

Health and Work: How Do Residential Disability Support Workers View Their Work?

Dragana Mitic

Faculty of Arts, Education and Human Development, Victoria University

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ABSTRACT

This social qualitative research explored the ways in which residential disability support workers view their work, their work environment and conditions, their needs as workers, and how their work conditions influence quality of care. Sixteen people took part in the research, including 10 residential disability support workers, three senior coordinators and three union workers from the Melbourne metropolitan area. Individual semi-structured interviews were used as a data collection technique. The participants identified behaviours of concern, large workloads, difficulties with teamwork, staff issues, lack of supervision and support from house coordinators, and lack of support workers as significant sources of work-related stress and burn-out. The participants report that residential disability support work has a low status, the community does not understand disability support workers' roles and there is no recognition of their skills and knowledge, even though the participants consider the role of disability support workers to be important and valuable. Shift work has been identified as an unavoidable part of disability support work and a major factor in affecting disability support workers' social and family lives, with a potential to negatively affect their health and well-being in addition to large workloads and long hours. The findings suggest that the quality of support provided to clients is influenced by staff turnover and retention rates, the quality of support and supervision of disability support workers, quality and skill of disability support workers, their access to training, and resources of disability service organisations. The findings also suggest that work conditions and job satisfaction of support workers as well as quality of care for clients would be improved by a better professional status of disability support workers and by adding more value to their work; providing disability support workers with better access to training and professional development; and having skilled house coordinators who would provide appropriate support to disability support workers.

STUDENT DECLARATION

I, Dragana Mitic, declare that the Master by Research thesis entitled “Health and Work: How do residential disability support workers view their work?” is no more than 60,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature:

Date:

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TABLE OF CONTENTS

Title	i
Abstract	ii
Student Declaration	iii
Acknowledgements	iv
Table of Contents	v
List of Tables	viii
Terminology	9
1. INTRODUCTION	10
1.1. Background	10
1.2. Research Aim	15
1.3. Research Question	15
1.4. Research Purpose	15
1.5. Literature Review	17
1.5.1. History and Development of Disability	17
Socio-political influences	17
Legislative and Policy Influences	19
Practice Influence – Person Centered Approaches	21
1.5.2. Theoretical Influences – Citizenship	23
Global Influences	29
Legislative Responses and Policy	30
1.5.3. Disability Support Work	33
Role and Responsibilities	33
Recognition and Reward of Disability Support Workers	37
Qualifications and Training	39
Stress and Burn-out	43
Quality of Service	48
1.5.4. Organisation as a Workplace	54
Staff Recruitment and Retention	60
Casual Workers	63
Leadership and Supervision	64

2. METHODOLOGY	67
2.1. Sampling	69
2.2. Data Collection Techniques	69
2.3. Data Analysis	70
2.4. Informed Consent	71
2.5. Anonymity and Reliability	71
2.6. Validity and Reliability	71
2.7. Limitations	72
2.8. Method of Giving Feedback	73
3. RESEARCH PARTICIPANTS PROFILES	73
4. DISCUSSION OF FINDINGS	78
4.1. How do Residential Disability Support Workers Perceive their Work?	78
Discussion	84
4.2. What are Work Conditions Like?	89
Staffing Issues	89
Shift Work	91
Rosters	94
Annual Leave	96
Team and Teamwork	98
Supervision and Management	99
Behaviours of Concern	103
Occupational Health and Safety	110
Pay	111
Discussion	112
4.3. What are Workers' Experiences with Stress and Burn-out?	117
Organisational Culture	122
Emotional Labour	123
Stress, Burn-out and Work Performance	124
Discussion	124
4.4. What do Workers Think about Work and Personal Life Balance, and their Health?	128
Work and Personal Life Balance	128

Health and Stress	130
Drugs	133
Discussion	133
4.5. How do Work Conditions Influence Clients and Quality of Care?	137
Quality of Care	137
Education, Skills and Values	138
Work Performance and Mistakes	140
Work Performance and Values	142
Person-Centered Approaches	143
Discussion	144
4.6. What are Residential Disability Support Workers' Needs and What Needs to be Done to Improve Work Conditions?	148
6. CONCLUSION	153
References	155
Appendix A – Questions for Residential Disability Support Workers	163
Appendix B – Questions for CRU Coordinators	170
Appendix C – Questions for Union Workers	175

LIST OF TABLES

Table 1.1 Residential Disability Support Workers' Profiles	75
Table 1.2 Residential Disability Support Workers' Profiles	76
Table 1.3 Coordinators' Profiles	77
Table 1.4 Union Workers' Profiles	77
Table 1.5 Sleep-overs	92

TERMINOLOGY

In practice, there are several terms or titles used for disability support workers, such as “support workers”, “direct support workers” and “direct care workers”, while the government’s official term is “Disability Development Support Officer”. During the interviews the participants mostly used the term “support worker” or “disability support worker”. For the purpose of this research, the researcher decided to use the term “residential disability support workers”.

As community residential units (CRUs) are houses which are part of the Shared Supported Accommodation (SSA) program, the research participants and the researcher have used any of the three terms “CRU”, “SSA” or “a house” to refer to the same thing.

During the interviews, a few disability support workers referred to those with a disability who they were working with as “the people we support” rather than “clients”. While working as a disability support worker, the researcher observed the changing trend of referring to the people with disability who workers were supporting as “people we support” to try to emphasise clients’ position and status as people who live in their homes rather than in institutions. The researcher decided to use the term “client” in this thesis partly for practical reasons, but also because the researcher sees “clients” as users of services, and everyone who lives in this society is a client of many different services with Shared Supported Accommodation (SSA) or community residential units (CRUs) being types of many different services that people can access.

The term “challenging behaviour” has been used for years. It appears in the literature, the research participants used it in their interviews, and many people still use it even though “behaviour of concern” is considered more appropriate. The Office of the Senior Practitioner has chosen this term because it considers “challenging behaviour” has negative connotations and has been used to label people (Office of the Senior Practitioner 2007). As the participants were using the term “challenging behaviours” in their interviews, the participants’ quoted responses will still contain it, whereas the researcher is using “behaviours of concern”. Therefore, both terms will appear in this thesis, although their meaning is the same.

1. INTRODUCTION

This thesis will describe the research and its process through background, methodology, discussion of findings, recommended actions and conclusion sections.

The Methodology section describes the type of the conducted research, sampling and data collection techniques used in this research. It outlines how informed consent was gained and how anonymity and confidentiality were maintained as well as the limitations of the research and what method of giving feedback was used. In the Discussion of Findings section, collected data will be presented and analysed. Finally, in the last part of the thesis conclusion will be made according to the analysis presented in the later sections.

This section presents background to the issue, outlines the aims of the research, research questions and the purpose of the research and provides a literature review.

1.1. BACKGROUND

The researcher spent five years working as a residential disability support worker in the non-government sector in Melbourne, Victoria. When the researcher started doing this job, she observed that the work could be very emotionally and physically challenging, isolating and carried a lot of responsibility. Unlike in community-based welfare jobs, in disability residential facilities there were many support workers with no formal or tertiary qualifications related to disability or welfare work. Many support workers appeared to lack the skills and knowledge needed to perform the job properly, yet they often worked unsupervised. The researcher observed that some workers did not understand their role as support workers and lacked understanding and knowledge about different types of disabilities, their effects on people's functioning and ways to manage behaviours of concern. Some workers had literacy problems, lacked basic computer skills, were unable to write reports or fill in incident reports and, as a result, some incidents ended up being unreported formally. There was often a lack of workers, so permanent workers, who covered regular and permanent support shifts on the roster, carried big workloads and a lot of responsibility, leading to stress and exhaustion. The researcher believed that working conditions for support workers could be improved, and that support workers needed to be very skilled and trained to be able to perform the job properly and adequately support their clients, who are usually vulnerable with a lack of self-advocacy skills, and have complex

support and health needs. The researcher also believed that people with disabilities should be provided with high quality services and that there was a scope for improving work conditions for support workers, which could then positively influence the quality of support as well. Therefore, the researcher's personal experiences and observations of disability support work, work practices and its impact on workers made her very interested in finding out more about how residential disability support workers see their work, what experiences they have and how this type of work affects them as workers and individuals on all levels, including professional, personal, social and health levels. The researcher also wanted to change in making disability support workers' working lives better. The researcher's own experiences, perceptions and observations of these issues influenced the way in which the researcher approached the topics and also the way the list of research questions was constructed.

It has been estimated that 68,700 people were employed to provide disability services in Australia in 2009 with 58,200 workers providing disability services directly, while the remaining number of people managed their work (Martin & Healy 2010, pp.109-110). In Australia, the bulk of disability services are provided by non-government organisations that are largely funded by government and this funding is often conditional on certain standards, levels and types of services being provided (Martin & Healy 2010, p.123). Non-government organisations may also receive funding from charitable sources and donations (Martin & Healy 2010). Governments also provide direct disability services while profit making providers provide a small proportion of disability services (Martin & Healy 2010, p.109). In 2009, nearly three quarters of Australian disability services workers worked in non-government organisations with the majority of the remainder being employed by government, and only five per cent of workers were employed by profit-making agencies (Martin & Healy 2010, p.110).

In Victoria, the Disability Services Division of the Department of Human Services funds both government and non-government agencies, and provides services aimed at improving the quality of life of people with disabilities, including intellectual, physical and sensory disabilities, acquired brain injury and neurological impairments (Department of Human Services 2005). Of all states in Australia, Victoria has the largest number of people with disabilities accessing services as it is estimated that of 63,830 clients in Australia 21,868 or 34% are in Victoria (Department of Human Services 2005). In 2009, estimated

employment in Victorian disability services sector was 16,998 workers including government and non-government sectors (Martin & Healy 2010, p.110).

People with disabilities who are unable to live independently, who require high levels of support, or who do not have family members or informal carers to support them in their family home, often need to move into disability residential care. The majority of the Disability Services workforce in Victoria is employed to provide day activity, accommodation and individual support services (Department of Human Services 2005). The Department of Human Services directly employed 4,675 staff in Disability Accommodation Services at 30 June 2003, while an estimated 7,050 staff were employed in the non-government sector, including accommodation, day program and individual support services.

