Opportunities for Excellence: Supporting the Frontline Workforce

President’s Committee on Mental Retardation
Administration for Children and Families
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INTRODUCTION

John F. Kennedy, Jr.

During the past few years the President’s Committee on Mental Retardation has played a leadership role in addressing personnel problems in the developmental disabilities field. At PCMR’s 1995 National Collaborative Academy state delegations received information and shared ideas on how to upgrade the quality of their direct support workforce. The Committee’s 1995 Report to President Clinton also focused on the need to provide education and career advancement opportunities for frontline staff. Their 1996 Next Generation Leadership Conference reached out to direct support workers as future leaders in the field. Opportunities for Excellence: Supporting the Frontline Workforce marks another step in highlighting the central role played by dedicated women and men who work with and for people with disabilities.

In recognizing the importance of the relationship between direct support workers and people with disabilities, PCMR is grounding its policy discussions in the real lives and daily interactions of the major protagonists in the service system. Involving the people who are most directly affected by these policies is helpful in identifying key issues and solving problems. I am pleased that through this publication PCMR is giving prominence to their perceptions and points of view.

Opportunities for Excellence: Supporting the Frontline Workforce describes many promising state training initiatives that create career pathways for direct support staff, and that also enhance their public image. PCMR’s intention is to increase access to competency-based training, higher education and career mentoring for all direct support staff. Improving services to people with disabilities by acknowledging and rewarding qualified staff is also a PCMR priority. To support these activities additional workforce research is needed that focuses on the relationship between the quality of services and opportunities for career advancement for exemplary employees. The expectation is that this publication will promote an ongoing dialogue and an exchange of ideas in these related areas.

In 1989, several colleagues and I founded Reaching Up, Inc., a non-profit organization devoted to improving educational and career opportunities for direct care workers. Since 1994 we have been meeting with leaders of national organizations who share a concern about the low wages, high turnover, minimal training and lack of career opportunities for dedicated, hard-working staff. Recently, PCMR has joined with Reaching Up in convening a National Alliance for Direct Service Workers. The Alliance creates a national network for professional and provider organizations, consumer and advocacy groups, academic and research institutions, government agencies and private foundations, to develop effective strategies to strengthen the role of direct support workers within an evolving service delivery system. The contributions of several Alliance members are represented in this publication.
In recent years, all sectors of the disability field have increased their outreach to both workers and self-advocates. One result is that members of these constituencies are attending more regional and national conferences. We need more forums like these, outside of the service environment, where workers and people with disabilities can talk directly to each other, to discuss their common interests as well as their differences. As allies with a shared agenda they can help each other achieve their goals. My hope is that this PCMR publication will also help to foster communication and networking among millions of self-advocates and direct support workers from around the country.

The powerful economic, social and political forces that are reshaping our systems of health care, special education and social welfare will require concerted action by all members of the developmental disabilities community. It appears certain that in the future the role of direct support workers will be expanded. This publication is timely because it anticipates future trends and presents ideas and innovations that can transform chronic workforce problems into creative possibilities that will improve the quality of life of both consumers and staff.

John F. Kennedy, Jr. is President and Founder of Reaching Up, Inc., and a member of the President’s Committee on Mental Retardation.
CHAPTER VII

ORGANIZATIONAL CHANGE AND THE EMERGING PARTNERSHIP BETWEEN DIRECT SUPPORT WORKERS AND PEOPLE WITH DISABILITIES

WILLIAM EBENSTEIN

Addressing direct support workforce issues challenges all parts of the system, from frontline workers and service recipients to State and Federal policymakers, to make changes. The President’s Committee identified two areas of change in particular: new organizational models and the establishment of partnerships between direct support workers and the individuals receiving services.

In this chapter William Ebenstein, director of the Consortium for the Study of Disabilities, the partnership between The City University of New York and Reaching Up, Inc., presents an overview of the rationale for organizational change and worker/consumer partnerships. He identifies implications for agency models that support these partnerships, as well as providing examples of new organizational structures with promise for the future. The chapter also highlights the example of organizational changes made by Hope House Foundation, a supported living provider in Norfolk, Virginia.

