from individual workers. This facilitates ease of collection.

Prioritising data items which are most practical for organisations to easily report, however, has some limitations. Some information which would be helpful for the purposes of workforce planning will not be practical to collect. Data on wage rates, for example, would be challenging to collect as a core indicator, because of the diversity and complexity of industrial arrangements and wage rates. Moreover, the information is only useful if connected information is also collected on service specifications, job roles and industrial arrangements. We believe that the collection of such data would not be reliable, or contribute meaningfully to workforce planning and development, if collected at the organisational level as a core indicator. To this end, we recommend that information about wage rates and industrial arrangements be collected within an individual staff survey described in the supplementary indicators section below.

The following section outlines likely implementation processes and related considerations.

6.3 Developing workforce indicator processes

As well as selecting actual data items, developing indicator systems requires decisions about broader questions related to the scope and structure of data collection, implementation, and reporting processes.

Firstly, it is important to consider the nature of service provider organisations that are often funded by multiple government agencies, across local, state and federal jurisdictions. While funded agencies can be held directly accountable only for the use of program funds, it would be extremely challenging to monitor only that part of the workforce employed to deliver services funded with departmental money. Rather, and on the basis that government can play a leadership role in developing workforce capacity and sustainability, it is likely to be more helpful to monitor trends across whole organisations or more broadly, across the sector, and not just among workers directly funded by specific departmental money.

Further issues relate to the data collection process, whether reporting should be mandatory or voluntary for organisations, or which indicators should be compulsory and voluntary. Key workforce trends should be monitored in national data collections. National agreements, such as the HACC MDS and Disability MDS, could be extended to include mandatory reporting of workforce information, alongside the client information currently required.

The implications of transferring worker information to government agencies through organisations may raise further issues, several of which were identified in the interviews discussed in Chapter 5. As funding agencies have a direct relationship with organisations but not with staff in these organisations, the most straightforward way to collect workforce information would be from organisations. However, many data items which would be reported by organisations need to come originally from individual staff, for example from the administrative records created when a new worker commences work, or in a staff questionnaire. Given Australian privacy laws, it is likely that organisations will be required to notify workers that some of the personal data that they provide may be shared with funding agencies in a de-identified format.

As identified in the literature review and interviews, further moves toward direct funding to individuals, who are then able to directly employ workers themselves, will present real challenges for collecting workforce data. Consideration should be given to requiring these individuals, as employers, to fulfil basic reporting requirements. As such, employment may be by private sector organisations, non-government organisations, the public sector, and private individuals, and this information will need to be captured so that differences in workforce composition between each employer type can be monitored. The indicators recommended above are capable of disaggregation by employer type.

It is also important to consider practical issues relating to timing of any data collection and reporting. Funding agencies may wish to select a date that coincides with other reporting obligations, for example the end of the financial year. However, if programs wind down at the end of the financial year this may give a misleading view of the workforce. In addition, organisations may find it easier to comply with reporting obligations if they are spread more evenly throughout the year. We have identified indicators which will usefully show trends over time and so we recommend the annual collection of core indicators from all funded organisations within an established time period.

Finally, there is likely to be a need for resources, such as one-off additional funding, to assist with the collection of information in a consistent, standardised way within organisations and across organisations. The interviews highlighted that while organisations are capable of providing data to government, additional organisational resources may be required to ensure that organisational data systems collect the required information in a standardised format, and that electronic data is reconciled with paper based data kept within personnel files.

6.4 Supplementary indicators

The core indicators recommended above are to be collected at the organisational level and in relation to paid staff only. However, further valuable information for workforce development and planning, may be more appropriately collected through a less frequent survey of sectoral staff. Such a survey may be administered to all paid and unpaid staff in funded agencies, or a sample, on a voluntary basis. The interviews provided little guidance on how frequently staff surveys could be conducted, however, given the rapid pace of reforms implemented as a result of *Stronger Together* (NSW Government, 2010) it is likely that more frequent information may be

desired by both sectoral stakeholders and government. We suggest that the frequency of data collection be included as an issue for consultation with sectoral stakeholders.

We now return to the menu of possible indicators proposed in Chapter Four to suggest a set of supplementary indicators that may comprise a survey of individual staff. The list is narrower than the list of possible indicators outlined in Chapter Four but would give more comprehensive information than the core indicators which we recommend be collected from funded organisations. It would also comprise a core source of data on the volunteer workforce, and its changing composition and dynamic.

Demographics

Age

1. Age of worker (range options)

Sex

2. Sex of worker

ATSI status

3. Aboriginal or Torres Strait Islander or both.

CALD

4. Language other than English spoken at home
5. Country of birth

Education and training

6. Field of study of highest qualification attained
7. Years since awarded highest qualification
8. Years since awarded most recent qualification
9. Currently undertaking a course of study
10. Qualifications currently being undertaken by Level
11. Qualification currently being undertaken by field of study
12. Whether current course of study is in an employment related field

Employment characteristics

13. Employed on a permanent, fixed term or casual basis
14. Employed full time or part time
15. Hours worked
16. Key occupations / job role
17. Hourly pay rate (distribution)
18. Percentage paid according to an industrial Award only (ie with no above-award payment)

Staff retention

19. Average length of employment in current service (total years)
20. Average length of employment in industry sector (total years)
21. Expecting to be with employer in 12 months
22. Expecting to be in the same industry in 3 years
23. Satisfaction with key job dimensions such as job security, the work itself, work-life balance, hours, total pay, and overall job satisfaction (eg scale of 0 to 10)

Labour dynamics

24. Source of recruitment
25. Main reason for leaving
26. Destination after leaving

7 Conclusion

This project has highlighted a clear need for improvement in workforce data collection and management within ageing, disability and home care services. This finding is consistent with a number of key reports (Martin & Healy, 2010; Productivity Commission, 2011) that have shown that current sources of workforce information have produced an inconsistent and fragmentary picture. No existing data source provides an accurate and comprehensive profile of the workforce, and consequently workforce planning has been limited. Moreover, multiple reports have highlighted workforce challenges and constraints that could be better managed with improved data systems. The increased usage of direct funding models; the potential for clients to directly determine staff activities and even employ their own staff; and the potential broadening of the service provider market are emerging issues that are likely to significantly impact on the workforce. This project is an acknowledgement of the need for an improved evidence base to inform complex workforce planning and sectoral development – and offers an opportunity for government and NGOs to work in partnership to help monitor and strategically manage associated changes. As indicated throughout this report, this evidence base will provide multiple benefits for government and NGOs.

Informed by project findings, we have nominated core indicators that could form a Minimum Data Set (MDS) for the collection of workforce information within the field of ageing, disability and home care, and have outlined data collection processes, and likely implementation issues.

The model of workforce data collection recommended herein is a mixed method approach which consists of:

- the annual collection of data from funded organisations, gathering data about workforce size, worker demographics, education and training, employment characteristics and skill shortage; and

- a less frequent but more detailed voluntary survey of individual staff (paid and unpaid) within funded organisations.

These exercises can supplement existing national data sources, which capture trends in the wider community service sector and not solely in ADHC funded agencies. As indicated in the literature review, the proposed indicators are primarily standard measures, used in other workforce data sets. The core and supplementary indicators have been drawn from the menu of possible indicators outlined in Chapter Four. As data requirements change in the future, this menu provides a list of options that can be considered for inclusion.

CORE INDICATORS

Workforce size

1. Total number of paid staff in a typical/reference week

Demographics

Age

2. Proportion of the paid workforce by age range (for example, the proportion aged 55 and over)

Sex

3. Proportion of paid workers who are female

ATSI status

4. Percentage of staff who are either Aboriginal or Torres Strait Islander or both.

CALD

5. Percentage of staff who speak a language other than English at home

Education and training

6. Proportion of the workforce by highest level of qualification attained
7. Percentage currently undertaking a course of study

Employment characteristics

8. Proportion of staff employed on a permanent, fixed term or casual basis
9. Proportion of staff who are employed full time

Skill shortages

10. Proportion of organisations with a current vacancy

Identification of the core indicators was assisted by the development of key criteria which consider existing organisational data sources and prioritise the collection of reliable and meaningful data. Further, in recommending the core set of indicators we have considered the capacity of organisations to provide complex wage and award information in useful and reliable formats. We concluded that mean wage and hourly rate information is not useful unless we also collect data on service specifications, job roles, and industrial arrangements. We believe that this information is best collected at the individual worker level and so have included measures of pay and award coverage within the set of supplementary indicators.

The supplementary indicators similarly gather information relating to workforce size, worker demographics, education and training, employment characteristics, and skill shortages, however, at the individual worker level more detailed information is collected. Moreover, the supplementary indicators also collect data on labour market issues such as staff satisfaction, retention, and labour dynamics. The supplementary indicators will facilitate comprehensive monitoring of sectoral challenges and the evaluation of strategies employed to address them.

SUPPLEMENTARY INDICATORS

Demographics

Age

1. Age of worker (range options)

Sex

2. Sex of worker

ATSI status

3. Aboriginal or Torres Strait Islander or both.

CALD

4. Language other than English spoken at home
5. Country of birth

Education and training

6. Field of study of highest qualification attained
7. Years since awarded highest qualification
8. Years since awarded most recent qualification
9. Currently undertaking a course of study
10. Qualifications currently being undertaken by Level
11. Qualification currently being undertaken by field of study
12. Whether current course of study is in an employment related field

Employment characteristics

13. Employed on a permanent, fixed term or casual basis
14. Employed full time or part time
15. Hours worked
16. Key occupations / job role
17. Hourly pay rate (distribution)
18. Percentage paid according to an industrial Award only (ie with no above-award payment)

Staff retention

19. Average length of employment in current service (total years)
20. Average length of employment in industry sector (total years)
21. Expecting to be with employer in 12 months
22. Expecting to be in the same industry in 3 years
23. Satisfaction with key job dimensions such as job security, the work itself, work-life balance, hours, total pay, and overall job satisfaction (eg scale of 0 to 10)

Labour dynamics

24. Source of recruitment
25. Main reason for leaving
26. Destination after leaving

7.1 Next steps

Implementing the recommended indicators will require commitment from ADHC and from funded organisations. ADHC's commitment to a partnership approach to sectoral planning and development is evidenced in *Stronger Together* (NSW Government, 2010) which outlines a vision for improved and expanded services as

well as the need for greater research to support planning. The enactment of this vision rests upon collaborative relationships between government, NGOs and individual service users who together are setting the direction of policy implementation. There is no doubt that this policy poses many challenges to NGOs, not the least of which are related to the workforce. However, this project offers NGOs a way to monitor and manage workforce challenges, and to embrace a strategic approach to sustainable service provision.