Like community services sector in areas such as aged care, child care and general community services, Australian disability services sector is also dominated by women in all occupations with estimated 80 per cent of disability services workers being women (Martin & Healy 2010, p. 114). The Victorian disability workforce predominantly comprises female workers with over 30% of government and 40% of non-government staff being aged 45 or over (Department of Human Services 2005). In 2009, relatively high proportion of Victorian disability support workers were in the 50 years or more age group comprising 42 per cent of disability support workers in Victoria compared to 33 per cent of disability support workers being in this age group nationally (Martin & Healy 2010, p.115). The majority, about three quarters, of disability services workers in Australia in 2009, were Australian born, while the remaining workers came from a range of countries with ten per cent of them being UK born (Martin & Healy 2010, p.116).

Residential disability support workers work in community residential units (CRUs), funded by the state government. CRUs are part of the Shared Supported Accommodation (SSA) program, which provides supported housing in the community for people with disabilities (Department of Human Services 2007). There are many kinds of disability as disability can be caused by an illness, accident or genetic conditions (Department of Human Services 2002). Disability can be intellectual, physical, sensory, acquired brain injury, neurological impairment, dual disability and any combination of the types previously mentioned (Department of Human Services 2002). Disabilities are defined in different ways

depending on type of disability, but generally disability is loss or lack of functioning caused by some sort of impairment (Parsons 1994; Gething 1998).

The formal care of people with disabilities who need residential support is provided by disability support workers. The role of disability support workers is to help people with disabilities with their everyday lives. This involves personal care, household management (Department of Human Services 2007), addressing their health and social needs, encouraging them to participate in the community, learn new skills and make personal choices (Department of Human Services 2007). According to some job descriptions, residential support workers' duties involve:

- Clients' needs assessment and responding to their needs, which also includes the development of Essential Lifestyle Plans (ELP) and Individual Personal Plans (IPP),
- Health promotion (educating clients and promoting healthy diet, exercise, recreation etc.)
- Supporting clients to establish positive relationships,
- Managing behaviours of concern,
- Domestic management (cleaning, washing, cooking, shopping, infection control),
- Manual handling, personal care and medication administration,
- Administrative tasks (report writing, file notes, filing, budgeting, banking, financial planning),
- Networking and liaison with community organisations and health professionals,
- Working and consulting with clients' families and significant others,
- Advocating for clients and helping clients to develop self-advocacy skills.

The basic or desirable qualification for disability support workers is Certificate IV in Disability, but many workers without the basic qualifications have worked in the field for years. Disability support workers work various shifts – morning, afternoon, evening, split shifts and sleepovers including weekends and public holidays as most clients need 24-hour care. Due to their disability, clients often exhibit behaviours of concern, which have a great potential to put both workers and clients at risk. Behaviours of concern have to be managed and controlled by workers while other clients' safety has to be ensured. Performance of manual handling is known to make workers prone to physical injuries which can even lead to disability, while work overload and stress can take their toll on

workers' mental and physical health. Conditions of work are regulated through Residential and Support Services (Victoria) Award 1999, unless there is a certified agreement between the union and organisations employing disability support workers. Many clients have complex needs and serious health problems. It can be argued that work overload, pressure at work, shift work, behaviours of concern and organisational and management issues are the main contributors to stress and burn-out. They also affect workers' job satisfaction and the quality of care they provide to people with disabilities. It is known, anecdotally, that there are high levels of stress, burn-out and turnover rates among residential disability support workers. Given the situations in which workers find themselves, many experience great stresses in their work, both with clients and as a result of their work conditions. What is not well known is how work conditions affect their work, and the way they support and interact with their clients.

Disability support workers, like many employed in human services, work under many practice and legislative guidelines. Current approaches that disability support workers are expected to apply in their everyday work practice include: normalisation; educational/developmental model of disability; flexible and individualised support for people with disabilities; advocacy (Hudson & Radler 2005); community participation; empowerment; and the principles of equality, diversity, non-discrimination, dignity and self-determination (Department of Human Services 2002). The relevant legislation providing guiding principles for staff includes: Disability Act 2006, Charter of Human Rights and Responsibilities Act 2006, Information Privacy Act 2000, Freedom of Information Act 1982, Occupational Health and Safety Act 2004, Disability Discrimination Act 1992, Sex Discrimination Act 1984, Victorian Equal Opportunity Act 1995 and Victorian Racial and Religious Tolerance Act 2001. It is the disability support worker's role and responsibility to implement the policies and practices into their everyday work with their clients and ensure that their clients' rights are being respected and their support needs adequately met. Despite the huge responsibility and public accountability disability support workers have while caring for people with disabilities and anecdotal evidence about high levels of stress and burnout associated with this type of work, there is very little known about the nature of their work that might cause this stress and what they might need to make their work more satisfying and less stressful. Caring for people with disabilities is important work and understanding the nature of the work is important research. Therefore, this research will concentrate on the workforce, not the clients, in particular residential disability support

workers, who have such a huge responsibility but also a lot of influence on lives of people with disability. Therefore, the main focus is on the impact the work has on residential disability support workers.

1. 2. RESEARCH AIM

The aim of this research is to explore the ways in which residential disability workers view their position, their work environment, their needs as workers and how their work conditions influence the quality of service they provide. This research aims to contribute to change to make working lives better for residential disability support workers. Frontline workers, supervisors and the industry union were approached to help answer the following research question.

1. 3. RESEARCH QUESTION

The key question guiding this research is:

- How do residential disability support workers view their position and needs as workers?

Sub-questions that will be answered are:

- What are workers' perceived needs in relation to their work and conditions of work?
- What are conditions of work like from workers' perspectives?
- What difficulties do residential support workers face?
- What do the workers think about the relation between their work and personal life and how they influence each other?
- What are the workers' experiences with stress and burn-out?
- What needs to be done to improve workers' work conditions?
- How do workers' work conditions influence clients and quality of care?

1. 4. RESEARCH PURPOSE

The purpose of the research is to explore residential disability workers' experiences and perceptions of their position, conditions of work and needs and how they affect quality of service. The organisations participating in this research will be given the findings. To the researcher's knowledge, limited numbers of other research projects of this kind have been

conducted in Melbourne. The researcher was aware of two projects – one was investigating emotional labour of disability support workers (not publicly available) and the other was investigating stress among disability support workers who dealt with behaviours of concern of people with intellectual disability (McKinlay 2006). The present research is investigating more than just stress. It allows workers to say what their concerns and beliefs are in their own words, and to bring up any other issues related to their work conditions and health that we might not have known about.

1. 5. LITERATURE REVIEW

The literature review discusses history of disability services; the concept of citizenship as it informs policy development in human services including disability services; disability support work including role and responsibilities of disability support workers and the impact the work has on the workers; and finally organisational issues, which are relevant to this research because they have a potential to influence disability support workers' work experience, their work environment and the conditions in which they work.

1. 5. 1. HISTORY AND DEVELOPMENT OF DISABILITY

SOCIO-POLITICAL INFLUENCES

Community attitudes, treatment of people with disabilities and service delivery to people with disabilities have been changing throughout history (Cocks & Stehlik 1996; Foucault 1965) as have the status and power of people who worked with those with disabilities.

Tully (1986) emphasises the importance of socio-economic factors in explaining changes in response to people with disabilities in the past two hundred years in Western countries. He argues it is not completely true or sufficient to perceive the changes as a result of action by a small number of people who had compassion and understanding for people with disabilities. Today's services for people with disabilities have been influenced by many factors but, in the end, they are a result of the economic and social circumstances developed in the 19th century (Tully 1986). Industrialisation had a great impact on social life in Western countries. Society's structure changed from stable and rural communities to large and unstable urban cities. The value system changed and moved from emphasising the community interests to valuing individualism and social fitness where the poor and people with disabilities were blamed for their situation and expected to suffer (Tully 1986). People with disabilities were institutionalised and the following words were used to rationalise the institutions' function: training, rehabilitation, protection and treatment (Shaddock 2000).

The custodial model of care for people with disabilities was based on prison or workhouse models (Cocks & Stehlik 1996). In Victoria, the Lunacy Act 1867 resulted in all "mental deviants" being placed in mental institutions (Cocks & Stehlik 1996, p.15). There was also

no difference in the way “feeble-mindedness” and “lunacy” was perceived. The purpose of segregation was the cure or education of people with disabilities to train them and prepare them to return to the community, but institutions became permanent living arrangements for them (Cocks & Stehlik 1996). The eugenics movement led to the perception of people with disabilities as a menace and the main issues and concerns for health professionals and the community in Australia in the early 20th century were eugenics, patriotism and health, which resulted in sterilisation being promoted as a solution to feeble-mindedness by the 1920s (Cocks & Stehlik 1996).

A few factors contributed to a change in attitude towards people with disabilities after World War II. Doctors and other medical professionals were seeking new patients as the number of sick dropped because of the development of vaccines during the war and the disappearance of some diseases (Cocks & Stehlik 1996). In Australia, soldiers returning home needed rehabilitation and the government responded by establishing the Commonwealth Rehabilitation Service in 1948 (Cocks & Stehlik 1996). Women were encouraged to return home and have children while the promotion of the notions of maternal deprivation, child development and child attachment contributed to the development of family culture (Cocks & Stehlik 1996). The parent movement had a major influence in changing social policy and community attitudes towards people with disabilities. In 1978, the Commonwealth Rehabilitation Service became available to all “handicapped” people (Cocks & Stehlik 1996). State governments started conducting reforms that involved placing services for people with disabilities in health or mental health departments, since there was confusion about whether disability is a health issue (Cocks & Stehlik 1996).

The beginning of de-medicalisation of disability began in early 1960s when Western Australia introduced direct-care workers who were primarily trained on a developmental-educational model. They were called training assistants and later social trainers (Cocks & Stehlik 1996).