Introduction

One of the great strengths of the developmental disabilities service delivery system in the U.S. has been the ability of provider organizations to adapt to new challenges in the field. However, without a stable and skilled direct care workforce, their ability to provide quality services has consistently been compromised. Personnel problems, including high turnover, low wages, inadequate training and lack of career opportunities, have been chronicled for over 25 years. They span institutional, community-based, and independent living models of service delivery. Indeed, an experienced, well-trained and motivated workforce may be the single most important factor in the delivery of quality services, regardless of the particular setting, consumer population or service model.
Dramatic changes in our systems of health care, special education and social welfare are currently taking place. As agencies and
schools try to reinvent themselves by becoming more inclusive, 
person-centered, performance-based, consumer-oriented, and 
cost-effective, they are also demanding more than ever from their 
frontline staff. In the future this sector of the workforce is likely 
to assume additional responsibilities and greater decision-making, 
working as partners with individuals and their families, with less 
professional supervision, in a wide variety of home, school, work 
and neighborhood settings.

Nationally, millions of paraprofessionals, employed at tens of 
thousands of public and private agencies and schools, provide the 
daily support that helps people with disabilities live more active,
rewarding lives in their own communities. They represent the 
backbone of the workforce in related health, education and 
human service fields, and they often play a central role within a 
fragmented service delivery system. From the perspective of an individual or family, the quality of their 
services is frequently dependent on maintaining long-term, stable relationships with skilled, responsive 
and compatible direct caregivers.

In 1989, in response to chronic workforce problems in the field, John F. Kennedy, Jr. established 
Reaching Up, Inc. This organization is devoted to improving educational and career opportunities for 
the dedicated women and men who work with and for people with disabilities. Reaching Up was 
founded on the idea that a quality service delivery system is linked to the creation of quality jobs for 
direct care workers. Implied in this perspective is that the destinies of people with disabilities and their 
support staff are intertwined, and that an alliance between them is possible. Reaching Up's philosophy 
envisions a service delivery system in which both people with disabilities and direct care staff are 
respected and empowered.

Indeed, they have much in common. They spend considerable time together in the same environments. 
Both groups lack power and status and inhabit the bottom rungs of the service hierarchy. They want 
many of the same things: dignity, respect, decent wages for their work, a sense of autonomy, 
participation in the planning and delivery of services, a route out of poverty for themselves and their 
families, health benefits, education and training, a chance to reach their potential, a home of their own.

The influence of the Total Quality Management (TQM) movement in human services has also helped 
to emphasize the connection between quality services and employee empowerment. From this 
perspective, “The empowerment of people with disabilities will occur only when organizations 
empower the people who provide supports and services” (Gardner, 1994). Consumer satisfaction is 
consistent with and has been correlated with worker satisfaction. Although there are also differences 
and conflicts of interest between them, there is clearly a broad shared agenda that has not yet been fully 
articulated.
In a service delivery system that is grounded in the primary relationship between people with disabilities and direct care staff, each group will contribute significantly to the other’s empowerment. The more that support staff are able to advocate for a better quality of life for the people they serve, the more they need people with disabilities and their families to advocate on their (i.e., the workers’) behalf for better working conditions and career opportunities.

In the future, organizational change will be driven by the concepts of consumer and worker empowerment. Strengthening the collaborative relationship between people with disabilities and frontline staff will become a critical concern. This will entail a shift in the philosophy and culture of organizations and will upset their existing power structure. To achieve their complementary goals, an alliance between workers and consumers will be necessary.