NGOs are on the path to embracing this approach. It was made clear during interviews that participant organisations recognised the need for improvement in their own data systems and the regular collection of workforce data to inform sectoral planning. However, they spoke of two requests for ADHC:

- That governmental use of the collected data be made evident to funded organisations and sectoral stakeholders; and

- That funded organisations and other sectoral stakeholders be able to access sector-wide data in a way that enables them to similarly engage in planning and development activities. Support to use any data made available is likely to be required.

These requests relate to maximising the value and usefulness of the data collected and so are similarly supported by the researchers. The proposed model of core and supplementary indicators aims to gather data that will be useful at a strategic and operational level. However, to ensure that the collected data can enhance decision making and planning for organisations, as well as governmental policy making, consideration should be given to how and in what format, service provider and other stakeholder organisations will be able to access raw or analysed workforce data.

To assist in the resolution of these and other issues, we recommend that ADHC initiate and lead a comprehensive process of consultation with sectoral peak bodies and funded organisations about the workforce indicators framework proposed herein. This would provide organisations with an opportunity to respond to proposed indicators, and to work with ADHC to collaboratively resolve implementation issues such as how workforce indicators can be integrated with existing compliance data collections. As well as finalising specific indicators, the consultation process should focus on discussing why data collection is necessary, what supports for data collection may be required for agencies requiring assistance, what may happen to the collected data, how it may be shared with sectoral stakeholders, and how it may be used to inform workforce planning. This latter issue is important as qualitative data findings suggest that strategic use of workforce data is limited within organisations. By taking a leadership role in disseminating an effective model that draws upon data for long term workforce planning, ADHC will help to build the capacity of partner organisations to use data for strategic as well as operational purposes.

A suggested outcome of the consultation process is an agreed implementation plan which could outline a timeline, data privacy, sharing, dissemination, and sectoral communication strategies or protocols, and information on where and how funded organisations could access help if required. In addition, this plan could include consideration of additional supports that could be provided to service provider organisations to assist with policy implementation if required.

For government, service provider organisations, and other sectoral stakeholders, the implementation of the workforce indicators framework outlined herein would represent a significant step in building a solid evidence base upon which workforce planning, resource allocation and policy decisions can be made – a specified goal within the 'NSW Disability Services Sector, Directions for Industry Development' (National Disability Services, 2010). The effectiveness of this workforce indicators framework rests upon leadership, and we suggest that following a period of consultation, the government, in partnership with sectoral peak bodies, take the principal role in communicating and advocating the proposal to provider organisations, and providing required supports. It is equally important that funded organisations embrace any development in workforce information as an opportunity to enhance and sustain their operations, and improve services for clients.

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Appendix A

Revised Interview Schedules

Questions for representatives in funded organisations

About your organisation

- What does your organisation do?

- What is your role within the organisation?

- Which government agencies fund your organisation to provide services?

About your reporting requirements generally

- What can you tell me about the information you are required to report to funding agencies? What information do you report about your own organisation to funding agencies?

- How do you report information to funding agencies? (e.g. what software do you use? How is information submitted? How often are you required to submit information to funding agencies?

Information that might be collected and reported about your staff

- Are you required to collect and report any information about staff or volunteers in your organisation? What kind of information? Where does the information come from (eg payroll info, staff or volunteer surveys)? In what format do you send information/data to funding agencies? How is the information/data sent? What does this information get used for? How often are you required to report information? What do you think of this process?

- (If you provide information to more than one funding agency) is the data required and process for sending the same for all funding agencies? If not, what does this mean for you and your organisation?

About the workforce information that your organisation uses for internal purposes

- What information does your organisation collect about your staff and volunteers for internal purposes (not for the purposes of reporting to funders)? How does this information get used? (e.g. planning training initiatives, recruitment needs etc). Where does this information come from (eg payroll info, staff surveys)? What do you think of this process?

- If you do not collect any information about your current workforce, why not? What assistance would you require to help you collect workforce information?

- Can you think of any information about staff and volunteers that you are not currently collecting that may be helpful for your organisation? How could you use this information?

Questions that will help in designing future workforce indicators

- Does your organisation plan to make any changes to the collection of workforce information to address challenges that may be associated with the introduction of person centred care.

- What kind of information do you think is important for government agencies to collect about staff and volunteers in the organisations they fund?

- What are the issues you think government agencies should consider in designing workforce indicators for community partners?

- Do you have any concerns about the collection of workforce data by funding agencies?

- Is there anything else you would like to say about the issue?

Questions for representatives of peak bodies

About your organisation

- What does your organisation do?
- What is your role within the organisation?
- How is your organisation funded?

About NGOs reporting requirements generally

- Thinking about the NGOs that you represent, what can you tell me about the information they are required to report to funding agencies?
- What information are NGOs required to report to government about their own organisations?

Information that might be collected and reported about NGO staff.

- Are member organisations required to collect and report any information about their staff or volunteers? What kind of information? Where does the information come from (eg payroll info, staff surveys)? What does this information get used for? What do you think of this requirement?

About the workforce information member organisations use for internal purposes

- What kind of information do your member organisations collect about their staff or volunteers for internal purposes? Is this different to information that is collected for funders? What does this get used for? Where does this information come from (eg payroll info, staff surveys)? What do you think of this process?
- What other information would help the organisations you represent to plan and manage their workforce? What information would help these organisations manage the possible workforce challenges associated with the introduction of person centred care?

Questions that will help in designing future workforce indicators

- What kind of information do you think is important for government agencies to collect about staff and volunteers in your member organisations?
- What are the issues you think government agencies should consider in designing workforce indicators for community partners?
- In what format and how regularly do you think workforce data should be collected from your member organisations?
- Do you have any concerns about the collection of workforce data by funding agencies?
- Is there anything else you would like to say about the issue?

Questions for representatives of data agencies/advisory organisations (ABS, CSHISC, AIHW, PC, CDSMAC)

About your organisation and role

- What does your organisation do?

- What is your role within the organisation?

About community services data collections

- What kind of information does your organisation collect or monitor about community services? About the community service workforce? About the NGO workforce? Where does this information come from? What does it get used for?

About information in the ADHC field specifically

- What kind of information does your organisation collect or monitor about the NGO workforce in the disability field? In ageing and home care? Where does this information come from? What does it get used for?

Information gaps

- Through your work with data sets, have you identified any gaps in the information collected about the NGO workforce in community services? How could these gaps be filled?

The future of workforce information in community services

- What do you think is the future of workforce information in community services? In the disability, ageing and home care field in particular?

- What practical and strategic issues should government agencies consider as they design workforce indicators for NGOs?

- Is there anything else you would like to say about the issue?

Questions for representatives of government funding agencies

About your agency

- What does your agency do?

- What is your role within the agency?

About funding agency data collection

- What kind of information does your agency collect from funded organisations?

- What are the practical and strategic issues you consider as you design reporting requirements from funded organisations?

- What workforce data do you currently collect from the organisations that you fund? How are these data requirements determined? (e.g. how is it decided what information will be collected?). Do you consider the information requirements of other human service agencies?

- How is collected data received and stored? What is collected data used for?

Information gaps

- Have you identified any gaps in the information collected from funded organisations that may be helpful in informing workforce planning?

The future of workforce information in community services

- What do you think is the future of workforce information in community services?

- Is there anything else you would like to say about the issue?

Appendix B

Workforce MDS Project

Coding framework for all interview data

Organisation	Respondent's role	ORG-RES	Information on respondent's role within organisation
	About the organisation	ORG-ROLE	Information on what the organisation does
	Funding agencies	ORG-FUND	Information on which government agencies fund organisation and how organisation is funded.
Reporting	Reporting requirements	REP-REQUIRE	Information on data organisations are currently required to report to funding agencies
	Reporting process	REP-PROCESS	Information related to how data is submitted (e.g. what software, how often etc.)
Workforce data	Workforce data collected	WDATA-CURRENT	Information on current workforce data collected and/or reported on staff or volunteers within organisation
	Workforce data source	WDATA-SOURCE	Information on where workforce data comes from e.g. payroll info, staff survey etc.
	Workforce data process	WDATA-PROCESS	Information on what is done with workforce data currently collected e.g. if sent to funding agencies, how sent? How is info used? etc
	Internal use	WDATA-INTERNAL	Information on data collected by organisation on staff or volunteers for internal purposes including what data is collected (not for compliance)? how data is used, where info comes

			from (e.g. payroll or staff survey) and thoughts about the process, and is this data different from that collected for funding agencies.
	Assistance required	WDATA-ASSIST	Information about assistance that organisations may require to collect workforce information.
	Recommended indicators	WDATA-RECOMMEND	Information on indicators that respondents feel would be helpful for their organisation and/or sector development and workforce planning (e.g. any identified gaps), and the use for this information.
	Recommended frequency	WDATA-FREQUENCY	Information on how frequent respondents feel that data should be collected from organisations.
	Changes considered	WDATA-CHANGE	Information on any proposed changes in collection of workforce data to address challenges such as introduction of person centred care.
	Important for funders	WDATA-FUNDERS	Information on data organisations consider is important for government agencies to collect from NGO partners.
	Issues for consideration	WDATA-ISSUES	Information on issues that government agencies should consider regarding the planned collection of workforce data.
	Miscellaneous	WDATA-MISC	Any miscellaneous information on workforce data.