Between the 1960s and 1984 there were many new developments. Human services principles such as Social Role Valorisation (SLV), the development principle, the principle of least restrictive principle (LRP) and dignity of risk appeared (Cocks & Stehlik 1996). Based on the value of freedom, the concept of the least restrictive alternative (LRA)

appeared in the US as a criticism of the inhumane treatment of people with disabilities and the custodial model. This concept has been mainly used in residential services and is based on the belief that people with disabilities should not be removed from their homes or community (Tully 1986; Malette 2002). Tully (1986) points out that a small number of people with disabilities and certain behavioural difficulties will need the kind of support which imposes certain limitations. The notion of the least restrictive alternative does not imply that all people with disabilities should have completely unrestricted lives, but a balance needs to be found between individuals' rights, their needs and social behaviour (Tully 1986; Malette 2002).

The 1960s human rights movement and the civil rights movement influenced the development of parent advocacy, while self-help or self-advocacy developed in the 1970s and early 1980s (Cocks & Stehlik 1996). Program technologies related to applied behaviour analysis appeared in the 1970s and enabled many people with disabilities to develop adaptive behaviours, which challenged former beliefs that people with disabilities could not be trained (Cocks & Stehlik 1996). The parent movement, the rights and advocacy movements and the development of program technologies provided a good environment for service reforms (Cocks & Stehlik 1996). The Commonwealth government became more involved and provided funding to non-government organisations through the Handicapped Persons Assistance Act 1974.

In the late 1970s and early 1980s, many large institutions were closed and in Victoria services for people with intellectual disabilities were separated from mental health services (Cocks & Stehlik 1996). The non-government sector was developing fast in the 1980s and early 1990s, leading to the reduced involvement of government in direct services (Cocks & Stehlik 1996).

LEGISLATIVE AND POLICY INFLUENCES

The Hawke Labor government conducted the Handicapped Programs Review, which was followed by the New Directions Report in 1985 and the replacement of the Handicapped Persons Assistance Act 1974 with the Disability Services Act 1986 (Cocks & Stehlik 1996). The major issue was transition from institutional to a community-based model of service provision and by 1988 many new services based on individual development and

community integration were established (Cocks & Stehlik 1996). State Government disability services were being reorganised in the 1980s and in almost all states disability services were moved from health and mental health sectors to the welfare sector (Cocks & Stehlik 1996). State governments became responsible for all services except employment and advocacy, and had to develop their own legislation, which would be based on the Commonwealth Disability Services Act 1986 (Cocks & Stehlik 1996).

Human rights had a major influence on the development and provision of disability services through the United Nations Declaration on Human Rights (1948), Declaration of the Mentally Retarded Persons (1971) and the Declaration of the Rights of Disabled Persons (1975) (Annison 1996). As a signatory to these declarations, Australia has obligations to protect people with disabilities from discrimination, to ensure they are treated with respect and dignity, to provide access to education and employment, relationships and social life, and to become independent as much as possible (Annison 1996). Human rights have been incorporated in the Commonwealth Disability Services Act (1986), but other legislation has also been enacted to ensure protection of people with disabilities, such as the Human Rights and Equal Opportunity Commission Act (1986), Racial Discrimination Act (1975), Sex Discrimination Act (1984), Disability Discrimination Act (1992) and Privacy Act (1988) (Annison 1996).

The 1980s were also marked by the bureaucratisation of services because managers who had no professional knowledge and background in disability began taking leading roles in providing disability services (Cocks & Stehlik 1996). By the end of the 1980s, economic rationalism with a managerial approach, pragmatism and the language of “efficiency” and “effectiveness”, were widespread and non-government organisations were encouraged to become businesses, generate profits and employ management experts while the Commonwealth government developed standards to be able to measure organisations’ quality of service delivery (Cocks & Stehlik 1996).

The Australian government started the deinstitutionalisation process in the late 1980s and it has not yet ended (Equal Opportunity Commission Victoria 2004). There are arguments that the redevelopment of institutions and services is greatly influenced by the government’s tendencies to cut costs, although there are many evaluations conducted that show that quality of life improved for people who were moved from institutional to

community settings (Equal Opportunity Commission Victoria 2004). Also, according to Equal Opportunity Commission Victoria (2004) it has to be recognised that there has been a small number of people who have lived in an institution for many years, or most of their lives, and who want to stay. As the government has been committed to the idea of placing clients in community-based accommodation or the type of accommodation they need, and due to the diminishing number of institutional placements, the government is required to appropriately accommodate the clients who lived in those institutions, but the difficulty is that intensive staffing cannot be provided in the community setting (Equal Opportunity Commission Victoria 2004).

PRACTICE INFLUENCE - PERSON CENTRED APPROACHES

Person-centred planning (PCP) underpins the current philosophy and approach to working with people with disabilities. Its aim is the empowerment of people with disabilities, their integration into the community, the development of a more understanding and empathetic community and provision of individualised supports (Mount 2002, Kincaid & Fox 2002, Holburn 1998). Person-centred planning has been used to improve conditions of living for people with disabilities, but it also presents a way to get to know and understand the person and see them as a valuable member of the community (O'Brien & O'Brien 2002). The person-centred approach involves seeing individuals as people first instead of using diagnosis and labels; the use of ordinary language instead of professional jargon; an active search for a person's strengths and potentials; giving voice to the person and family members who know the person well; and developing services that can provide support according to clients' needs (O'Brien & O'Brien 2002).

In comparison to the past practices which were based on a professional or expert model, person-centred approaches are relying on the knowledge of workers, family and friends who know the person well. Also, while traditional planning focused on problems, disabilities and deficits, PCP concentrates on strengths, abilities and capacities avoiding fitting the person into generalised categories (Kincaid & Fox 2002).

PCP and self-determination are closely connected concepts. In the 1990s, self-determination became an important part in disability services and planning (Wehmeyer 2002). The idea of self-determination was a result of changes in the way society perceived

disability and the rights of people with disabilities, but it was also influenced by the principle of normalisation and independent living movements. It involves self-management, making choices, self-advocacy, self-regulation, autonomy, independence and self-knowledge. According to Smull (1998), self-determination consists of being able to plan for the future and having control over resources. It is, therefore, a value of PCP and its expected outcome because in PCP, after discovering what a person's dream is, the next step would be designing a plan and providing the person with opportunities to achieve the dream (Wehmeyer 2002; Shaddok 2000).

In the late 1980s, person-centred approaches were beginning to be explored due to their flexibility and individualised support approaches. PCP involves a combination of formal and informal support and allows clients to rent and own houses. In the past, housing and support went hand-in-hand, but for PCP to work, person-centred structures need to be established. According to Malette (2002), housing and support services need to be separated because people should be supported regardless of where they are.

Although PCP is a positive concept which can immensely improve quality of life for people with disabilities, progressing beyond mere plan production is a difficult process due to cultural and human factors. Between the 1980s and 1991, the habilitation model, a clinical model, was in use (Rea, Martin & Wright 2002). Treatment was focusing on changing the biggest deficits people with disabilities had through teaching programs. There was reinforcement for compliance and the professionals were making decisions on the person's behalf. A lot has changed since then, although cultural change is a slow and continuing process. How to maintain cultural change in an organisation is still a problem, which is why it is important that administrators and supervisors make decisions and policies according to a person-centred philosophy (Rea, Martin & Wright 2002).

Limitations of PCP

Sanderson (2002) conducted action research in England aiming to evaluate the process of implementing Essential Lifestyle Plans (ELP) for people with cognitive disabilities. ELP is one of the person-centred approaches that provide information about what is important to the person and what support they need. Sanderson (2002) concluded that it was not enough to have a plan to improve the life of a person, but that the plan had to become part

of the workers' team culture. According to Sanderson (2002), to implement PCP, a person-centred team needs to be developed, but there is very little literature on how to develop one. Sanderson's suggestion is to link a PCP to staff meetings and job supervisions. She points out the importance of developing familiarity and trust among workers within an organisation, setting specific group goals, clearly defining job boundaries and continually conducting evaluation.

Other barriers to implementing a PCP are the ways in which organisations based on traditional service models work. In the PCP it is essential to design supports that suit individuals' needs and choices, but traditional service models cannot provide this due to the big number of people using the service and overcrowding in living and work environments with limited staff (Magito-McLaughlin et al 2002). Thus, staff have to work with groups, not individuals, and they often change jobs due to their frustration with the conditions of work. An unstable workforce affects clients and the quality of their support by inhibiting implementation of a PCP (Magito-McLaughlin et al 2002). The PCP is affecting not only clients of services but also the whole organisational system, clients' families and friends, workers and the whole community. Mount (2002) argues that researchers have to identify conditions under which a PCP works or does not work, and claims that without fundamentally changing the traditional service setting, the implementation of a PCP will not work.

As well as having to apply a specific approach such as a person-centred practice, disability workers have defined roles and responsibilities which are discussed in the following sections.

1. 5. 2. THEORETICAL INFLUENCES - CITIZENSHIP

The social and political positions of both support workers and people with disabilities are tightly related to the notion of citizenship. People with a disability have rights or should have rights to equal access to services, self-determination, independence and community participation, while workers, including disability support workers, have the right to join unions and have their interests as workers represented and protected. The main legislation guiding disability services is the Disability Act 2006, which commenced on 1 July 2007, and which is guided by the principles of human rights and citizenship with the

aim of advancing the inclusion and participation in the community of people with a disability and providing them with high quality disability services (Victorian Government Department of Human Services 2009a). Therefore, the concepts of citizenship and human rights have also become the guiding principles of disability support work practice and have also been incorporated in disability service organisations' policy and procedures.

Citizenship is often defined in terms of legal, political, civil and social rights and duties. It is also defined in terms of a government's obligation towards its citizens (Heater 1990; Emy 1996; Beetham 2005), those people who have the right and the responsibility to choose the government, which is accountable to them (Cowen 1996). However, citizenship is a very complex concept, with elements from many sources, influences and needs (Dower 2003, Heater 1999). There are two traditions and interpretations of the nature of citizenship – one the civic republican tradition, the other the liberal tradition (Heater 1999, Carney and Hanks 1994) – which have been firmly embedded in Western political culture and been dominant for the past two centuries, emphasising citizens' rights and freedom honoured by the state (Heater 1999).