**The Soul of the Service Delivery System**

In a post-institutional age, the high turnover rates that have plagued community-based agencies are a cruel twist of fate. Beyond the considerable cost of personnel replacement, the inherent administrative burden, increased training costs, and the inevitable lowering of productivity and morale, it is the discontinuity in the relationship between the caregiver and the individual with disabilities that most concerns self-advocates, parents, and providers. Increased consumer satisfaction is directly related to the length of employment of an aide. In settings in which a person encounters dozens of caregivers in the course of only a few years, the prospect of developing anything resembling a productive partnership is remote.

As the field continues to move toward supported and independent living service delivery models, organizational planning is beginning to focus on ways to strengthen the core consumer-worker relationship, at the point of service delivery. This will mean translating the rhetoric of the field into the daily reality of building and maintaining quality. As summarized by Gardner and Chapman:

> The executive director and senior management may talk about quality, but talk means little unless the staff at the service delivery level put talk into practice. Quality originates at the bottom of the organization. Daily interactions between the individuals with developmental disabilities and specific staff members determine the level of quality. Senior and mid-level managers may engage in important activities, but the service and support staffs actually deliver quality (Gardner and Chapman, 1993).

If quality is defined in terms of the daily interactions between people with disabilities and their assistants, then this relationship should stand at the center of the service system. The structure of the agency should flow from and sustain social interactions between the recipients of services and community support staff.

The soul of the field is discovered in the complex web and texture of relationships that exist between folks with disabilities and direct support workers. Whereas these personal encounters can be abusive, indifferent, distant or business-like, they can also be caring, friendly, affectionate, respectful and mutually supportive. When direct care staff are asked what they like most about their jobs, the vast majority say that they enjoy interacting with the individuals they support. When consumers (service
recipients) are asked who their friends are, they often name staff. While some do want emotional support and companionship others—especially adults with physical disabilities—are focused only on obtaining the practical assistance they need to live independently. In the mundane world of day to day activities, all human contacts may become deeper, more intimate and personally meaningful. Summarizing first person accounts of direct support workers, O'Brien and O'Brien found:

In the context of a long term relationship, support staff share shopping trips, banking and bill paying, cleaning, letter writing, visits to the doctor and the hospital, and holiday preparations. Some encounters are brief and businesslike; others are social occasions. Some contacts are clearly focused on assistance; other meetings blur the boundary between helper and friend. Every moment offers each person the possibility of coming to know the other better (O'Brien and O'Brien, 1992).

There already exists a subculture involving direct care staff and their friends and family, and people with disabilities. Social connections are expanded when support staff share their own lives, or perform "extra" services, outside of their working hours. As agencies become more person centered and outcome focused, staff are more likely to use their own social networks to link people with disabilities to the local community. This social world operates independently of formal organizational policies and procedures. Although the blurring of boundaries can also create problems and tensions that have to be addressed, the absence of any meaningful interpersonal relationship may be worse. It can lead to indifference, withdrawal, carelessness, diminished motivation, and a soulless, empty encounter between a client and a hired hand.

Balancing issues of power, control and dignity can also be difficult. For example, people with disabilities and family members can be as verbally abusive, threatening and disrespectful of staff as anyone else. Family members can be neglectful of their relatives, and uncooperative with workers or even resentful of their involvement. Sometimes staff are treated as domestic servants or are expected to perform tasks that are beyond their scope of work. Racism, cultural and language barriers, miscommunications and a lack of understanding of each other's roles and responsibilities can interfere with personal rapport. Although consumers are sometimes fearful of filing a complaint against a worker, aides also can be reluctant to report incidents of their mistreatment, for fear of losing their jobs (Surpin, Hastranger and Dawson 1994).