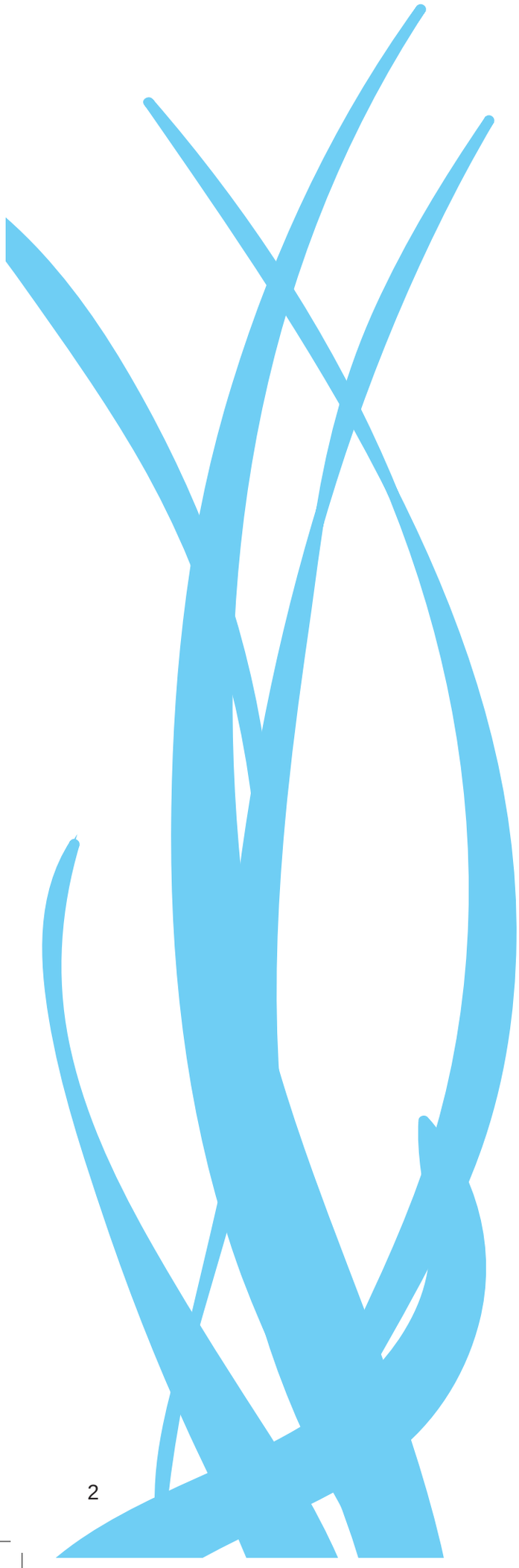
workforceunit
voluntary sector social services workforce unit

Personalisation and its implications for work and employment in the voluntary sector

Dr Ian Cunningham and Professor Dennis Nickson
Scottish Centre for Employment Research
Strathclyde Business School
University of Strathclyde

Scottish Centre for Employment Research

University of Strathclyde Business School



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The Voluntary Sector Social Services Workforce Unit supports and promotes the development of the sector's workforce in Scotland through a range of information products, an enquiry service, events, research, networks and by influencing the national workforce agenda. The Unit is hosted by Community Care Providers Scotland in collaboration with the Scottish Social Services Council (SSSC). It is funded by the Scottish Government.

The Scottish Centre for Employment Research is part of the Department of Human Resource Management, University of Strathclyde Business School. It produces high quality academic research on work and employment that is intended to be useful to policy-makers and practitioners in the public, private and voluntary sectors.

About the Authors
Dr Ian Cunningham is a Reader in the Department of Human Resource Management, University of Strathclyde, Glasgow.
Dr Dennis Nickson is Professor of Service Work and Employment and Head of Department in the Department of Human Resource Management, University of Strathclyde, Glasgow.

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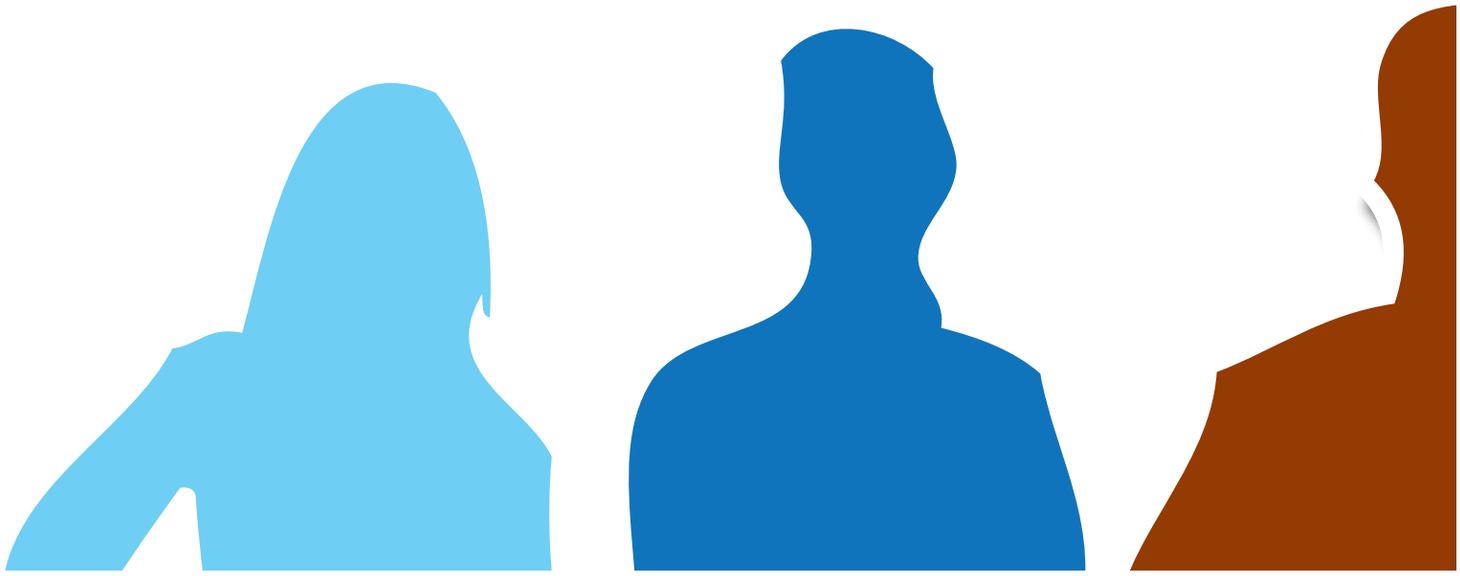


Executive Summary

This report assesses the impact of personalisation on social care, particularly focussing on implications for the workforce. Personalisation is often presented as being transformative in the manner in which it empowers both people who use services and employees. The report considers the latter aspect in particular by assessing some of the workforce implications of personalisation. It reports research drawn from policymakers and three voluntary organisations, with interviews with managers, employees and people who use services.

The main findings from the research are:

- Policymakers were enthusiastic about the potential benefits of personalisation with regard to the opportunities for the independence of people who receive services and enhancement of workforce skills.
- Policymakers feared the impact of public spending cuts and recognised the cultural and operational barriers within local authorities to the implementation of personalisation.
- Policymakers were enthusiastic about the role of the voluntary sector and its workforce in terms of its contribution to delivering personalised services, whilst recognising concerns about skills gaps among employees and the impact of deteriorating terms and conditions of employment on worker morale.
- Management in the three organisations largely embraced the principles of personalisation, whilst also recognising the pressure from local authorities to use the personalisation agenda to cut costs.
- Employees in the main understood the principles of personalisation but revealed limited awareness of the implications for the changes in service budgets.
- Organisations were changing their approach to staff recruitment in order to develop a better fit between the interests of people receiving services and employees delivering them.
- Management anticipated significant changes to the working hours of employees providing personalised services, which was met with a degree of anxiety among some employees.
- Management recognised the need to address skills gaps among employees in areas such as risk enablement, decision-making and community connecting.
- Employees generally welcomed the potential enhancement of their skills through personalisation.
- Job security concerns were apparent among the majority of front-line employees as a consequence of personalisation.
- Organisations were balancing the move towards risk enablement and cutting costs with the need to protect service user and worker health and safety, particularly in relation to managing challenging behavior.
- Personalisation brings with it the potential to fragment pay and conditions away from collective terms towards linking them more closely to the value of individual service budgets.
- People who receive services revealed limited awareness of changes to service budgets, their choices over the service provider, choices over who provides their services and there was limited evidence of empowerment and greater choice.

Introduction

The principles of personalisation are consistently described as central to the future transformation of social care. They represent 'one of the most significant reforms to the welfare state for decades'[1], with potentially far-reaching consequences for voluntary sector organisations. For those working in social care personalisation has equally far reaching consequences with major implications for the workforce. To date, much of the research on workforce issues has tended to focus primarily on social workers. There has been limited research on the experiences of other front line workers and people who use services, especially in voluntary organisations. These issues are the focus of this report. Its objectives are to:

- Identify the functions, skills and behaviours required of workers in order to deliver personalised services.
- Investigate the extent to which the voluntary sector workforce currently exhibits these functions, skills and behaviours.
- Explore the extent to which HR policies and practices, job functions and working practices change as a consequence of personalisation.
- Assess the likely impact on terms and conditions of employment
- Identify what learning is effective when applied in the specific practice of personalised services and whether additional learning is required.

The report is divided into five sections.

Section 1 – Personalisation and its impacts on the workforce presents an overview of personalisation and workforce issues. It firstly outlines the principles of personalisation and how it is operationalised. The report then considers some of the likely employment consequences and emergent issues in terms of HR policies and practice and potential implications for terms and conditions of employment.

Section 2 – The Research presents the approach to data gathering for the report, which encompasses policymakers and case studies in three voluntary organisations, with interviews with managers, employees and people who use services.

Section 3 – Different approaches to personalisation presents a description of the overall approaches to personalisation in the three voluntary organisations.

Section 4 – From policy to practice: operationalising personalisation and its implications for the workforce presents the findings, firstly considering the view of key policymakers before examining how the three voluntary organisations are addressing emergent HR issues.

Section 5 – Conclusions and recommendations presents the implications of the findings and recommendations for policymakers and organisational leaders.

Section 1: Personalisation and its impacts on the workforce

Origins, principles and operationalisation of personalisation

Personalisation embodies notions of self-determination by people who use services rather than the prescriptive services approach where individuals are passive recipients of care. It empowers users to make their own choices about when, how and from whom they receive support. This approach is common to most developed European states, where such services have often been implemented through allowing people to hold and spend their own budgets.