According to classical liberal philosophy, the role of the law is to promote individuals' autonomy (Carney & Hanks 1994) and their rights to life, liberty and property (Dower 2003) with the state interfering as little as possible (Heater 1999). In addition to legal and political rights, the liberal version of citizenship also embodies social and economic rights, including rights to income, social services and welfare (Carney & Hanks 1994; Heater 1999; Dower 2003; Beetham 2005). Insecurity, exploitation and poor work conditions of the 19th century industrial revolution influenced people to demand and fight for economic and social rights (Beetham 2005). Some of these rights are: the right to join trade unions; the right for insurance against sickness and unemployment, access to education, medical care and affordable housing. These rights became incorporated in the UN Declaration of Human Rights in the mid-20th century. It has been recognised that citizens cannot exercise their rights and play their citizen role if they lack basic education, health or means for living (Beetham 2005). The reality is that many people, such as members of ethnic and racial minorities, the poor and people who are not capable of self-determination (children, the elderly) do not enjoy full citizenship (Heater 1999) and often have difficulties in exercising formal and legal rights because they experience systematic discrimination in their access to public services, employment etc. (Beetham 2005).

Heater (1999, p. 7) states that liberal citizenship is “a political expression of capitalism” and that capitalism facilitated the emergence of liberal citizenship, but the difficulty is that in some circumstances capitalism has been threatened by citizenship. On one hand, social liberals believe that rights to welfare are to be protected and that a welfare state is necessary to allow the poor to participate and have autonomy and freedom, but on the other hand neo-liberals have the opposite view and stress the rights to liberty (especially economic liberty) and believe that the welfare state is reducing people’s autonomy by encouraging their dependency on the state (Dower 2003; Heater 1999). Cowen (1996) argues that the idea of citizenship challenges economic individualism, emphasising the importance of citizens’ active involvement and participation in working towards the welfare of the whole community, including access to services and resources, equality, equity and liberty as basic elements of citizenship. As the state has an obligation to protect its citizens, it often interferes on behalf of its citizens by limiting the complete freedom of capitalists to increase their profits. It usually does this by introducing laws regulating the market or by increasing taxes to fund welfare or educational services (Heater 1999). Given these conditions, critiques exist of the concept of citizenship. According to Marxism, citizenship cannot exist in a capitalist society since there is no equality or balance in the distribution of power between capitalists and the working class (Duncan 1996), and the state is incapable of resolving the conflict between capitalism and citizenship because the state is not neutral (Heater 1999), whereas feminists argue that as long as women are not substantially equal to men, real citizenship cannot exist (Duncan 1996).

Civic republican citizenship goes further than the liberal form of citizenship in stressing not only rights, but also citizens’ participation in public affairs, commitment to the community and willingness to take active steps to defend the rights of other community members and to promote common interests (Dower 2003; Carney & Hanks 1994; Heater 1999). Unlike the liberal version of citizenship, the civic republican version emphasises the interconnected relationships between people and the necessity for them to be a community (Carney & Hanks 1994; Heater 1999). It does not imply democracy as the purpose of citizenship is to maintain the republican form of government and to prevent its degeneration (Heater 1999). Although ancient Athens inspired democrats, it was not fully democratic due to women and slaves being excluded from decision-making and participation in public affairs because they were believed to be naturally inferior to male

citizens (Beetham 2005; Heater 1999). Beetham (2005, p.2) defines democracy as “a procedure for taking decisions in any group, association or right to have a say and to make their opinion count.” Democracy is based on the beliefs that all members of a society should have the right to participate in making decisions that affect them and everyone is capable of forming an opinion about what is in their interest (Beetham 2005). Emy (1996) argues that democracy and citizenship are linked because democracy cannot exist without civil and political rights such as the rights to vote, to peaceful assembly, to freedom of speech, to freedom of movement and to stand for public office (Emy 1996). In recent years, interest in the civic republican ideal has been revived because of the emerging belief that too many people in Western countries are not performing their civic duties, not giving anything back to their communities, and that many are abusing the social security system (Heater 1999). Increasing numbers of people are also concerned about the human impact on the environment and, therefore, the feeling of universal identity and acceptance of a universal morality have become important elements of environmental and global citizenship (Dower 2003; Heater 1999). The Commission of Global Governance has urged the adoption of a global civic ethic as the moral foundation for global governance. As well as supporting fundamental human rights, it has outlined responsibilities such as considering the impact of actions on other people’s security and welfare, promoting equity and equality and protecting the interests of future generations (Heater 1999).

Citizenship has been changing its form throughout history and many people have been excluded and restricted on grounds of class, gender, race, age and wealth. Many groups in society experience systematic discrimination (Held 1991; Heater 1990; Beetham 2005). Dower (2003) also argues that members of certain groups such as minority groups (ethnic and religious), indigenous people and people with non-standard sexual orientation can be disadvantaged in various ways, and that their identity as members of a certain group cannot be properly recognised unless group rights are recognised. Therefore, according to Dower (2003), citizenship needs to give such groups voice to have their perspectives adequately reflected in public policy. Mulgan (1991) argues that it is extremely important to emphasise and promote responsibility since true citizenship needs to contain a balance between rights and morality or responsibility. Nation states still control welfare, public order and defence, while economic activity depends on private business for employment and services leading to the increased power of multinational companies (Beetham 2005; Castles & Miller 2003). Due to the old models of citizenship being considered

inappropriate, since all countries are culturally heterogeneous and have gone through many changes, Castles and Miller (2003) point out the importance of the new transnational model of citizenship which allows people to have multiple identities and loyalties. Heater (1990) also argues that it is possible and desirable for people to have multilayered identities, because being loyal to the state is not always moral, especially in the case of global issues such as ecological crisis. Heater (1990), then, goes on by saying that a person who is not capable of having multiple identities and loyalties is morally immature.

According to Dower (2003), human rights and human rights law are important to global citizenship because many citizens' actions are related to and understood in terms of human rights, which apply to all human beings, include important aspects of human well-being and cannot be taken away by other people. All human rights also involve three duties – a duty to avoid depriving, to protect from threats of human rights deprivation and a duty to assist the deprived (Dower 2003). In 1948, The General Assembly of the United Nations adopted the Universal Declaration of Human Rights, which contains 30 articles specifying different rights, but it had only a declaratory force and there were no legal penalties for states that did not observe them (Dower 2003). The Universal Declaration of Human Rights was followed by the adoption of the Covenant on Civil and Political Rights and the Covenant on Social, Economic and Cultural Rights in 1966, which became binding law when enough states ratified them years later (Dower 2003). Many countries also incorporated human rights in their legislation, often through bills of rights (Dower 2003). The United Nations has also developed human rights laws dealing with specific types of rights such as the UN Convention on the Rights of the Child and the Declaration on the Right to Development, but for this research, of particular importance is the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol, which were adopted in 2006 and came into force internationally in 2008 (Australian Government 2008). The Australian government was among the first Western countries to ratify the Convention, which came into force for Australia on 16 August 2008 (Australian Government 2008a).

The purpose of the Convention on the Rights of Persons with Disabilities is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms for all people with disabilities and to promote respect for their inherent dignity” (Australian Government 2008a, p.7). The Convention defines persons with disabilities as people “who have long-term physical, mental, intellectual or sensory impairments which in

interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations 2008, p.1; Australian Government 2008a, p.7). The Convention expresses the rights in terms of addressing the needs of people with disabilities and obligations that countries are expected to implement, and it does not create any new human rights (Australian Government 2008a). It is based on general principles of respect for dignity, autonomy and independence; non-discrimination; participation and inclusion in society; respect for difference and acceptance of human diversity; equality and equal opportunity; and respect for the capabilities of children with disability and their right to preserve their identities (United Nations 2008). Some of the obligations that are included in the Convention are: improving inclusion and participation of people with disabilities; raising awareness and fighting against stereotypes, prejudices and harmful practices; respecting the inherent right to life; ensuring liberty and security; preventing torture, cruel, inhumane and degrading treatment or punishment; ensuring liberty of movement and freedom to choose their nationality and residence; and protecting against arbitrary and unlawful interference with privacy (Australian Government 2008a). The Australian government (2008a) identified areas of obligation that it will be working on and some of the obligations that it is aiming at implementing are general awareness raising; education and training of people who work with people with disabilities; encouraging the private sector to be mindful of accessibility issues for people with disabilities; and ensuring signs in buildings are more accessible.

In practice, people with disabilities do not enjoy full citizenship and often experience discrimination in many areas (Watson 1998; Vernon 1998; Parsons 1994; Clear 2000). Oliver et al (2002) argue that people with intellectual disability are more vulnerable to abuse or neglect than their peers without disabilities. Kendrick (2002) agrees that people with disabilities are at a higher risk of being mistreated or abused than people who do not have a disability, and he claims that their mistreatment is not random, but organised and systematic. Kendrick (2002) also points out that even though people with disabilities have the same needs as every other human being, they have to cope with additional burdens of being both disadvantaged and devalued in society. Kendrick (2002, p.5) states: “Persons who have never been deprived of their credibility through misleading stereotypes may have trouble perceiving the problems recipients of mental health services have in being taken seriously.” The Convention on the Rights of Persons with Disabilities not only recognises the difficulties that people with disabilities generally face, but also the

difficulties that women and girls with disabilities face, acknowledging that they are often subject to multiple forms of discrimination requiring countries to ensure “the full development and advancement of women” (Australian Government 2008a, p.8).