The powerlessness of people with disabilities and direct care staff contributed to institutional abuse. The image of the abusive attendant persists in the collective consciousness of the field. Yet in locked wards, in the pit of the service system, staff were often dehumanized along with their victims. The anger and frustration of poorly trained attendants was displaced onto the only individuals in their environment with less power than themselves. Thus, power sharing between people with disabilities and frontline staff is an important component in preventing or minimizing future abuse, especially in a decentralized and less regulated service environment.
Some people believe that paid caregiving is inherently inconsistent with genuine friendship. Others believe that a professional attitude should preclude friendships. Nevertheless, despite significant disincentives, friendships do occur. When a staff person leaves an agency, it can be a real test of friendship to make the effort to stay in touch. On the other hand, agencies sometimes actively discourage, rather than encourage, an ongoing relationship with an ex-staff member (Lutfiyya, 1993).

Managers sometimes tell their staff that they really work for the consumers. This directive assumes that there is no conflict of interest between the wishes of the individual, the demands of family members, and the policies and regulations of the provider organization. However, if the employee takes the directive literally, it may sometimes mean breaking the rules, and fighting the system on the consumer’s behalf. Placed in a complex and potentially compromising position, working for several masters at once, employees risk losing a job they may desperately need. There can be a fine line between consumer advocacy and insubordination. Simply telling support staff that they work for consumers, when in reality they are hired, paid, trained, evaluated and held accountable by their agency is wishful thinking, because it shifts responsibility without empowering either the consumer or the direct service worker.

Without minimizing the importance of technical competencies, personal compatibility is a prerequisite for quality care. Consumers frequently choose adequate care from a cheerful, reliable and willing provider over competent care from someone they view as discourteous, or whom they dislike. Likewise, finding a compatible consumer is important for worker satisfaction. Providing both with opportunities for choice in selecting a partner, and for changing one when necessary, can help to facilitate a suitable match. Building on this compatibility, consumers, workers and family members can negotiate their own service contract. Negotiating their own contract builds trust, fosters communication, delineates areas of responsibility, and invests each party in achieving common goals. Encouraging mutual support reinforces the principles of equality and reciprocity in their relationships.

Lobbyists tend to pit consumers and direct care workers against each other whenever there is a financial threat to the system. Sometimes it does seem that the quality of life of one group threatens the quality of life of the other group. For example, if the minimum wage of the lowest paid direct care staff is raised does that mean that services must be cut? When we close institutions, does that mean that workers must be thrown out of their jobs?

Rhetoric that divides direct care workers and consumers is always suspect and needs to be transcended. We have seen that powerlessness can breed worker-consumer antagonism. As equal partners, however, creative solutions to problems should always benefit both groups. Consumer and worker advocates need to sit down together to work out their differences and to identify common interests. The development of a shared agenda and an alliance that recognize the authentic needs of each constituency, could form the foundation for future innovations in a wide variety of service venues.
Consumer-Directed Programs

Although some mainstream agencies are taking steps to promote self-directed services within their existing culture and organizational structure, the development of consumer managed programs such as Concepts of Independence, Inc. in New York, offers a proven alternative. Disability advocates have promoted the idea that consumers should be able to hire, fire, train, evaluate and supervise their personal assistants. Legal guardians, adult household members and peer advocates can assist consumers who need additional support to participate in a self-directed program. Typically, a non-profit entity controlled by consumers is established to provide technical assistance to participating consumers and to act as a fiscal agent for tax withholding, making payroll and benefit payments, and other payroll-related responsibilities. Some States have passed legislation that gives all eligible consumers the opportunity to participate in consumer directed personal assistance services.

An individual's satisfaction with a direct care worker can never be totally separated from the context of the worker's employing agency and the model of service delivery. Research on satisfaction with personal assistants found that increases were associated with service delivery systems that offer greater consumer choice. For example, a 1994 survey found that "Respondents with higher scores on the choice index were also more likely to perceive their aides as having positive attributes. These included being 'very concerned' about their well-being; more like a friend than an employee; someone with whom they could discuss a problem, who made them feel 'very safe,' who was 'always' reliable, and who had improved their quality of life 'a great deal' " (Doty, Kasper, Litvak, and Taylor, 1994).