Personalisation originated in the UK as a result of the Community Care (Direct Payments) Act (1996). The Act put in place means tested Direct Payments (DPs), which give people who use services control of their care budget whereby they pay the service provider of their choice directly for social care. Originally for those aged 18-65, since 2000 DPs have also been available to those over 65, carers and people with parental responsibility for disabled children and disabled 16 and 17 year olds. Across the UK the number of people receiving DPs is 58,505.[2]

In Scotland the impetus behind personalisation has a number of origins. For example, the 2006 report, *Changing Lives*, contains an underlying acceptance of the principles of personalisation, which encouraged working with providers from other sectors and building capacity to deliver such services, including that of the workforce.[3] As of 31st March 2010 there were 3,678 DP holders across all Scottish local authorities. The number of people in receipt of DPs has increased by 22 percent from 2008/9. Forty five percent of the people receiving DPs in Scotland have a physical disability; 23 percent a learning disability; the remainder are people with mental health problems and unknown client groups. The value of these payments within Scotland has increased from £2.1m in 2001 to £40.2m in 2010.[4]

The other arm of personalisation in the UK is the Individual Budgets (IBs) scheme, which builds on the experiences of DPs. Dating from 2003 IBs were first developed by the social enterprise, *in Control*. By 2005 the Government announced its support for IBs with the publication of the Green Paper, *Independence, Well-being and Choice*, with subsequent pilots from 2006 in 13 English local authorities.[5] With IBs people who use services are not compelled to be wholly responsible for managing their care, but can direct a local authority to spend the budget they have allocated to them and choose which particular agency should provide it. People who use services can also decide whether their budget is given to them in the form of cash, services or a mixture of both. These budgets can be used to stream a series of separate funding packages rather than one specific fund as under DPs.[6]

Personalisation though is not simply about funding mechanisms. Importantly it also involves alterations to everyday routine practices in care and the organisational culture of service providers. This process means commissioners, service providers and their staff, and/or personal assistants focus much more on an individualised outcomes-focused approach to provision.[7]

Though personalisation has increasingly been seen in very positive and transformative terms there are a number of emergent issues and challenges.[8]

- There are concerns personalisation will be caught up with cuts in public services, where it could be used as a mechanism to cut costs, and the implementation of personalised services themselves could be jeopardised if the provision of training of the workforce is underfunded.
- There are variations in awareness, preparedness, commitment and training of local authority purchasers to the principles of personalisation.
- There is greater complexity in managing the new levels of risk associated with personalised services.
- There are doubts regarding the appropriateness of applying the principles of personalisation equally to all vulnerable groups.

Workforce consequences for the shift to personalisation in the voluntary sector

Voluntary organisations need to ensure there is sufficient capacity within their workforce to deliver on the aspirations of personalisation. This may involve significant changes to aspects of their HR policies and practices and the type of employment relationships they develop with employees.[9] A summary of the key anticipated changes are outlined below.

Recruitment and selection

Personalisation implies alterations in recruitment and selection procedures so that advertised job roles and selection procedures include participation by people who

use services.[10] Whilst some employers already involve people who use services in recruiting for values among new staff, as more and more voluntary sector providers embrace the values of personalisation this issue will remain an on-going challenge.[11]

Changing workforce skills

In recent years, largely through the demands of funding streams such as Supporting People (SP), care work in voluntary organisations has been increasingly routinised and bureaucratised. According to its advocates, personalisation involves a 'win-win' situation between staff and people who use services where the former experience a transformation in workforce skills through greater autonomy and the latter receive a better quality of life:

> *Personalisation should motivate social care staff and social workers in particular. A personalised system needs to work for the staff as well as the clients: it is a collaboration in creating better care. That should make work more satisfying for staff as well as leaving clients happier.*[12]

The range of skills for HR to develop include: social workers increasingly involved in roles that focus on prevention; dealing with multiple agencies; personal advocacy, brokerage, counselling, risk assessment; and supporting people who use services to navigate the type of services they require. Other studies highlight the need to develop multi-skilled workers at all levels to create 'hybrid roles' where they would undertake tasks previously done by other professions concerning issues such as health, housing, leisure and employment. There is a need for agencies to enable workers to get their qualifications quickly to meet these challenges, although it is recognised that there is limited analysis of whether existing qualifications are sufficient to meet the changes.[13]

It is argued that for social workers, in particular, the personalisation agenda has the potential to re-inspire the profession into developing 'creative, person-centred roles', though this cannot happen without a change in mindset.[14] For example, social workers may have to give up some of their power and status in exchange for a better quality of work. There may also be some consequences in terms of the need to redesign their jobs, including further development of para-professionals, such as social work assistants and an expanded role for care workers. A recent evaluation of IBs found that the role of care co-ordinators and social workers has been 'turned on its head' creating a significant shift in culture for them as professionals.[15] The same evaluation also noted differing views amongst social workers and care co-ordinators on the extent to which the shift to IBs was giving them the chance to rediscover traditional social work core skills or whether their introduction had, in fact, eroded social work skills.

There are concerns in the current economic climate that cost cutting from funders will undermine the capacity of voluntary organisations to provide sufficient resources for training necessary to meet the demands on the workforce. Other concerns over training include doubts over whether there has been sufficient development of how to train workers in personalisation techniques, and what personalisation techniques are. Training gaps also exist with regard to the rationale, processes and practices of personalisation among commissioning and care managers of funding bodies.[16]

Terms and conditions of employment

The funding around personalisation raises concerns about the potential impact on terms and conditions of employment. Studies show that DPs are characterised by cost containment, with estimates of savings of 30-40 per cent for local authorities.[17] Within a context of a deteriorating financial situation 'the budgetary imperatives of coming years may accelerate moves away from widespread deployment of expensive traditional professionals towards greater roles for support staff and non-traditional staff of various kinds'.[18]

There is also a broader question concerning terms and conditions of employment. Voluntary organisations securing contracts through individual budgets may receive financial resources that are smaller than offered through conventional contracts. This means voluntary agencies, constrained by what is affordable within the contract price set by public commissioners, may have to look at either drawing additional funds from their own reserves, fundraising to supplement worker pay or offer inferior employment packages to employees providing personalised services.

Research has revealed concerns about working conditions under DPs. Aspects such as pay, pensions and reasonable working hours are pitted against demands from people who use services for flexibility, autonomy and choice.[19] Employees may also engage in unpaid care work, on top of their contractual responsibilities.

A recent survey of Unison branches in the 13 English local authorities piloting IBs found that the vast majority (90 per cent) believed that personalisation will lead to more administration, lone working, the privatisation of carers' roles and the erosion of conditions of employment. Reflecting these concerns the surveyed branches universally believed that personalisation will have a negative impact on members' job security.[20]

Worker morale and commitment

A recent Department of Health document recognised that:

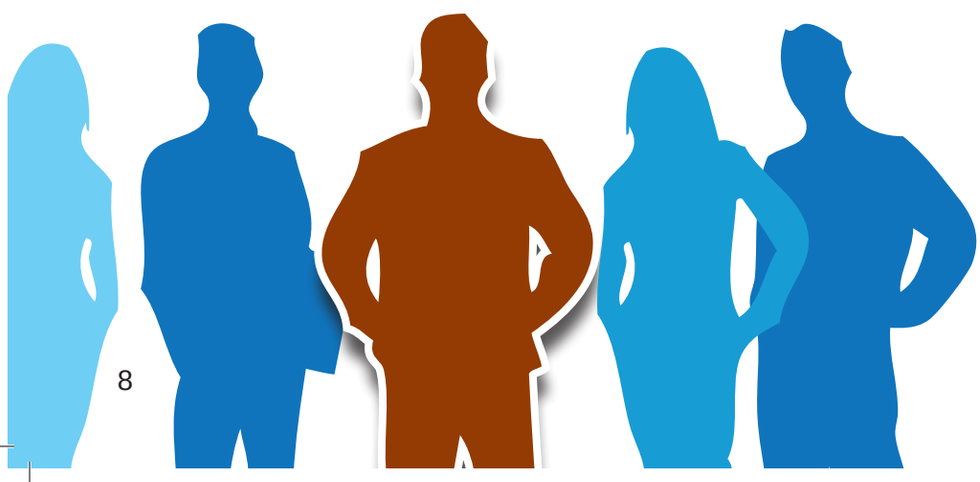
> *…in developing a more personalised approach, it is essential that frontline staff, managers and other members of the workforce recognise the value of these changes, are actively engaged in designing and developing how it happens, and have the skills to deliver it.*[21]

Research commissioned by Skills for Care found that DP holders, often employing Personal Assistants (PAs) through third sector or private agencies, expressed much higher levels of satisfaction than if the services had been supplied by local authorities. The same research also found that the vast majority (95 per cent) of PAs 'love their work', but were concerned about excessive hours and poor training.[22] There are also concerns that PAs and homecare agency staff have little access to guaranteed holidays, sick pay, pensions and collective bargaining.

Across social care and health 'there is a huge task in enabling existing staff to make a significant journey of change'.[23] This journey will lead to changes in role and job design impacting on the skills required by employees. This journey has not been made easy by some advocates of personalisation generally denigrating the current provision of social care. Worker morale will be detrimentally affected if it is perceived that all of their previous work has been misdirected.[24] Worker morale may also be undermined if they perceive that they experience more of the risks associated with personalisation. One such risk is worker health and safety. Recent court cases pertaining to the use of hoists, for example, have favoured the rights and personal dignity of people who use services as opposed to the interests of workers.[25]

Summary

The personalisation agenda has the potential, and intent, to transform the nature of social care with significant implications for voluntary organisations and their employees. Some view this process as a source of optimism while others express caution against an uncritical view. Personalisation brings major HR challenges, including the potential undermining of professionalism, particularly of social workers; the capacity of voluntary organisations to meet the training demands to transform the workforce; the potential undermining of terms and conditions of employment; the potential undermining of morale and potential dangers to worker health and safety. It is the policy and organisational responses to these challenges that the remainder of the report addresses



Section 2: The research

The research involved two stages of qualitative data gathering.

The first part consisted of interviews with four key national policymakers (subsequently referred to as Policymakers 1-4) involved in the formulation and implementation of aspects of the personalisation agenda. Interviews were designed to gain an insight into the process of implementing personalisation in Scotland; the issues regarding implementation of that agenda; and an overview of the workforce implications.