GLOBAL INFLUENCES

Dowse (2009) argues that Australian governments should be looking at the impact of globalisation on people’s work and how work is structured as businesses want literate people with good numeric skills and there are many people who can do this. However, some people do not have these skills and will never be able to do this work. According to Dowse (2009), globalisation offers opportunities for people with intellectual disabilities by strengthening worldwide self-advocacy networks and increasing personalisation in service delivery. New information and communication technologies have enabled access and inclusion for some people with disability and strengthened their political arms through the growing availability of self-advocacy information and resources on the internet (Dowse 2009).

Dowse (2009) also argues that the shift in the labour market from the traditional industrial economy (relying on both skilled and unskilled physical effort) to service and information technology (relying on human capital such as accumulated knowledge, experience, cognitive skills and abstract knowledge) poses a risk and disadvantage for people with intellectual disability, who are less likely to possess the social and cognitive skills required for work in the new service and information economy. For people with disabilities there are positive and negative effects in relation to the emphasis on privatisation and market choice (Dowse 2009). The positive side is that there is more personalised service delivery with increased choice and flexibility, but the emphasis on individual independence and productivity is problematic because people with intellectual disability are often unable to reach self-sustainability (Dowse 2009). Dowse (2009, pp: 573-574) argues that “The new technologies of welfare are economically driven and actively directed toward investing in the individual pursuit of independence, framing inclusion in terms of productivity and contribution, rather than self-fulfilment or quality of life. This has differential impacts on the range of people with intellectual disability, including those who are able to participate in the employment market and those with high support needs who will not be part of the labour market.”

LEGISLATIVE RESPONSES AND POLICY

In Australia, the Victorian government has recognised that people with disabilities experience many inequalities and obstacles that prevent them taking part in the community, which led to the development of the Victorian State Disability Plan 2002-2012, outlining a new approach to disability and an agenda for change based on the principles of social justice and human rights (Victorian Government Department of Human Services 2002). The plan is underpinned by the principles of equality, dignity, self-determination, diversity and non-discrimination (Victorian Government of Human Services 2002, p.9) and it refers to all aspects of life for people with disabilities such as disability supports, health and community services, education, employment, transport and housing (Victorian Government Department of Human Services 2002, p.1).

When the plan was written, in 2002, disability services were focusing mainly on specific programs such as personal care, day programs and accommodation, and many resources were directed towards responding to crises, but the aim of the government was for disability supports to focus on people with disability in flexible ways based on their individual needs (Victorian Government Department of Human Services 2002, p.1). Goals that the government set out to achieve are: to enable people with disabilities to pursue their individual lifestyles by reorienting disability supports to make them more responsive to individuals' needs and choices; to build inclusive communities and make the Victorian community more welcoming and accessible for people with disabilities; and the government leading the development of a more inclusive community by developing more accessible public services and promoting non-discrimination (Victorian Government Department of Human Services 2002, p.11). The Victorian government recognised that it cannot achieve the goals by working alone, but that it will need to work in partnership with service providers in the non-government sector, community groups, business and industry leaders and the broader community (Victorian Government Department of Human Services 2002). According to the plan, these goals will be achieved through the following five strategies: by reorienting disability supports to support people with disabilities in flexible ways based on their individual needs; by developing strong foundations for disability supports; by protecting people's rights; by strengthening local communities; and by making public services accessible (Victorian Government Department of Human Services 2002).

The Victorian Disability State Plan 2002-2012 was followed by the Disability Act 2006, the main legislation guiding disability services, which commenced on 1 July 2007 and is guided by the same principles as the state plan. The objective of the Disability Act is to ensure the rights of people with disabilities as citizens and to advance their inclusion and participation in the community. All staff who provide disability services are required to integrate the principles of the Disability Act into their practice (Victorian Government Department of Human Services (2009a). According to the Act, some things that disability services are required to do are the following:

- Improve inclusion and participation in the community of people with disabilities,
- Support people with disabilities in flexible ways responsive to individual needs,
- Maximise independence and choice of people with disabilities,
- Provide supports to people with disabilities to realise their physical, social, emotional and intellectual capabilities in a way that recognises different models of practice required to assist people with different types of disability and at different stages in their lives,
- Consider and where possible acknowledge the role and capacity of families in supporting people with disability,
- Provide support in a way that respects the privacy and dignity of people with disabilities,
- Provide support in a way that balances safety with the right of people with disabilities to choose activities that involve a degree of risk, and
- Provide support in a way that ensures that people with disabilities have access to advocacy to enable them to make decisions adequately (Victorian Government Department of Human Services 2009a).

In addition to the above, of particular interest to this thesis is the requirement that disability services should be provided by appropriately skilled and experienced staff who have access to continuing learning and professional development (Victorian Government Department of Human Services 2009a). At the end of the day, although under the supervision and direction of a disability service organisation's management, it is disability support workers' role to implement support according to all the policies and legislation, and ensure clients' citizenship and human rights are respected in practice every day and during every activity. It can therefore be argued that the role, position, and work performance of residential disability support workers can immensely influence the quality

of care and outcomes for people with disabilities who use disability services. Even though there are legislative guidelines and policies, it can be argued that, in practice, the point to which support is provided to people with disabilities in a way that it enhances their self-determination, dignity, choice, independence and participation, and encourages them to reach their highest potentials, will be significantly affected by disability support workers' skills, experience and attitude as well as organisational and management practices, and their financial resources.

As a result of the Australian government's belief that the system has not been delivering adequate support for people with disabilities, the Productivity Commission was asked to examine reform of the current system of disability services for people who have a severe and continuing disability to be able to receive the care and support they need (Productivity Commission 2011; Prime Minister of Australia 2011). The Productivity Commission released its report last year and recommended development of a National Disability Insurance Scheme, which would take seven years to implement (Productivity Commission 2011; Prime Minister of Australia 2011). According to the report, the current disability system is poor, unfair, underfunded and inefficient (Productivity Commission 2011, p.4). The Productivity Commission (2011) therefore suggests that big changes to the disability system are necessary, but at the moment further policy work is required to develop assessment tools for determining eligibility for support; service and quality standards; a national pricing structure; and the capacity of the disability sector and workforce (Prime Minister of Australia 2011). According to the Australian Council of Trade Unions (2011), greater financial resources are needed to appropriately fund disability services in Australia, and the implementation of the National Disability Insurance Scheme is expected to improve funding, create the environment to attract more workers and improve their pay, their work conditions and career structures. The details of how the scheme would work and how it would affect SSA or group homes are not known, but if additional resources are put into accommodation and group homes, it can be argued that the working conditions of support workers and the quality of service to people with disabilities could improve.

1. 5. 3. DISABILITY SUPPORT WORK

This section of the literature review further discusses role and responsibilities of disability support workers, their status, qualifications and training, the impact of work and work conditions on workers' health and well-being and how all these aspects influence quality of service.

ROLE AND RESPONSIBILITIES

Support workers, in general, are defined as paid workers who spend most of their time in "hands on" direct service to people with disabilities (Test et al 2004, p. 328).

The role and responsibilities of disability support workers is to help people with disabilities with their everyday activities. This involves personal care, addressing their health and social needs and promoting their integration into the community and personal choices. As mentioned earlier, disability support workers are expected to work in accordance with the relevant legislation and organisational policies. Duty of care is one of the legal requirements that has to be followed by workers at all times while working with clients. It is also often known to be contradictory to dignity of risk, and workers often have to use their judgment and common sense to balance these in practice.

Duty of Care

Workers have a duty of care towards their clients, which is a legal obligation to take reasonable steps to ensure clients' welfare and safety. A worker can be charged with criminal negligence in cases of considerable recklessness (S.24 Crimes Act). Duty of care is defined as "a duty to take reasonable care of a person" (Department of Human Services 2000, p.7) or "the legal obligation to avoid causing damage or loss that could have been reasonably foreseen" (Strong 2005, p.3). Villamanta Legal Service (2006) defines it as a duty "to be careful and act according to a reasonable standard of care", while the reasonable standard of care is "the way a reasonable person would act in the same circumstances".

Clients are vulnerable because of their age, social circumstances or health conditions, and workers are always expected to take actions that are in the best interest of their clients and

consider potential risks to clients (Department of Human Services 2000; Strong 2005). It is not always clear what is considered reasonable, but a worker's actions would be compared to what a reasonable worker would do in the same situation. Other circumstances such as the worker's education, training, skills, work experience and the relationship with the client would influence the decision on whether the worker was acting reasonably (Department of Human Services 2000; Strong 2005). The more dependent or vulnerable the client is, the higher the standard of care required (Villamanta Legal Service 2006).

As the Department of Human Services has contracts with other agencies, it is responsible for the clients and service. The department has a duty of care towards people who are affected by its work including clients, clients' families and community groups. Regional managers, supervisors and frontline workers also owe a duty of care to all these groups, although their powers and tasks will be different (Department of Human Services 2000).

Breach of duty of care can occur either when a worker acts unreasonably or fails to act reasonably (Department of Human Services 2000). The definition of negligence consists of three parts and all of the three have to be present to consider a worker negligent. There must be a duty of care, a breach of duty of care and injury or harm suffered as a result of the breach of duty of care (Department of Human Services 2000; Strong 2005; Villamanta Legal Service 2006). Only courts can decide if someone was negligent (Villamanta Legal Service) and only physical injury, financial loss and nervous and emotional shock will be recognised as harm (Department of Human Services 2000).

Workers are expected to use the least restrictive precautions to prevent harm, but they are also expected to decide if it is reasonable to do more than they are instructed in the guidelines. This decision will be based on a worker's skills and experience (Department of Human Services 2000). According to the law of negligence, not all precautions need to be taken for harm prevention. Which precaution a worker takes also depends on the worker's powers. Residential disability support workers are not allowed to physically restrain clients to prevent harm, but they have "emergency" or "rescue" powers. These powers allow a worker to "prevent harm to someone by touching or even briefly physically restraining them without their consent" in emergencies only (Department of Human Services 2000, p.11). Emergencies are defined as "sudden, unexpected and dangerous situations which do not

happen often” (Department of Human Services 2000, p.11) and if emergencies do happen often, workers are also expected to act to prevent them.