On the other hand, once consumers function as employers, then they are also responsible for the assistant's satisfaction and well-being. Like traditional domestic workers, they are considered employees of the service recipient. From the point of view of a worker receiving poverty level wages, it is not that important if one is being paid by an agency or by a consumer. As consumers emerge as employers and managers, they will need to address worker empowerment and job satisfaction issues head on. At the same time, advocates for workers must understand the necessity of consumer empowerment as a prerequisite for worker empowerment.

Although there are many consumer-directed programs that pay the going industry wage, on a national basis, direct care workers employed by consumers receive lower pay and fewer benefits than those employed by more traditional provider agencies. Yet consumer-directed services also offer substantial savings in administrative costs. Overhead at mainstream agencies may add 30%-40% to the hourly cost of services, over and above wages and benefits paid to direct care staff. In consumer-directed programs, the shift in responsibility from agency to consumer enables administrative costs to be as low as 4%-5%. Thus far, these savings have not shared with workers in the form of higher wages and benefits (Doty et al., 1994).

The rise of the consumer movement, with its claim to expertise based upon the personal experience of disability, is shifting the balance of power within the disability field away from the ranks of professionals and managers. The development of consumer directed services also requires a re-conceptualization of the role of the direct care worker, from a paraprofessional to a consumer assistant or "para-consumer," who works with and alongside the recipient of services. A corresponding shift in
staff training programs is evolving in which people with disabilities are playing a more prominent role as trainers and instructors.

To help consumers recruit qualified personal assistants some programs publish a registry of staff who have worked in a consumer-directed program without a negative evaluation. In a consumer-directed program, a satisfactory job evaluation is also an inherent indicator of consumer satisfaction. As a next step, a credential or recognized endorsement by local consumer advocacy organizations of support staff who have demonstrated the ability to work collaboratively to achieve quality outcomes would benefit both primary stakeholders.

Worker-Centered Organizations

The development in several cities of worker-owned cooperatives, such as Cooperative Home Care Associates in New York City, offers another organizational lesson. These companies are owned, controlled, and run as cooperatives by the aides who work there. Workers participate in all aspects of decision-making. Their explicit mission includes creating high-quality jobs for direct care workers, investing in their own training, education and career advancement, and delivering the highest quality services.

The culture of these organizations is worker-centered. Their philosophy is that employees must want to do good work and that investing in them to create a workforce of caring, competent and responsible individuals will be more than repaid by satisfying consumer expectations. Decent wages and benefits alone are never sufficient, however. The commitment of workers in the cooperative to their occupation and to their consumers is also necessary to achieve quality outcomes.

Cooperation and communication among co-workers are important characteristics of worker-centered organizations. During the first year of employment, when turnover is highest, new workers are three times more likely than tenured workers to be dissatisfied with their relationships with their co-workers. The speed with which they reach job proficiency partly depends on peer group acceptance. In addition, employees who indicate their intention to quit an agency often cite lack of communication and cooperation with co-workers, and the absence of physical, social and emotional support, as major reasons. Worker-centered agencies that facilitate socialization and learning through peer mentoring may increase job satisfaction and competency and decrease turnover, especially in this initial phase of employment. These activities also value and engage more seasoned workers as advisors and mentors (Ebenstein and Gooler, 1993).

Members of the Mid-Hudson Coalition for Direct Care Practice are also developing worker-centered organizations, based on the professionalization of direct care. Working in collaboration with several local colleges, they have established for credit training programs for "direct care generalists," based on the European "social pedagogue" model. Employees are supported in returning to college to take specialized courses in the disability field along with other general education requirements.