The second part of the study was based on research in three voluntary sector organisations, Oakwood, Cedar and Chestnut.[26] Each organisation was chosen on the basis of their different approaches to adopting personalisation. Table 1 provides a profile of each organisation and details of interviewees.

The choice of front line services in each organisation was dictated by whether they operated personalised services. To select the respondents in receipt of services, members of the research team consulted with each participating agency. As far as possible the selection of these respondents for interview operated on the principle of non-exclusion.[27]

Selection began with the issuing of a background letter, with consent form asking for volunteers within the relevant services. Interviewers had experience in working with people with learning disabilities and talked each potential participant through the letter highlighting issues such as confidentiality and their right to stop. Interview schedules were developed in consultation with the Scottish Consortium for Learning Disabilities (SCLD) to develop an informal interview structure to put service user participants at ease.

Table 1: Profile of case study organisations and interview respondents

	Oakwood	Cedar	Chestnut
Service Users	Learning Disabilities	Learning Disabilities	Substance abuse, mental health, learning disabilities, the homeless
Workforce	less than 250	1000+	500
Union recognition	None	Unison	Unite
Managers interviewed	3	2	5
People who use services interviewed	2	2	2
Employees interviewed	4	6	5
Total Interviews	9	10	12

Section 3: Different approaches to personalisation

This section briefly describes the overall approach to personalisation adopted by the three voluntary sector organisations.

Oakwood - A step ahead of the pack

Management at Oakwood enthusiastically embraced personalisation believing its principles matched the organisation's ethos and values, described as:

> *Helping people get a life and not a service … We also wouldn't exclude anybody … Very much about a bespoke, tailored arrangement around each person (Chief Executive).*

Oakwood operated a relatively unique approach to its contracting with local authorities that mimicked the dynamics of IBs, and rejected providing services based on an hourly rate, or block contracts. It pioneered the Individual Service Fund approach in Scotland. Budgets were decided on individual circumstances, accounting for issues such as challenging behaviour, staff training and level of need and after some negotiation, local authorities were then invoiced for an amount per person. The organisation retained a proportion (10 per cent) of each budget to fund emergency provision in case of illness among people who use services and staff.

To encourage independence, Oakwood then embarked on a gradual and tailored programme of unpicking the often 24/7 care packages provided for people.

> *For each individual what you are doing constantly is looking at where they are in terms of taking control of their lives, or who else could be helping them do that (Chief Executive).*

At the same time there was recognition that full independence for all users of services from Oakwood was not possible as some had no family and lacked the capacity to become full employers of PAs.

Despite this approach, management felt that the organisation had some way to go before it achieved fully personalised services. It had in the previous six months appointed a Development Lead to '*think again about personalisation*' (Development Lead) and to attempt to move people who used their services into areas such as employment and developing community connections. Oakwood was also building links through exchanges, guest speakers and trainers with a North American organisation that was seen as a pioneer of personalisation. More recently people with DPs had started coming to Oakwood for the first time; now DPs fund three of its fifty individual services covering eight staff. This move to DPs was viewed positively given that these services were funded more creatively than Oakwood's traditional contracts.

Cedar - A logical and gradual evolution in practice

Cedar provided services to people with learning disabilities. Three years previously, management had identified the then emerging interest in personalised services as the future direction for social services. As a consequence, Cedar recruited a 'personalisation consultant' to analyse what was needed to develop its services and subsequently developed two new senior posts to lead on personalisation. This has been followed by a number of road show events such as conferences and workshops involving people who use services, carers and relatives, local authorities, other voluntary sector organisations and front line staff.

Management identified the personalisation programme as '*the next part of the evolution*' (Head of Personalisation) of a three stage development of its services, these being:

- Phase 1 - supporting people in group homes.
- Phase 2 - facilitating individual tenancies.
- Phase 3 - personalisation and the creation of an environment for greater independence and as close a normal life as possible for people who use services.

For Phase 3, management had established several pilot projects involving eight clients and was anticipating rapid change over the next five years, as one of its main funders was indicating that DPs would be the default option for new service users.

It was also beginning to develop Independent Service Funds where local authorities would be invoiced on behalf of people who use services and the money could only be used for that individual. Cedar would manage the money, but the resource was provided not only for the payment of support, but also to purchase other things according to the individual's choice. It had also established several working and planning groups on personalisation that were management-led, but also included support worker representatives to provide a voice for front line staff.

Chestnut - A tentative return to the past

Chestnut provided services to a wide range of people requiring support including housing support to adults with mental health, alcohol and substance abuse issues. Management expressed a cautious welcome to personalisation as they had concerns over the appropriateness of its principles to certain of their client groups. It was involved in a number of pilot programmes with one of its main funders to provide more individualised budgets to 50 of its 900 service users. Here, the funder was reportedly quite directive in its requirements.

> *It's all based on the personalisation agenda, about outcomes for people, about self directed support, about using terms like 'the people we work for', rather than service users. Changing all the documentation we've got in place reflects that practice (Learning and Development Manager).*

This approach was viewed as a dramatic change compared to the previous situation under the SP funding stream, where there was a strong emphasis on recording hard, reportable tasks related to housing support. In contrast the new regime placed more emphasis on involving people who use services in discussing various qualitative outcomes designed to improve their lives.

> *This is about people being in control, people having support the way they want to be supported with outcomes and achieving goals and moving on. So it can only be a positive thing (Service Manager).*

Respondents felt personalisation was seen as a return to some of the principles of care provided by them pre-SP. To support the change Chestnut created a sub-committee charged with exploring the organisational implications of personalisation. It was also developing a participation strategy for people who use services, and continued funding the role of Learning and Development Manager.

Section 4: From policy to practice: operationalising personalisation and its implications for the workforce

Personalisation - the policymakers perspective

The policymakers interviewed for this report were passionate advocates of personalisation, but also revealed concerns regarding its implementation; the primary concern being how far personalisation would be associated with cuts in public services.

> *It could save money actually … and there'll be more of an impetus behind it … what worries me is that it becomes a way of saving money, rather than a way of providing best service (Policymaker 3).*

Respondents linked these fears to specific problems with the current commissioning environment, including:

- Poor engagement with people who use services during commissioning and re-tendering exercises.
- The dominance of finance specialists rather than social work specialists in making commissioning and re-tendering decisions.
- Short-term contracts for providers inhibiting the building of relationships with people who use services.

Concerns were also expressed regarding the culture and practices of local authority commissioners that might hinder personalisation, specifically:

- The commitment and training of local authority purchasers in the principles of personalisation.
- The allocation of services based on blocks of hours irrespective of the individual needs of people who use services.
- A reluctance among commissioners to take risks/give up power.
- Funders being wedded to 'hard objectives', rather than 'softer' lifestyle changes associated with personalised services.
- Accepting DPs as a default position to implement personalisation rather than consider other options.
- A disconnection between health and social care professionals.

The role of the voluntary sector

Policymakers were positive about the voluntary sector's contribution to personalisation, noting a number of advantages over public and private providers. Specifically:

- An approach to people who use services that was based on 'whole life', rather than narrow and time limited interventions.
- Stronger participation and consultation mechanisms for people who use services.
- Strength in service delivery in the sub-sectors of children and young people and those with learning disabilities.
- The possession of a more flexible workforce.
- Fewer bureaucratic constraints compared to the public sector.

To maintain this competitive advantage, it was felt voluntary organisations had to continue to evolve. Ideas included voluntary organisations moving to a model of provision that resembled retail outlets that marketed and sold themselves to a multitude of individual service users rather than to local authorities. Several respondents described this as a move to a '*just-in-time*' approach to care, where providers moved away from delivering uniform services, to a situation where they would '*fade in and out of peoples lives*' as and when needed (Policymaker 2).

Policymakers also confirmed the potential benefits for the workforce from personalisation through greater task empowerment. This empowerment would vary, however, because of the variety of need between and within the vulnerable groups served by the sector. It was also hoped that this change in the organisation of care work would be accompanied by a degree of workforce re-skilling, supported by adequate training and development, a more rigorous approach to continuous professional development and adequate supervision.

A key problem, however, remained the resourcing of training and development in the current financial climate.

> *Training and development - it's one of the things that get cut … If you don't invest in the workforce you are going to hit a wall and can't actually do certain things. Or, we have done things so badly that we are going to have to have a big recovery programme (Policymaker 1).*

This issue was of particular concern because the policymakers felt there was a need for more training as parts of the workforce were reportedly reluctant to accept more task empowerment with the associated risks and 'let go' areas of control. This situation stemmed from workers' innate desire to protect people who use services and concerns over the degree of accountability and security as employees/carers if something went wrong.

> *I think it's difficult for people who have had to learn the bureaucratic process and now are being told, 'that's just out, that's out the door now, you have to do something different' ... I think there is something about more autonomy and taking that autonomy and rising to it and not being frightened of it … and there will be big training issues (Policymaker 3).*

Other HR/workforce concerns raised by the policymakers included:

- The possible development of a two-tier workforce with regard to pay and conditions, with specialist multi-skilled employees benefiting, but others caught in a 'race to the bottom'.
- More unsocial hours working.
- Job security issues once staff support an individual to live more or less independently, or a clash of personalities emerges.

Policymaker 2 linked the above issue to the development of '*just-in-time*' care, where the sector's employment relationships would be built around a casualised workforce responding to fluctuations in demand for services leading to compromises over issues such as training and service quality.

> *I could see a scenario where we end up with a casualised workforce in social care if it is just-in-time purchasing, which is not the best way of delivering a skilled, competent, qualified, rewarded workforce … the SVQ stuff is ok, but it doesn't work so well if you've got a part-time or casualised workforce … a disproportionate amount of money would have to be spent on someone who's on a zero-hours contract to actually get them qualified. So there are tensions at the moment towards personalisation generally, this push towards casualisation, undermining skills development and the resources that you have to put into it (Policymaker 2).*

Overall, policymakers did not see the tensions within personalisation between the aspirations of people who use services and workforce issues as a strict 'win-lose' scenario, where gains by the former automatically impinge on the employment rights of the latter. Rather, they recognised the need to balance the interests of both parties in difficult financial circumstances.

Voluntary sector employment and personalisation

This section of the report considers how voluntary organisations are responding to the workforce challenges of personalisation.