Occupational Health and Safety

The Victorian government replaced the Occupational Health and Safety Act 1985 with the Occupational Health and Safety Act 2004, which came into operation on 1 July 2005. This involved establishing a new Occupational Health and Safety Advisory Committee (OHSAC) and introducing a new duty of employers to consult workers about health and safety issues starting no later than 1 January 2006 (WorkSafe Victoria 2005). According to the Act, everyone should be “given the highest level of health and safety protection that is reasonably practicable” (WorkSafe Victoria 2005, p.2). What is considered to be reasonably practicable will depend on the likelihood of risk occurring, the level of harm in case the hazard happens, knowledge of the person involved, availability of ways to eliminate or reduce risks and the cost of this (WorkSafe Victoria 2005). Both employers and workers have a duty to ensure health and safety and are expected to work together and exchange information about risks and the ways to reduce them (WorkSafe Victoria 2005).

According to Occupational Health and Safety legislation, agencies and workers are required to identify, assess, eliminate or control hazards. These requirements involve physical or environmental hazards. It also involves management of violence and in the case of working with clients with behaviours of concern; elimination of risk is only one solution (Strong 2005). Other solutions would be risk control through providing enough workers to address clients’ individual needs; having fewer workers working alone; improving security measures; improving policies; improving practice through providing training and appropriate supervision; and support for workers (back-up staffing, debriefing) (Strong 2005). According to Strong (2005), OH&S regulations are a huge issue for many community services agencies as there have been many OH&S breaches by NSW Human Services Departments. In most of these cases, clients assaulted workers and the Industrial Relations Commission found that the employers failed to eliminate risks although they knew the clients were likely to be violent (Strong 2005).

Due to disability support work involving a lot of manual handling tasks, many disability support workers are at risk of physical injuries. According to WorkSafe Victoria (2000), manual handling causes a quarter of all workplace injuries. It involves activities such as lifting, holding, pulling, throwing, carrying and repetitive tasks like typing, cleaning, sorting, packing, operating equipment and tools (WorkSafe Victoria 2000). Although not all manual handling activities are hazardous, they can cause muscle sprains and strains; chronic pain; abdominal hernias; injuries to muscles and intervertebral discs; and injuries to soft tissues such as nerves, ligaments and tendons (WorkSafe Victoria 2000). Manual handling can result in musculoskeletal disorders (MSD), which are defined as “an injury, illness or disease that arises in whole or in part from manual handling in the workplace, whether occurring suddenly or over a prolonged period” (WorkSafe 2000, p.1). Musculoskeletal disorders include repetitive strain injury (RSI), occupational overuse syndrome (OOS), cumulative trauma disorder (CTD) and work-related musculoskeletal disorder (WRMD) (WorkSafe Victoria 2000). Employers have a duty to protect workers from the risk of musculoskeletal disorders. Hazard identification needs to be conducted to ascertain which manual handling tasks are hazardous and which are likely to cause musculoskeletal disorders. Employers are also required to consult workers’ health and safety representatives when doing risk assessments, risk control, hazard identification and when introducing new manual handling tasks or changing existing ones (WorkSafe 2000).

In the government sector, most OH&S incidents have been reported in Shared Supported Accommodation, mainly due to manual handling, with a smaller number of incidents caused by occupational assault and stress (Department of Human Services 2005, p.46). Stress and workplace injuries from manual handling and client assault are directly affecting job satisfaction and workers’ capacity to perform their work duties, resulting in staff absences, which place more pressure on other staff who are then asked to fill additional shifts (Department of Human Services 2005). Improving management practices, training supervisors and providing appropriate supervision and implementing consistent induction training for new staff are some strategies that can improve workplace safety (Department of Human Services 2005).

RECOGNITION AND REWARD OF DISABILITY SUPPORT WORKERS

It can be argued that, generally and historically, caring and nursing roles and jobs have been performed by women. These roles have often been part of family responsibilities, and voluntary or charity work. The disability services sector is dominated by women in Australia as are other community services sectors such as child care, aged care and general community services (Martin & Healy 2010). Based on anecdotal evidence, disability support work is often viewed by many in the community as purely caring kind of work, which mainly involves personal care and domestic tasks, and which does not require special skills or knowledge. Furthermore, apart from some basic training, people are not required to have any formal tertiary qualifications to be able to work as disability support workers and, therefore, they are often not perceived as professionals. However, it can be argued their pay is low considering the responsibility they carry for clients' wellbeing and quality of life.

An Australian study conducted by Martin and Healy (2010) found there were significant differences in pay between government and non-government disability services workers with an hourly pay in the government sector being higher. In Australia, the majority of disability support workers and personal carers were employed on a part-time basis in 2009 working less than 35 hours per week (Martin & Healy 2010, p.117). Nearly one quarter of disability support workers and personal carers in this study reported they had a second job and working an average of 15 hours per week in those jobs, with half of the workers holding second jobs in the disability sector (Martin & Healy 2010, p.120). Martin and Healy (2010) argue that when workers' primary job is part-time and they hold multiple jobs, this may indicate they are unable to get the number of hours they would like, and also that holding multiple jobs may reduce their attachment to their job.

In the US, wages of direct support workers in the field of developmental disabilities have been reported to be low in comparison to other community services, and wages for staff working with people with developmental disabilities in residential settings have been lower than in employment settings or in the public sector, resulting in many qualified direct support workers declining direct support positions or leaving their jobs for higher salaries (Test et al 2003). Findings of a study in one mid-Atlantic state in the US suggest that direct support workers are not paid enough to be able to meet their living expenses and that many (35%) must work additional jobs to pay their bills (Test et al 2003). The study

identified 155 different job titles for direct support workers. This lack of consistency in what support workers are called was seen as one reason it was difficult to recruit new staff, as people do not know what the profession is and, thus, they are less likely to consider working in it (Test et al 2003). Identifying a professional role with fewer titles could help clarify professional identity and roles. As well as increased pay and greater role clarification, the results of the study suggest that efforts must be made to add value to the profession and, considering that there are no pre-service educational or training requirements for direct support staff, developing systemic credentialling and pre-service programs would contribute to creating professional identity and increased wages (Test et al 2003).

Disability workers often feel they do not receive sufficient recognition or reward for their contributions (Leidy 2004; Department of Human Services 2005). Formal rewards and recognition of individual staff and teams contribute to improving staff morale and increasing the awareness and status of disability workers. Workers are more likely to continue working in the field if they receive clear directions and recognition for their work (Department of Human Services 2005). Therefore, there is a need for support workers to be valued and recognised for them to remain in their jobs (Leidy 2004). Pay and conditions are a form of reward or recognition for work. In Victoria, there are clear differences in wages and conditions between government and non-government services. Government disability support workers have better pay and conditions, which has a negative impact on the capacity of non-government agencies to recruit and retain staff (Department of Human Services 2005).

The latest political developments on the proposed pay increases for community services workers are encouraging. The Australian government has acknowledged that more than three-quarters of community sector workers are women, and nearly two-thirds of them have an industry qualification, compared with just over half the workers in other industries, yet they get below average pay (Prime Minister of Australia 2011a). The government also acknowledges that the society and economy have traditionally undervalued female-dominated occupations and the work women do (Prime Minister of Australia 2011a). The government and the Australian Services Union made a joint submission to Fair Work Australia on equal pay for the community and services sector workers, claiming that non-government community sector workers are paid less mainly because most of them are

women (Australian Human Rights Commission 2011; Prime Minister of Australia 2011a). The Australian Services Union argued that women who worked in social community sector jobs deserved to be paid the same as government workers who have the same qualifications (Mark 2010). In May last year, Fair Work Australia found that social and community workers do not receive equal pay compared with workers who are employed by state and local governments and who perform similar work, and that gender has been an important factor in creating the pay gap in the community services sector (Australian Human Rights Commission 2011). The Australian government proposed that the fair pay increases start on 1 December 2012 with the government funding its share of rises and contributing over \$2 billion over the next six years (Prime Minister of Australia 2011a). As a result, community sector workers are expected to receive pay rises of 20% and, in some cases, up to 33%. (Australian Council of Trade Unions 2011a).

QUALIFICATIONS AND TRAINING

Considering the current legislative requirements outlining philosophies and values in terms of the way services to people with disabilities are supposed to be delivered, the question is how much is the disability workforce equipped to provide services in the expected manner to ensure appropriate quality of care and in what ways could this be improved.

The study on Australian disability services workforce completed by Martin and Healy (2010, p.126) found that support workers and personal carers made up almost two thirds of all equivalent full time workers in the disability sector in Australia, and most of them had post-school qualifications with the most common qualification being Certificate III or IV that 54 per cent of these workers had completed. According to the study, 11 per cent of disability support workers had a Diploma and 14 per cent had Degrees with 38 per cent of the qualifications in disability and 26 per cent of these qualifications in community work, which provide skills required in disability services (Martin & Healy 2010, p.126). Martin and Healy (2010, p.151) also reported that workers in the disability sector often had considerable amount of experience as over half of support workers and personal carers had worked in disability for five or more years and about one third of them had worked in the sector for 10 years or more.

It can be argued that deinstitutionalisation and the move from institutional services to community supports resulted in an increasing number of people with disabilities living in the community and welfare facilities, significantly increasing the number of workers required to provide support (Test et al 2003; Ito et al 1999) and putting more strain on support workers who have limited qualifications and greater workloads and responsibilities (Ito et al 1999). As services and clients' needs change, support workers' skills, knowledge, attitudes and values also need to change (Department of Human Services 2005).

It has been reported that support workers in most US states receive training related to health and safety issues (first aid, CPR), but little training is provided on assisting people with intellectual disability to lead self-directed lives and fully participate in the community (Test et al 2004). Staff who work in community residential services have been found to require additional competencies in the areas of home living skills and the development of social and relationship skills (Test et al 2004). Support workers are the main source of support to people with disabilities and their families – they often act as the primary advocate on practical issues of the everyday lives of people with disabilities, who often have limited self-advocacy skills and, sometimes, limited family support (Test et al 2004). Support workers are also the main figures in facilitation of self-determination and empowerment of people with disabilities, but basic orientation programs do not provide this level of skill (Test et al 2004). If staff only receive basic training, they are not equipped to meet their job responsibilities and clients' expectations, and when high expectations are placed on support workers who have limited skills and who are not prepared, high staff burn-out and turnover are to be expected (Test et al 2004).