Coalition agencies have begun changing their organizations to reflect the philosophy of this model. Direct care generalists function with greater autonomy. They are permitted to work out their own schedules, including time during the workday to contact family members, schedule appointments, meet
with clinicians, write reports, etc. This strategic deployment of direct care generalists flattens out and de-centralizes the organization. Defining their role from the perspective of the individual served rather than from an academic discipline, direct support professionals function as generalists and problem solvers rather than as supervisors or specialists. This is consistent with the following description of the social pedagoge model as practiced in Denmark:

The social pedagogues have responsibility for all decisions and administration related to the client. They decide, working closely with the individual client, if and when it is important to contact professional or other sorts of supports and services that the client may require. Social pedagogues have a tremendous amount of responsibility and they take this responsibility seriously; that is also why they need to be very well educated...The social pedagogue's job is generally an interesting and rewarding one...Danish social pedagogues have a strong sense of professional identity (Harrit,1993).

In general, a worker-centered agency will develop strategies that: 1) improve the quality of services to individuals and families by educating, mentoring, motivating and valuing direct service workers; 2) facilitate changes in the service delivery system to create salary increments and career pathways for qualified staff; and 3) strengthen the working relationship and equal partnership between direct caregivers, self-advocates and family members.

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**INCORPORATING THE PRINCIPLES OF SUPPORTED LIVING THROUGHOUT AN ORGANIZATION**

Lynne Seagle¹

Supported living is “in.” It’s hip, cool, and politically correct. All over the country people are embracing person-centered planning, finding the dream, and owning their own homes. Systems are changing. There is a lot of talk about choice, opportunity, inclusion, and family-driven services. Supported living has arrived.

Providing supported living that truly frees people from systems and programs that control and separate them rests squarely on the organizations providing the supports. The philosophy of supported living asks direct support staff to work around people’s limitations and capitalize on their strengths and interests—in other words, to cease concentrating so much on “fixing” the person and direct energy more to assisting individuals in finding a place in their community. Yet, most agencies hire staff with standardized job descriptions that allow for little, if any, flexibility in accommodating individual talents. Direct service staff are told that punishment does not fit in the new and improved way of thinking. But organizations throughout this country have personnel manuals full of disciplinary actions and processes. We ask direct service people not to abandon people with disabilities, to stick by them through thick and thin. And yet, turnover rates are often around 75% for staff. Direct service staff are said to be the

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backbone of our services, the most important aspect of services, the people who directly affect people with disabilities, and yet they are paid the least and are supported with few benefits.

Hope House Foundation, a supported living provider in Norfolk, Virginia, believes that in order to offer supported living services that are person-centered and promote value for the human being, the organizations in which direct service staff work must also reflect those principles. Our agencies have operated within a participatory management system since 1978. The system’s foundational principle is that decisions that affect staff directly or indirectly cannot be made without staff input and influence. This validates the rights and dignity of all. Being person-centered is not just a component of a job, it is how we live our lives. We ask ourselves: What do my behaviors outside of the disability field reflect? How do I treat my coworkers, family, neighbors, and community at large? When we separate what we do as being for people with disabilities only, we further segregate them and make the first step towards the creation of another “special” category of human beings. People cannot be “special” and equal. In human services, we must deal with our biases in regard to this truth.

At Hope House Foundation we have an active system of communication. We share the leadership in our meetings and we set agendas as a group. Most meetings start or end with a staff development exercise such as examining our own values and cultural differences or developing our own person-centered plans and hanging them up for the group to review. We offer a physical team-building program of rafting, rock climbing, and a ropes course. These activities are not only excellent vehicles for learning about team dynamics, but are also a great resource to encourage individual growth and awareness. Each team in our organization has a mini-retreat and the agency has a retreat once a year.

In recent years, we have frozen the salaries of managers and used the savings to upgrade those who are lowest paid. We are now in the process of equalizing our pay plan so that we do not place higher value on a hierarchical structure by job title, but more on abilities, talents, and contributions. We want to have an organization in which direct service staff do not feel they have to be in administration to make a decent wage and contribute to the agency as leaders. Our goal is to cease spending money on adults whose primary jobs are to ensure that other adults do their jobs. Our dream and our intent is to have self-directed teams who are fully sharing in leadership throughout our agency.