Accepting the vision of personalisation - management and employee views

Managers were well aware of the principles of personalisation, which they broadly agreed with. They were also realistic though about how local authorities would link it to cuts in public services, to the possible detriment of its emancipatory aspects. Management in Oakwood, for example, reported how one of its key funders was asking for 7.5 per cent savings for the current financial year. Similarly, a senior manager from Chestnut described how one of their main local authority funders had:

> *Been very upfront about that they want to reduce service costs and part of doing that will be the implementation of Changing Lives and the personalisation part of it.*

Managers also confirmed the lack of training of local authority care managers in the principles of personalisation. In Chestnut, managers reported how within the local authority that was advocating personalisation, there was a clear strategy from the top of the organisation, but it had not filtered down to care managers. The care managers remained risk averse and operated under the old systems of bureaucracy, monitoring and auditing of the SP funding stream.

With the exception of one or two employees, most respondents had little or no understanding of the changes to service budgets under personalisation. After some initial prompting from interviewers employees exhibited more understanding of the principles of personalisation in terms of its impact on the day-to-day provision of services. Employees in Cedar, for example, appeared well versed in the language and ethos of customer service:

> *They're the customer and we're a retailer and they can pick and choose what they like so they're getting what they want (Support Worker, Cedar).*

The awareness of the link between personalisation and cost cutting was not limited to managers, however.

> *It's a cost cutting exercise as far as the councils are concerned but I think it's up to us to put a positive slant on that because it is giving the guys absolute control over the things they want in their lives (Support Worker, Cedar).*

Overall employees felt that the achievement of cost savings, while inevitable, had to be undertaken gradually and in line with the progress of the person using the service towards independence.

Employment implications

Each organisation reported significant changes to their HR policies and practices through personalisation. The following sections provide an overview of these changes, along with employee reactions.

Recruitment and selection

From inception, Oakwood have recruited staff around the person with a rigorous matching process and with full involvement of the person to be supported. Oakwood have also established a focus group to train people supported in interviewing protocols and techniques. They also have a policy of encouraging local recruitment to facilitate the building of community links for people using services.

Cedar were moving away from 'mass recruitment', in order to tailor new staff to the individual user, even to the point of hiring employees who would be prepared to involve the people they work for in their own family lives.
Cedar had also redesigned its recruitment adverts so that they were personalised, with one of the senior management leads noting a typical advert:

> *X enjoys going to the theatre, football on a Saturday and likes quiet nights by the telly. Would you like to support somebody to live an ordinary life?*

Selection events would then be built around observing candidates interact with people using services in social activities. Moreover, this effort to align the interests of staff to service users within Cedar was being extended to the organisation's bank of sessional staff. Chestnut also operated a range of scenario events in their recruitment to ensure 'fit' between employees and users.

Managers in the three organisations, however, reported that the most radical change to recruitment was anticipated to be the type of employment contract offered to new workers - representing a transition to '*just-in-time*' care through part-time, flexi-time and annualised hours contracts. Oakwood have always had variable and casual contracts and offer a 'variable hours contract' for new starts that does not guarantee a specific set pattern of hours for workers in a given week. Cedar was overhauling its computerised HR systems and anticipated that its HR department would be engaged in drafting multiple contracts of employment for new staff that reflected differences in substantive terms and conditions including hours of work.

Changes to working hours

Much of the anticipated changes to employees' working hours under personalisation are encapsulated in the quote below:

> *Gone are the days of Monday to Friday, nine to five. Somebody with a learning disability wants to go to a nightclub that finishes at two o-clock in the morning, staff have to recognise that it's not just their job now, it's somebody's life (Head of Personalisation, Cedar).*

However, managers in all three organisations reported how this was logistically very difficult and expressed concern about managing the tensions with employees' work-life balance.

Employee concerns included problems for those relying on public transport during unsocial hours. Other employees also remarked how demands for greater flexibility would exacerbate existing problems regarding being unable to take proper lunch breaks. Management in Oakwood admitted to tensions around the organisation of sleepovers, because personalisation meant staff faced uncertainty about when they started and finished.

There was also reported anxiety over the growth of fragmented hours, where staff shifts would be split across a working day. One Support Worker from Cedar who was a keen supporter of personalisation stated:

> *Another big problem that I've seen other staff speak about is when people are spending supported time with their friend … A lot of managers say if someone is going into the cinema for an hour and a half and they don't want you there then you're going to have to occupy yourself. I don't think that's fair for a*

member of staff. You shouldn't have to work three hours then go away on your own time not getting paid and having to use extra travel and then come back. So that's one problem I've seen other people get really angry about.

There was also evidence that there were expectations that workers would use their own time to organise events for people using services in order to build community connections, but that this was not universally accepted among the workforce.

A minority of employee respondents felt that the issue of flexible working was the new reality and staff had to get used to it.

I think that some of the staff have had some natural concerns about the security of their jobs and the patterns of work that they're going to do because it might see them doing split shifts and stuff. I don't really think that's a bad thing because it's going to make sure that the people who work in social care are the people who really want to work in social care (Support Worker, Cedar).

Employee skills and training

Management in all organisations confirmed that staff needed to develop into what was termed community enablers or connectors, which could only be achieved if certain skills gaps were addressed. In particular, staff would have to be '*more open minded about what the person can achieve … they're frightened to give them too many challenges*' (Service Manager, Oakwood). There was also recognition of the need for employees to develop sufficient skills to balance the need to offer choice and new options to people receiving services, without imposing or causing anxiety among them. Recognising this issue Oakwood was beginning to redevelop its training in conjunction with several external partners including one from overseas. It had also introduced what it called *The BIGPlan*, where through group and individual facilitation, people using services, families and staff would try to initiate ideas to develop further aspirations for the former. As part of this approach, and reportedly inspired by the *in Control* model, the organisation also increased the frequency of its *Values Training* from quarterly to monthly events.

Within Cedar although management acknowledged staff had a strong value base, they felt there were skills gaps in terms of their sensitivity to people who use services. It was, therefore, moving to change its induction events/ training to include more awareness events to illustrate potential indignities and invasions of privacy experienced by people who use services. Statutory training such as manual handling and the use of hoists was also being personalised to sensitise workers with regard to how they interact as a staff team, and with people who use services when undertaking such tasks. It was also felt those working within the Finance Department needed training in how to customise financial reports and documentation for those individuals holding their own budgets.

In Chestnut, it was felt that some employees '*follow procedures, but lack that innovation or creativity*' (Learning and Development Manager). Resultantly, the Learning and Development Manager anticipated a significant overhaul in training provision to focus on providing staff with the tools to allow creativity and risk taking, while at the same time being aware of the limits of such risks.

Finally, management in Chestnut and Cedar were in the process of beginning to train staff in the use of new support/personal outcome plans (POPs). In Chestnut, for example, it was anticipated that staff would be able to eventually write new outcome plans in conjunction with people who use services, (including likes and dislikes, goals, changes in lifestyle, timescales and measures).

All respondents though expressed concerns that the current climate of public service cuts threatened training. The Learning and Development Manager of Chestnut reported that the organisation had failed to fill two vacant posts in his Department because of budget reductions. The organisation was also asking staff to commit to funding 50 percent of any formal qualification they were undertaking. It also maintained training by resorting to a strategy of 'robbing Peter to pay Paul', i.e. if a budget from one local authority was in surplus, they would use that to offset deficits in training budgets from other funders. In Oakwood, management now required staff to undertake qualifications for registration in their own time, but continued to pay for these.

Management in Cedar was struggling to retain its commitment to having a training budget equivalent to three per cent of staffing costs, with potentially damaging consequences for service quality.

We're having to cut the percentage of staff training, because they've cut the funding so desperately and we know there's only worse to come … my fear in all of that is that in cutting we're going to affect the quality of the staff we are putting out there as well … The training has been cut, the monitoring of training isn't as good as it used to be (Senior Manager, Cedar).

There were differences and similarities in opinions among employees and managers across the organisations with regard to the above issues of skills acquisition and training.

The majority of employees associated personalisation with a significant increase in job satisfaction and greater sense of achievement as a consequence of the additional opportunities for expressing creativity and autonomy, multi-tasking, community building, and working in partnership with representatives from other professions and statutory authorities associated with personalisation.

> *I think one of the biggest things for me is that we've sort of got permission to think outside the box and be creative whereas before we weren't. We were sort of this is where you are to work and within these confines (Team Leader, Cedar).*

Employees, however, also shared a perception that other staff had simply not yet bought into the idea of personalisation. In Cedar it was anticipated that some staff would feel that personalisation was just the '*current buzz … the latest craze and would ask why are we doing it*?' (Team Leader, Cedar). Again, in Cedar it was felt that morale among Day Centre staff was being undermined by having their work compared unfavourably with personalised services. In Chestnut, a support worker confirmed management's claims regarding anxiety among some workers when he stated '*I think a lot of staff are frightened by it [personalisation]. There's going to have to be a lot of nurturing and encouragement and not trying to jump in too quick.*'

There were differences between management and employee perceptions regarding the issue of training and development and personalisation. Employees in each organisation, showed some appreciation of the resource constraints on training budgets, with a majority reporting favourably with regard to the level of resources and access to training and development opportunities for personalisation.

One disturbing finding, however, was evidence of a perception among several front line employees in each organisation that they did not need to have any additional training to assist them to deliver personalised services. Among some of these respondents this reflected a view that nothing had significantly changed in their working lives beyond completing paper work in a manner that was more accessible to people using services.

> *I don't think we actually need training if we've embraced life then I think that will be enough. Life experiences, that's what we're trying to do, give these people life experiences. It's just we've got to have open minds that's the only thing (Support Worker, Chestnut).*

Performance management

Management respondents anticipated changes to performance management systems as a consequence of personalisation. In Cedar, the Head of Personalisation spoke of the development of a 'customer satisfaction' or 'customer excellence' model where staff focused on delivering on the individual needs of people, rather than generic organisation-wide standards. These service user outcomes would be evaluated for progress during staff supervision and team meetings. The pilots were proving to be popular with staff.