A study aimed at determining training needs of support workers in a south-western state in the US found that support workers receive training on topics their management considers a priority, but support workers and their administrators (management) had different opinions about critical training needs (Test et al 2004). According to administrators, all competencies are important, but they identified documentation, communication and crisis intervention as the most important, whereas community service, networking and advocacy were the least important. On the other hand, support workers reported that the most important areas they needed training in were crisis intervention, education and training, community living skills and advocacy (Test et al 2004). Results of this study indicate that support workers recognised the need for training and 60% wanted

more training, but administrators reported having difficulty finding training opportunities for their staff because of limited training budgets and difficulties finding resources to provide staffing during training (Test et al 2004). This study identified additional areas of required training for support workers such as health and safety, training and instruction, awareness of consumer needs, and support workers' self-preservation skills including crisis intervention, personal protection and stress management. According to the study, most staff training is provided by employers at the beginning of employment and many support workers are not motivated or challenged by the training they get because of the prescriptive and regulatory nature of training. However, it is also common for new workers to feel overwhelmed by their training and have difficulty remembering what they have been told during training (Test et al 2004).

In Victoria the preferred formal qualification for a Disability Development and Support Officer (DDSO) Level 1 is Certificate IV in Community Services (Disability) and eligible staff are offered government traineeships to obtain this qualification in government accommodation services. The Victorian government has implemented the Disability Learning and Development Strategy, resulting in a significant number of unqualified government staff completing Certificate IV in Community Services (Disability Work) (Department of Human Services 2005). The Department of Human Services has also provided government staff in supervisory positions with other accredited training such as Frontline Management and Workplace Assessor training. Unfortunately, the situation is reported to be different in the non-government sector, where there are many variations in the qualifications of staff and the training provided to staff varies from unaccredited courses to accredited Certificate III or IV qualifications (Department of Human Services 2005). In Victoria, within the non-government Disability Service workforce, it has been reported that about a third of staff have completed a TAFE qualification, a third have completed an undergraduate or postgraduate qualification and 19% had no qualifications (Department of Human Services 2005).

As outlined in the Victorian State Disability Plan 2002-2012, the direction of support services is to move away from traditional disability funded activities and allow people with disabilities to receive support based on their choice and individual need, which is done through the development of an Individualised Planning and Support Approach (Department of Human Services 2002; Department of Human Services 2005). To achieve

the goals of the State Plan, the disability workforce needs to recognise the importance of community inclusion for people with disabilities; work cooperatively with clients' families and volunteers; and acknowledge that their workplace is a home to their clients and behave accordingly (Department of Human Services 2005). Access to professional development is critical in ensuring that new staff have the skills and confidence to undertake their role, and for experienced staff to be able to adapt to changing roles (Test et al 2004; Department of Human Services 2005).

The State Plan highlights the need for strengthening the workforce and ensuring that there is a skilled and stable workforce in the future. One of the main projects developed by the government to address the issue of workforce planning is the Disability Learning and Development Strategy, which ensured that there was a standard process for identifying skills that workers had and skills that are required to meet clients' critical needs. The government implemented a pre-service induction model for all new government recruits and even though it was developed for the government workforce it can be customised for non-government staff (Department of Human Services 2005). In the government sector, this model is a mandatory requirement for all new staff and the five-day induction program includes Induction to Disability, OH&S, Level 2 First Aid, Fire Safety, Manual Handling and Administration of Medication, which also form the first stage of the traineeship program. The difficulty is that within the non-government sector, there is no consistency to induction due to the size and diversity of the sector (Department of Human Services 2005).

Lack of appropriate and sufficient induction has been linked to reduced staff satisfaction and reduced quality of service as well as a higher incidence of workplace injuries among staff, especially new staff (Department of Human Services 2005). Skill development is an important factor in being able to provide the highest quality of service to people with disabilities, but it is also a major influence in maintaining skilled staff (Department of Human Services 2005).

Limited access to training and professional development; lack of professional status, reward and recognition; inadequate or lack of induction; inadequate supervision; lack of opportunities for career progression; and difficulties getting enough hours, especially for casual staff, are all factors that have a critical impact on the development of the disability workforce (Department of Human Services 2005).

STRESS AND BURN-OUT

Stress is part of modern life (Hassed 2008; Le Fanu 1997; Stoppard 2002). In some situations stress can have a positive effect as it can help people deal with challenges (Stoppard 2002). Stoppard (2002, p.288) defines stress as “energy that’s generated by change and can range from something as minor as getting out of bed in the morning to a major life event such as giving birth or bereavement”. In some situations stress can have a positive effect as it can help people deal with challenges, but the natural reaction of the human body to stress is the activation of survival instincts, which prepare our body for “fight or flight” (Hassed 2008; Le Fanu 1997; Stoppard 2002). In stressful situations, adrenal glands start producing increased amounts of adrenaline causing changes in heart rate, blood pressure, and metabolism and prepare body for action (Le Fanu 1997; Stoppard 2002).

The most stressful events are related to loss or conflict, including death of a spouse or a close relative, divorce, a prison term, loss of a job, personal injury or illness, marriage, arguments with people etc. (Le Fanu 1997; Stoppard 2002). When there is more than people can cope with, disorder may develop causing mental and physical problems (Hassed 2008; Le Fanu 1997; Stoppard 2002). The activation of stress response is not bad for health as long as it is activated when it needs to be and then deactivated when no longer required, but in most situations this response is activated unnecessarily and has negative effects on health (Hassed 2008). Constant exposure to stress and fear or the building up of stressors will produce early warning signs such as recurring headaches, migraine, muscular twitches, palpitations, indigestion or bowel irregularity (Le Fanu 1997; Stoppard 2002). Chronic stress can be caused by one major stressor which extends over a period, but more often it is the result of a large number of minor stressors accumulating (Hassed 2008). Extended activation of stress response leads to poor immunity and acceleration of atherosclerosis (hardening of the arteries) (Hassed 2008). Acute stress can cause loss of appetite, sleeplessness (insomnia), anger, hostility and difficulty in concentrating (Le Fanu 1997). Many long-term illnesses are related to the long-term effects of stress. These include digestive disorders, stomach ulcers or eczema (Le Fanu 1997; Stoppard 2002). Long-term stress can cause high blood pressure and heart attack, while mental health can suffer through persistent panic attacks, severe anxiety and phobias (Stoppard 2002). Negative emotional states such as stress, anxiety or depression suppress the beneficial immune function causing increased susceptibility to infection (viral

infections) and inflammation (Hassed 2008). Stress can impair the body's ability to heal itself (Hassed 2008) and, therefore, people under stress are more likely to get viral infections and recover more slowly than other people (Le Fanu 1997). Stress has also been linked with the appearance of cancers (Le Fanu 1997) and has been found to aggravate asthma, diabetes and arthritis (Stoppard 2002). As stress, fear and depression affect pain perception and the chemistry of nerve endings, chronic pain syndromes are common in people who feel helpless or hopeless and who are finding it difficult to cope (Hassed 2008). Stress-related problems that may affect some women are menstrual disorders, pelvic pain, premenstrual tension, unwanted hair growth, disturbance of ovarian function and failure to ovulate (Stoppard 2002). Insomnia is a common problem and it can be caused by stress (Le Fanu 1997, Stoppard 2002). It involves difficulty falling asleep or lack of sleep caused by frequent waking (Stoppard 2002).

Mental breakdown or suicide attempts are often a result of stressful life events, which build up pressure on the individual (Mitchel et al 1988; Le Fanu 1997). Our bodies are preparing us to fight or flee, but many problems cannot be solved this way in modern society and tension builds up (Stoppard 2002; Hanh & Payne 1991). Although stress can be caused by different factors, in many cases it is related to people's behaviour in organisations when they are unable to cope effectively (Mitchel et al 1988). Le Fanu (1997) points out that bad management and ineffective bosses are often cause of stress for workers, while Newell (1995) argues that conflict and confrontation at work are the biggest stressors and it becomes a problem when workers' health suffers and when normal work processes are interrupted. Newell (1995) also argues that the workplace environment is often not worker friendly. He refers to inadequate space, being unable to concentrate because of others' telephone conversations, bad lighting, inappropriate heating and cooling, noise, dangerous equipment, work overload and harassment as potential stressors. In relation to working in teams, when people who work together do not like each other, there is usually a lack of communication, more conflict and isolation of workers, which can all be stressful (Mitchel et al 1988).

According to some research, workers in low-control, mechanised and commission jobs have higher stress reaction in terms of increased production of adrenalin than workers who have a fixed wage and more control (Mitchel et al 1988). Shift work has also been linked to increased stress, health problems and disruption of social and family relations (Mitchel et

al 1988). Negative effects of shift work involve fatigue, gastritis, the use of caffeine, tobacco, alcohol and other drugs (Mitchel et al 1988).

From the psychological aspect, frontline work involves work overload and working under pressure most of the time, which can cause low morale, stress and burn-out (Jones & May 1999a). The term “burn-out” has been used since the mid-1970s and is used for situations in which “a worker becomes exhausted and worn out as a consequence of excessive demands on her or his energy, strength and resources” (Jones & May 1999, p.292). Ito et al (1999, p. 477) state: “When committed and devoted workers become enervated, apathetic, or irritable and lose motivation, this phenomenon is called ‘burnout’.”