Supported living is about all of us. We cannot hold principles for others if we ourselves cannot adhere to them. We cannot offer healthy and respectful services to others if our organizations are unhealthy and disrespectful. Many organizations have nicely written philosophies about persons with disabilities, but do not operate towards the staff in the same manner. We believed direct service staff should be trained in understanding the agency’s budget to prepare for developing their own team budgets. They should be involved in hiring vacancies on their team, managing their own schedules, and setting performance goals. This
type of approach supports a climate within the agency where people can offer their best. Burnout is not caused by those we serve. Corporate business has known since the 1950s that burnout is a direct result of ineffective management. This short staff development activity can help in examining an agency’s management practice: (1) Set up a staff meeting, (2) Ask each person in attendance to describe the agency’s management system, and (3) Write down key phrases or words under the appropriate headings of “person-centered” or “not person-centered.” Then look at the results. It’s a good way to start and a worthwhile journey.

Images of Future Organizations

Many problems associated with the direct care workforce are part of a broader problem for all low-wage workers. Therefore policy solutions such as increasing the minimum wage, subsidized health care for low income workers, earned income tax credits, vouchers for training and education, and welfare-to-work reforms can make a significant difference. Nevertheless, dynamics within the disability field will also help to shape future events.

Perhaps the most intriguing possibilities will emerge from joint ventures between worker-owned cooperatives and consumer managed programs. For example, Cooperative Home Care Associates is collaborating with Concepts of Independence to develop a managed care program for people with severe disabilities. In such cases, power and decision-making rests with the major protagonists in the service system—those who have the most to benefit and the most to lose. Whether at the agency or the individual level, it is preferable for consumers, family members and staff to negotiate their own working relationship and service contract.

For most agencies becoming more consumer-directed and more worker-centered at the same time will entail significant changes in their organizational structure and culture. Significant variations between agencies in size, types of services, personnel practices, managerial styles, history, organizational philosophy, and service system context make it likely that an individualized agency-by-agency approach will be necessary. In general, however, agency structure should be built upon and sustain social interactions between consumers and workers. At the same time, agency planners will need greater leeway and flexibility in implementing more creative and cost effective strategies to achieve this goal.

Implications for Reimbursement Policy

Reimbursement methodologies affect the ability of agencies to become more centered around consumers and direct care workers. If one accepts the premise that a stable, well-trained and motivated workforce is a basic requirement for service quality, then reimbursement should provide incentives to agencies to modify their employment practices accordingly. For example, the movement to capitated payment contracts may provide agencies with greater flexibility in paying their workers. Agencies could re-structure their pay scale by linking salary increases to consumer satisfaction, and permit workers, in collaboration with consumers, to decide on the tasks and timeframe needed to achieve quality outcomes.
Since government funding influences pay scales, the public policy of cost containment and budget balancing when it takes place at the expense of direct service workers also must be addressed. The move from institutions to community-based agencies was accomplished, in part, by significantly reducing the wages and benefits of frontline staff. In the last several years the use of part-time staff has increased dramatically. It seems ironic that as we advocate for health care and social services for people with disabilities, that many of the very people who deliver these services are not covered. Building a system of sophisticated supports by relying on contingent workers who receive low wages and no health or educational benefits is a fatal flaw in the service delivery system. Public funds should be targeted both to providing quality services to people with disabilities and to creating meaningful jobs with decent wages and benefits to workers.

The widening disparity between the rising salaries and generous benefit packages of many administrators and top managers in the private sector, and the low wages, shrinking benefits and increasingly part-time work of direct care staff, is a serious concern. Another approach would be to reward administrators for providing services that demonstrate both consumer and worker satisfaction, and for increasing the percentage of their budgets that goes directly to consumers and frontline staff. As illustrated by Hope House Foundation in Norfolk, VA., for example, management has frozen salaries of administrators and used the savings to upgrade salaries of the lowest paid staff. In considering an organization’s value system, it is informative to imagine an agency in which exemplary direct care staff are among the highest paid employees.