> *It's made our team stronger because everybody sees what's involved and everybody appreciates this is for the benefit of the person. So again I think it's the accountability of people with their actions because it's now like XXX is a customer and you need to make sure she is as satisfied as she needs to be. I think it's good (Support Worker, Cedar).*

In Chestnut there was perceived to be a need for change in the nature of staff supervision that encouraged reflection about progress towards achieving outcomes for those using services. Management respondents did, however, feel that the lack of resources to the sector could, again, undermine these initiatives largely because the managers/ team leaders responsible for overseeing them would have insufficient time and resources to fulfil their supervisory roles.

It was also evident across the three organisations that management believed there was a group of employees, albeit quite small, that would not take easily to the changing roles demanded under personalisation. It was equally clear that management were willing to redeploy or manage these employees out of their organisations:

> *It's a shame for staff, particularly in the present climate for anyone to lose their job, but at the end of the day we need to make sure that service users are getting the package that they signed up for and they want (Learning and Development Manager, Chestnut).*

The danger here is that there are a number of factors that are beyond the control of workers in terms of achieving the aims of personalisation. Workers highlighted how much depended on the willingness and ability of people using services to engage in personalisation, because of fluctuations in health for example. Several support workers at Chestnut reported that personalisation was fine for the more independently minded people, but more challenging for others. Another key issue was the general financial climate.

> *It's the cost of activities and transport to and from is always an issue, as is the associated costs for someone to be supported while going to classes. It's never a blank cheque (Support Worker, Cedar)*

Awareness among employees of the need to build more community connections was quite rare. Where employees were aware of the need to build community connections there was also a perception that community building to develop friendships and independence for people who use services represented a significant challenge for the current skills of workers in terms of overcoming apprehension in local communities.

> *This man I've worked with he's a lovely man and people love meeting him, but the minute you ask them 'would you go and take him out for a run for a few hours?' They say 'Aye, are you coming?' - 'No it's just you'. Then they step back. That's too big a responsibility (Team Leader, Oakwood).*

Performance management systems then have to take account of these external factors to ensure fairness for workers that face considerably more complex and demanding performance expectations.

Job insecurity

Management respondents recognised that staff would have job security concerns under personalisation. In Cedar, the senior management felt that as block funding ended and people in possession of IBs and DPs '*shopped around*' this would mean, employees *'will only be as good as the day's work they've done*'. In response to these emerging concerns each organisation emphasised their commitment to redeploy staff were possible, but admitted the scope for such opportunities were currently resource-limited and would be further strained if personalisation spread throughout their organisations.

Again as with the policymakers some respondents revealed concerns regarding the impact of casualisation and insecurity on service quality with insecure workers being reluctant to allow greater independence for people using services to protect their livelihoods.

> *That's always been an ongoing issue how you work with staff to think your job is not just about supporting this person, it's about enabling them to do as much as they can for themselves. In that sense it is about doing yourself out of a job (Development Lead, Oakwood).*

Employees in Oakwood did express such concerns over job security, which arose from two sources. The first came from the introduction of DPs, and the perceived ability of clients to move to other providers. The second related to the 'variable hours contracts', where one worker felt that Oakwood was offering a diminished commitment to redeploy if work with current users of services came to an end.

> *If everything went pear-shaped then I don't have any come back to say you need to give me x number of hours a week (Support Worker, Oakwood)*

Some employees adopted a more philosophical outlook to the implications of personalisation for job security.

> *You know I believe when we go into this job we should go in to make ourselves redundant. To be successful is to be redundant. I would love if he didn't need me anymore. What an achievement that would be (Team Leader, Oakwood).*

Moreover, it is important to highlight how many employees expressed job security concerns that were linked to the broader economic climate, awareness of lost tenders, redeployments and the drive among local authorities to cut costs rather than personalisation.

> *The team have found it very difficult because I think it's about job cuts. It's about the council saving money. It's about a cost cutting exercise and putting it in a fancy way. The team have really struggled because obviously some of them are the only wage earners (Team Leader, Cedar).*

Health and safety

The three organisations were moving towards a culture of risk enablement in order to facilitate greater independence for people using services; the aim being to move away from what was perceived to be the previous culture of over protection through risk assessment. This approach, however, carried its own risks of workers not following proper health and safety procedures under the new personalisation regime.

> *It's really horrible and annoying, especially when you have risk assessments and things. If I was going to use my cooker I wouldn't risk assess it every time I went along, I'd use my common sense. I think Cedar's moving away from that. Now it's supporting strategies. My health and safety it's not something I even consider. You don't do health and safety checks in your own house and it's not something I do in my work either. I just think it's ridiculous (Support Worker, Cedar).*

Other respondents had health and safety concerns related to managing challenging behaviour. Challenging behaviour was felt to stem from several sources. The first of which was from anxiety among people using services about exercising choice and developing more independent lives. This anxiety was seen to originate from people's time within long-stay institutions.

> *It can be distressing for them [people using services]. It can cause anxiety, it can cause aggression as well because the person just feels out of their depth and they're being asked to do something that they're not able to do (Service Manager, Oakwood).*

Another source of anxiety related to the pace of change. Here, several respondents reported how local authority funders had called for cuts in services/hours, without consultation, and this had led to deep anguish among the people they provided services to and a degree of aggression. Organisations reported how they met this challenge through policies on lone working, de-escalation techniques and risk assessments along with continuity of staffing within project teams so that workers would be able to spot the trigger points that prompt challenging behaviour.

There was, however, another side to dealing with challenging behaviour. Some employees reported how providing choice to people using services could reduce incidents. One example in Cedar related to staff having to regularly face challenging behaviour from a client because in the past she was required to attend a Day Centre, leading to verbal outbursts. The introduction of choice for that individual had now led to a reduction in incidents. In addition, in Oakwood it was claimed that one person who had a reputation for challenging behaviour changed once support hours were reduced from a 24/7 model - '*too much support wasn't good for XXX*' (Team Leader).

Pay and conditions

In recent years, Cedar and Chestnut had undergone a series of changes to their pay and conditions as a consequence of the general climate of insecure funding for the voluntary sector. Management in Cedar and Chestnut were unable, however, to provide many insights into how the individualisation of budgets could change pay and conditions in their organisations.

Oakwood did provide insights into how individualised budgets can fragment pay systems. Oakwood's employees were recruited on individual contracts and allowed to work in a maximum of two service teams that were configured around the budgets of people using services. Local authorities over recent years had consistently failed to provide any inflationary uplifts to existing contracts so there had been no cost of living increases. Differences in individual budgets were, therefore, not always a consequence of differences in need, but availability of finance from individual funders.

There was no union recognition or salary scales and management determined pay. Each team's pay, however, differed irrespective of whether workers were at the same grade. This is because management determined pay rates in accordance with the value of the client's individual budget, with employees often receiving different rates of pay across the two teams they worked with.

To achieve a pay increase, staff were encouraged to work on achieving savings through creativity on the annual budget agreed with the person using the service. If successful, and again in agreement with the individual, they could be awarded a £500 bonus increase. For employees who were working with a client whose budget may go into deficit it was unlikely that they would receive any bonus. In these situations often the organisation gave bonus payments from the small reserves that they had. Although the organisation claimed to be open and transparent about these arrangements during the recruitment stage, this was a cause of potential tension in relation to the work-effort bargain.

It's the ones where the stress level is high. They're the ones where the budget is really stretched so they're the ones where people can be earning less. That's not say they haven't been working just as hard, but it's maybe the person they're working for just finds life more difficult and isn't able to achieve that level no matter how hard the team works (Service Manager, Oakwood).

In terms of the attitudes of front line workers in Oakwood, there was evidence of discontent over pay.

I'm getting less paid than staff in other companies. Now I'm here because of the man I support, it's not all about money for me, as long as I can pay my bills I'm happy. But not everyone can be like me… some people need the money … And from the day this company started that's always been a bone of contention. You go to meetings and it would be 'how much are you getting?' (Team Leader, Oakwood).

It is debatable how far this degree of pay flexibility will or can be extended throughout the voluntary sector as personalisation develops. Dissatisfaction with the prospect of any further cuts in terms and conditions of employment, whether it was associated with personalisation or just the general economic crisis was voiced by employees in Cedar and Chestnut. Respondents emphasised how they operated largely on the continued goodwill of staff despite persistent undermining of terms and conditions. Yet managers were cautious with regard to whether this goodwill would persist if pay and other employment conditions were challenged further given demands facing the workforce.

You are encouraging people to make choices, but predominantly that is going to be provided by social care staff and because of costs that is going to be people coming in at Support Assistant level. You are then expecting them to function at quite a sophisticated level … That's an awful lot you're expecting off somebody who's on 12 or 13 grand a year (Service Manager, Chestnut)

These concerns were echoed on the front line.

I think it would be much better if people were paid better ... There are a lot of people in this job who will use the low pay as an excuse not to organise things, not to do above and beyond because they don't get paid enough. So that's a big problem and I think Cedar is probably one of the worst for pay for the amount the staff are supposed to do. We all come in for extra meetings. There's more work and people are more accountable for their work (Support Worker, Cedar).

The perspective of people using services

Overall across the three organisations there was general satisfaction among people using services with the support they received and the workers who provided it. They also indicated participating in a range of social activities including holidays, attending discos, concerts, gardening, cinema, bus journeys and so on. One individual had also requested a move from his current accommodation which his team was trying to facilitate.

At the same time, there was evidence that the principles of personalisation were not, as yet, being fully implemented. There was no indication from people receiving services of any awareness or understanding of the reconfiguration of the budgets to DPs or IBs. Nor did these respondents indicate that they had any choice in what organisation would provide them with services. Lack of choice was also apparent from responses regarding the recruitment of workers who supported those using services. The level of choice appeared to differ across the organisations. In Cedar, for example, a respondent was quite clear that it was solely up to the organisation that supported them regarding who their key worker was. In Chestnut, people using services indicated a lack of continuity among their support team - '*it's different ones each day … the head one over there chooses them, tells them where to go every day*'. In Oakwood, however, there was evidence that the views of people using services were heard.

I had support from a guy but I didn't get on with him because all he was worried about was himself. I argued with him - he just went and left and never bothered to see if I was alright. He just packed it up … I just told XXX who I wanted it to be. I said I want Y. Y just went onto the team leader for me. Y has been with me for 12 years now.