**Implications for Regulatory Policy**

In the future, jobs will be designed and carried out more in accordance with consumer needs and preferences, rather than by standards set by regulatory agencies and professional associations. A more flexible regulatory system would provide incentives to deploy specially trained direct care workers in an array of tasks previously performed only by professionals in areas such as physical therapy, occupational therapy, speech-language therapy, health care, social work, etc. New roles that combine instrumental direct care tasks with service coordination are also feasible. Field supervision can be redesigned to make use of experienced staff as peer mentors. These more demanding jobs expand the realm of direct care and create career pathways for experienced, well-trained personnel. For successful implementation, however, agencies will have to assess their level of supervision and support for frontline staff and closely monitor consumer satisfaction.

The TQM model suggests another creative way to transcend the arbitrary boundary that exists between professionals and direct care workers. Agencies can develop paraprofessional-professional teams to engage in joint planning, problem-solving and service delivery, and reward teams that achieve quality outcomes. Participation on staff teams also provides professional support in decision-making, and enhances a sense of fellowship in a shared agency mission.

As community support staff expand their scope of responsibilities, there should be room in the organization to reward those who demonstrate exceptional interpersonal and communication skills. As direct care workers expand their scope of activities and assume a more holistic, quality of life approach, a radical restructuring of mainstream agencies is inevitable. In a 1992 survey of staffing patterns at
provider organizations, direct care workers comprised 54% of personnel; clinicians 18%; administrators 14%; and auxiliary staff (maintenance, food preparation, etc.) 14%. The agency of the future may be comprised of up to 90% community support workers and direct care generalists, with fewer full-time middle managers and clinicians (Ebenstein and Gooler, 1993).

**Implications for Human Resource Development**

The faces of consumers are constantly changing. Baby boomers with disabilities continue to age. The emerging universe of disabilities includes medically fragile children, young adults with traumatic brain injury, individuals with developmental disabilities and mental health or substance abuse problems, and people with disabilities caused by street crime and domestic violence, as well as the growing "older old" population of frail elders. Increasingly, staff are interacting with people from different races, cultures, religions and ethnic groups. The complexity and diversity of the consumer population, along with an expansion of service settings in the community, calls for continuous learning and upgrading of knowledge and skills.

**The economic and political crisis that is reshaping the current service delivery system provides an incentive to develop alternative organizational structures and new patterns of practice that empower workers along with consumers.**

In addition, more persons with culturally diverse backgrounds are entering the workforce. In many parts of the country the majority of direct support staff are women of color and recent immigrants. Providing them with educational and career advancement opportunities is a way to diversify the workforce, and simultaneously to improve the cultural competence of provider organizations. In addition to supporting diversity, the system benefits from much higher retention rates for direct care workers who are able to advance in their careers, compared to the retention rate of new professionals (Haselkorn and Fidel, 1996).

Improved chances for career advancement for direct support workers, including salary increases and greater autonomy and decision making, can be linked to earning college credits, completing specialized courses in disability studies, demonstrating job competencies and skills standards, and participating in career mentoring programs. These incentives can help agencies retain their most experienced, motivated and accomplished staff. Another important criterion for rewarding and acknowledging staff should be tied to consumer evaluations of job performance, as one indicator of consumer satisfaction. Organizations that have a track record of assisting people to achieve quality outcomes are more likely to evaluate their employees on a regular basis, to give frontline staff the resources they need to do a good job, and to provide a variety of opportunities for their training, continuing education and career advancement.
Conclusion

The economic and political crisis that is reshaping the current service delivery system provides an incentive to develop alternative organizational structures and new patterns of practice that empower workers along with consumers. Part of the change process is re-negotiating the division of resources and power from the top to the bottom of the organizational hierarchy. This will entail significant sacrifices for some self-interested parties. An alliance between consumers and direct care workers that combines political advocacy with programmatic collaboration may be essential in supporting the kinds of organizational change that will be required.
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