At the same time, this appeared to be an illustration of how such decisions had always been made in Oakwood, rather than evidence of a recent and significant increase in choice for people using services.

People using services were satisfied with the level of choice they had over their social activities and discussing these choices with staff. One respondent spoke of more

opportunities to visit Edinburgh; another spoke of the need to save in order to go on holiday; while another with her choice not to visit a Day Centre. However, with the exception of one or two respondents, it was difficult to discern whether this represented any significant change in provision or empowerment of those who received services.

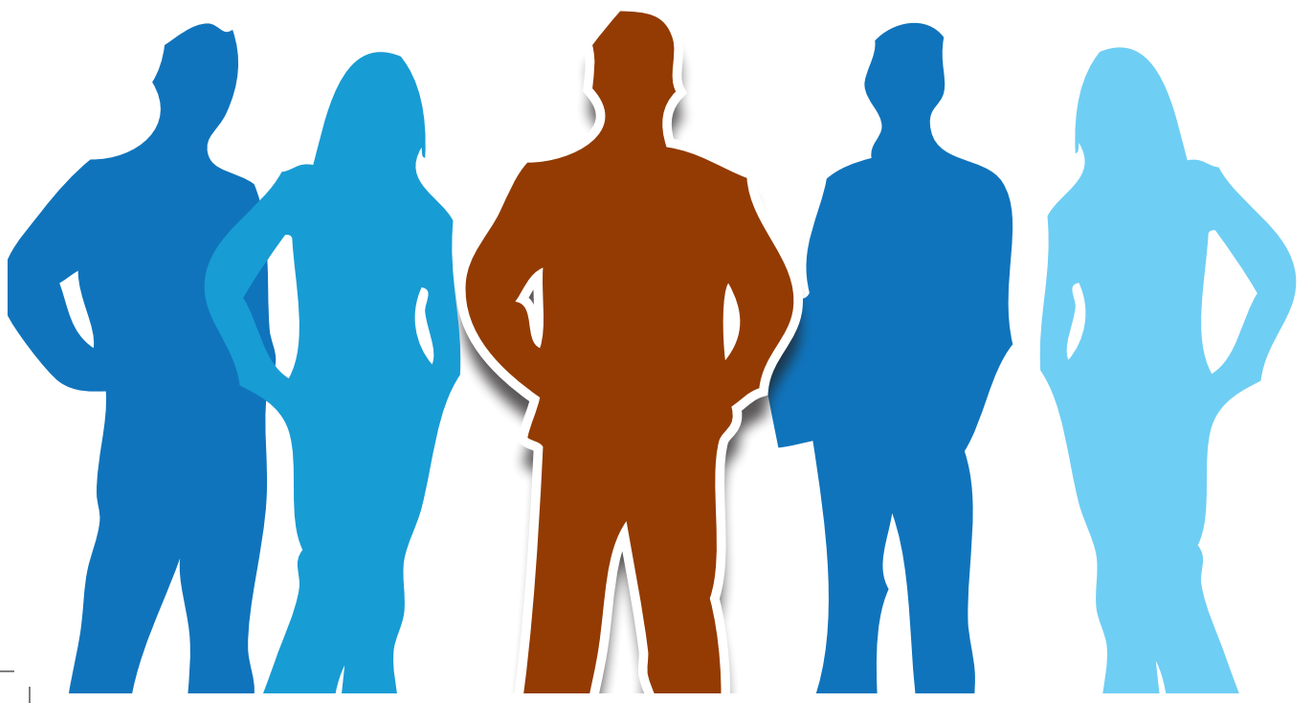
One respondent from Cedar who welcomed a recent expansion in opportunities to do different activities, reported, however, that his enjoyment could be limited because there was generally a lack of time because his Support Worker was only with him between 11.00am and 4.00pm.

It also appeared that the amount of choice exercised over the level of support needed varied. For example, in Chestnut one respondent noted:

> *I tell them 'I don't need help today' and they go away, or you can say 'I need extra help today'.*

While another added:

> *I have support sometimes in the afternoon. Sometimes I have support in the evening … It's a set timetable … they just decide and tell me how much I've got each day.*



Section 5: Conclusion and recommendations

The purpose of this report has been to explore the workforce implications of personalisation in the voluntary sector. It has addressed a series of related questions. The first of these was to identify the functions, skills and behaviours required of workers in order to deliver personalised services, and evaluate the extent to which the voluntary sector workforce currently exhibits them. The research revealed that front line voluntary sector workers face considerable demands on their time through calls for enhanced decision-making, dealing with and taking on the tasks of other professionals, community building and risk enablement skills. Compared to previous approaches to care under SP and other budgets, where there was heavy monitoring of daily routines and organisation of work, this represents a degree of up-skilling and expansion of task empowerment and autonomy for front line care workers. A consensus was apparent across all the groups interviewed that there were groups of workers within the case study organisations that lacked all or some of these new skills.

To overcome these skills gaps and implement the principles of personalisation organisations were in the process of introducing changes to key areas of HR policy and practice including:

- Increasing involvement of people using services in recruitment to match new employees with their interests.
- Developing sensitising training programmes to the principles of personalisation to improve service delivery and encourage the above skills among employees.
- Developing performance management systems that were focused on notions of 'customer satisfaction'.
- Adopting a risk enablement approach to health and safety.

In terms of the impact on job functions, working practices and terms and conditions of employment for employees, changes as a consequence of personalisation were also potentially quite profound. In particular, the pilot projects that were under way in the case studies implied a major reconfiguration of working hours, moving towards casualised, fragmented patterns of work leading to a '*just-in-time*' approach to care. Work was also anticipated to be more insecure as workers are encouraged to build more independence for people using services, and thus reduce their own working hours, with diminished opportunities for redeployment if full independence was achieved. Changes to pay and conditions are as yet unclear, but the example of Oakwood presents an example of fragmentation of pay rates that are aligned specifically to the level of individual budgets that contains little traditional notions of collective terms and conditions.

The final question was concerned with identifying what learning is required when applying personalised services. The research offers a number of lessons with regard to the likely success or otherwise of the above changes to employer HR policies and practices in achieving the aims of personalisation, which can be summarised as:

- The introduction of personalised services is better focusing on the specific needs of the people using services, rather than short-term financial savings.
- There are considerable cultural barriers within local authorities that can possibly stall progress toward personalisation.
- Organisations appear to have some way to go with regard to offering real choice to people using services over who provides them with support.
- Other factors beyond the workplace and outside control of workers, such as the health and attitudes of people using services and engagement by communities can hinder progress towards personalisation.
- The aims of up-skilling the workforce risk being undermined by future limitations regarding insufficient resources for training to the sector.
- There appears to be a gap among a proportion of employees with regard to their existing skills and the level of training needed to achieve personalisation.
- The nurturing of task empowerment, discretion and risk enablement among the workforce to achieve personalisation has to take account of the real concerns of employees with regard to working unsocial hours and job insecurity.
- Organisations need to understand that the issue of managing challenging behaviour in the context of personalisation is complex, and a matter of responding to the individual needs of people using services, within a framework of proper health and safety practice and not focusing overly on cuts in spending.
- The prospect for savings in social care generated by cutting terms and conditions of employment risk undermining employee morale and commitment, and the aims of personalisation.

With these lessons in mind, this report recommends the following:

At the policy level

- Policymakers to develop a campaign promoting the long-term nature of the personalisation agenda, which encourages commissioners and other key stakeholders to put the needs of people using services at the heart of the transformation so that real long-term savings are made to the public purse.
- Joint training/workshops between front line service commissioners in local authorities and the voluntary sector in the principles and practical application of personalisation and the implications for commissioning practice.
- Policymakers, employers and trade unionists to jointly lobby the Scottish Government to protect resources devoted to training the social care workforce to achieve personalisation.
- Refocus existing qualifications and develop new training programmes to upskill staff in the skills required under personalisation.
- Employers and trade unionists to jointly lobby the Scottish Government on issues relating to the protection of worker terms and conditions of employment in voluntary organisations from the onset of personalisation.

At the organisational level

- To enhance the reputation of individual organisations and the sector generally, there needs to be greater reporting and promotion of success stories to central and local government and people who receive services in achieving personalisation.
- Provide capacity building funding for the voluntary sector to encourage further practice development in the principles of personalisation
- Provide funds to build capacity among voluntary sector providers that help them reshape or introduce marketing functions/departments that facilitate the effective marketing of their services to individuals in the community rather than to local authorities.
- Voluntary organisations to further involve people using services in recruitment and day-to-day decisions over which worker or workers support them.
- Performance management systems must be sufficiently tailored to account for the external factors that can influence the success or failure of worker efforts to facilitate personalisation.
- Organisations conduct proper training audits to assess skills gaps and ensure all employees are adequately versed in the necessity of embarking on training to meet the demands on their roles under personalisation.
- Any changes in working hours of existing staff to be undertaken in consultation with employee representatives, including trade unions.
- Joint management/worker consultation on changes to organisational redeployment and redundancy policies.
- Promote a culture of continual organisational learning relating to the health and safety of workers and people using services, including dealing with challenging behaviour in the context of personalisation.

Further areas of research

Finally the report raises as many questions as it offers answers and there are a number of other areas relating to the introduction of personalisation in the voluntary sector and its workforce implications worthy of further research, including:

- The evolution of the voluntary sector-'service user' relationship from provider-'service user' to provider and customer.
- Investigating the growing casualisation of work in the sector through the onset of personalisation, and how this impacts on worker morale.
- Further investigation of how other HR policies, such as absence management, are influenced by the personalisation agenda.
- Union responses to the challenge of personalisation to worker terms and conditions and the implications for their own growth strategies in the sector.
- Longitudinal data gathering concerning the implications for the HR function and its services to organisations embarking on personalisation.
- Exploring the evolving policy links across the UK between personalisation and notions of the 'Big Society' and how this impacts on voluntary sector independence and workforce changes.

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26 Organisations are represented as pseudonyms

27 This was within the context of Section 51, Part 5 of the Adults with Incapacity (Scotland) Act 2000, which states that it is not appropriate to carry out research with adults who are unable to give consent for themselves when the research can be carried out with adults who can give or withhold consent themselves.

Designed by Peter Nelson Art & Design
Email: peter@peternelsonart.com
Tel: 07703258385