Prolonged stress leads to burn-out, which is associated with poor performance as people are more likely to make mistakes, but it also puts people at risk of developing depression (Hassed 2008). Burn-out is associated with emotional exhaustion, depersonalisation, lack of motivation and personal accomplishment (Hassed 2008). Prolonged stress at any kind of work can cause burnout (Ito et al 1999), but it is especially widespread among human service workers with frontline workers being affected the most (Jones & May 1999; Ito et al 1999; Test et al 2003). Disability support work is a demanding and challenging job (Department of Human Services 2005) and a high burn-out profession (Test et al 2003; Ito et al 1999). The current trends in disability services are increased de-professionalisation of staff, increased support workers’ responsibilities and greater client and staff stress in health and human service environments (Oliver et al 2002). Among support workers, burn-out is often caused by the demands of the job with varied roles and expectations, working hours, lack of recognition and respect for this kind of job (Test et al 2003).

Generally, symptoms of burn-out may involve anxiety, fatigue, illness, poor job performance, personal problems, absenteeism and alienation from other workers (Jones & May 1999), while it has been reported that in addition to physical and emotional exhaustion, support workers often experience a reduced sense of personal accomplishment and depersonalisation towards their clients (Ito et al 1999).

It is in workers’ personal and professional interests to develop strategies to cope with stress in the organisational context (Jones & May 1999). Some of the suggested strategies are limiting one’s expectations from work, limiting commitment to work, conserving energy

and developing staying power as things usually change slowly in organisations (Jones & May 1999). The strategy of limiting one's commitment to work refers to workers setting boundaries and establishing balance between their work and personal life commitments. Conserving energy is also an important strategy as organisational events often cause workers to feel frustrated, angry and disappointed (Jones & May 1999).

Apart from workers developing their own strategies to survive in organisations, the issue of stress and burn-out is a lot more complex and it is important to emphasise organisations' responsibility and duty of care for their employees' health and well-being. As organisations are responsible for workers' wellbeing (Jones & May 1999), generally speaking, organisational methods for reducing stress could involve changing structure, policy, roles and interpersonal relationships (Mitchel et al 1988). Organisations could reduce workload, provide training, limit hours of highly stressful work, promote variety at work and develop support systems (Jones & May 1999). Jones and May (1999) point out the importance of workers using their political and industrial resources and associations, including unions, as union participation provides opportunities to influence and control work practice. In the public sector, unions have a big role in negotiating work conditions and their main concerns include workload, promotion, health and safety (Jones & May 1999). For disability support workers in Victoria, conditions of work are also regulated through the Residential and Support Services (Victoria) Award 1999, unless there is a certified agreement between the union and organisations employing disability support workers. The two unions that represent disability support workers are the Health and Community Services Union (HACSU) and the Health Services Union (HSU).

The work environment is a significant factor in elevating or aggravating staff stress and burn-out (Ito et al 1999), with lack of peer and professional support being recognised as the factors contributing to stress and burn-out (Department of Human Services 2005, Ito et al 1999). A study in Japan found that burn-out scores were significantly higher among direct support workers than among facility directors, middle managers and other staff. However, more importantly, burn-out scores were significantly lower for staff who reported they had supervisors with whom they could consult about work and personal problems than for those who did not have approachable supervisors (Ito et al 1999). The findings of this research suggested that supervisor support can reduce burn-out among support workers (Ito et al 1999).

Apart from being a challenging and demanding job with a lot of responsibilities, another important characteristic of disability support work is isolation (Leidy 2004, Department of Human Services 2005). Office workers usually see their colleagues a lot and get support more easily than disability support workers who provide in-home support to clients on weekends, or who work for a small agency or a small residential facility, so it is essential that they are supported and that someone is available to them to return their call and provide assistance (Leidy 2004).

For support workers, behaviours of concern (self-injury, physical and verbal aggression, property destruction and sexually inappropriate actions) have been identified as one of the biggest causes of work-related stress (Mitchell & Hastings 2001; Hastings & Brown 2002). The negative impact of behaviours of concern is not only caused by aggressive and assaulting behaviours as staff can also experience negative emotions as a result of clients' self-injurious or other behaviours (Hastings & Brown 2002). Therefore, there is a link between staff exposure to behaviours of concern and their mental health (Mitchell & Hastings 2001; Hastings 2002) since the effects of behaviours of concern on staff can vary from minor irritations to severe fear and anxiety (Hastings 2002).

Characteristics of organisations and characteristics of clients and staff are important factors in understanding staff stress. Characteristics of services that have been linked with staff stress are high workloads, limited training and opportunities for advancement, lack of resources, role ambiguity and working in an institutional rather than community setting (Mitchell & Hastings 2001). Resident or client characteristics, such as exhibiting behaviours of concern, are significant predictors of staff stress and burn-out. In regards to staff characteristics, support workers have reported significant negative emotional reactions to behaviours of concern such as fear, anxiety, anger and depression, and these negative emotional reactions to behaviours of concern, especially depression and anger, are considered to be predictors of burn-out (Mitchell & Hastings 2001). In a study investigating staff coping and emotional reaction to behaviours of concern in the UK, workers who had more education, worked fewer hours, had a formal qualification in Intellectual Disability and who were female, reported less burn-out (Mitchell & Hastings 2001).

Staff stress and burnout negatively influence quality of service considering that staff members who experience burn-out and high emotional exhaustion are found to be less likely to engage in positive interactions with their clients (Hastings 2002). These workers are less likely to interact with clients, to engage in assistance interactions and engage in fewer personal care tasks for their clients (Hastings 2002). Furthermore, staff stress and burnout are found to have a potential to affect clients' behaviours of concern because staff responses to behaviours of concern may contribute to or maintain clients' behaviours of concern (Hastings 2002).

Some strategies staff use in coping with behaviours of concern are detachment (switching off when not at work); getting support from other staff members, friends and family and talking through incidents; taking time out during a shift to recoup; or taking sick or other leave to regain energy (Mitchell & Hastings 2001). Employers have a moral and a legal responsibility for the welfare of employees (Hastings 2002) and staff support resources they implement can influence effects of behaviours of concern on staff well-being, with staff who are poorly supported being at higher risk of stress (Hastings & Brown 2002). Organisational factors like role ambiguity, role conflict and lack of managerial support have all been associated with staff stress (Hastings 2002), while staff who report high levels of stress are more likely to leave their jobs or take leave, which then affects quality and continuity of care (Mitchell & Hastings 2001; Hastings & Brown 2002; Hastings 2002). So if adequate support is to be provided to people with disabilities, direct support workers must be appropriately supported (Leidy 2004).

QUALITY OF SERVICE

People with disabilities are more vulnerable to abuse, neglect and discrimination than their peers without disabilities (Kendrick 2002; Oliver et al 2002). Adults with intellectual disability are more likely to have limited knowledge for making informed decisions and limited understanding about laws against abuse, severely impaired communication and less adaptive behaviour skills (Oliver et al 2002). Kendrick (2002) argues that most human services' clients have a disadvantaged position in society as most of them are poor and lack power or powerful allies. According to Kendrick (2002, p.4), "it is quite reasonable to portray them as vulnerable to being treated less well than most citizens. In fact, persons

with disabilities are disproportionately at risk of abuse and mistreatment in comparison to their non-disabled peers.”

Oliver et al (2002) argue that even though there are codes of ethics developed by state and national associations in the US, those laws and codes are usually insufficient and not specific enough to guide workers who provide day-to-day support to people with intellectual disabilities, and with the lack of codified ethical standards and limited training of staff in ethics, there is a potential for unrecognised, unreported or under-reported ethical violations occurring.

Support workers' knowledge, attitude and skills are the main factors affecting the quality of service and community living experiences of people with disabilities (Hewitt et al 2004). In the climate of growing demand for community services and direct support workers in the US, there are challenges of providing adequately trained and skilled direct support staff able to provide the services that people with disabilities require (Hewitt et al 2004). There are also increasing skill demands and responsibilities being placed on direct support workers which are associated with working in smaller settings with little access to on-site supervisors and other professionals (Hewitt et al 2004). In conditions of increased work demands, less supervision and limited training of staff, ethical care is likely to suffer (Oliver et al). Support workers (not professional staff members) are the ones who have the greatest amount of contact with people with disabilities and, particularly in residential settings, there are ethical complexities regarding relationship boundaries between residential support staff and their clients (Oliver et al 2002). For example, unlike staff in hospitals who work with patients for a few days to a few weeks, residential support workers are heavily involved in every aspect of their clients' lives (family relationships, health, employment, finances) for long periods, in some cases for years, so ethical boundaries between staff and clients in a residential setting may become blurred (Oliver et al 2002).

The position of residential disability support workers entails a lot of power that they constantly have to be aware of to be able to balance it and use it ethically when working with their clients, who are in a vulnerable situation and rely on support workers to have almost all their support needs met daily. Kendrick (2002, p.1) argues that “residential services play a dominant role in overall control of the lives of clients. The wellbeing of

residents can be dramatically helped or hurt by character of services and those who work in them. The range of ethical issues that may be faced is substantial since virtually all aspects of life are affected by one's home life." Therefore, it can be argued that it is extremely important to pay more attention to the day-to-day ethics of residential services as well as the quality of staff who are employed by these services, and to make sure that clients' interests and rights are protected and adhered to in practice.

Kendrick (2002) emphasises the importance of making a clear distinction between a facility and a home because they are not only different terms, but also different concepts and realities. He also points out that a facility is not a home even though it may aspire to maintain the idea of home as much as possible – putting in furniture and decorations can make a facility look more "homey", but it cannot make it a home because a nursing home is a program (Kendrick 2002) Kendrick (2002) argues that the most distinguishing factor in determining if a place really is a home is whether people who live there chose to live there or if the place was selected for them by others.

Kendrick (2002) goes on to claim that residential settings can also be distinguished from homes by whether they are private or public places. Homes are private property even though people who live there rent, while residential programs are subject to public oversight and management and often a wide range of people associated with the program would have access to the house. Even though some managers try to reduce these invasions through implementing rules that require residents' permission before people access the house, this does not change the status of that house from public to private (Kendrick 2002). Kendrick (2002, p. 3) also points out that the staff are usually not recruited, selected, managed or fired by the residents, but they are "the agents and employees of other interests".

Regarding the nature of the residential setting, Kendrick (2002, p. 3) said the following: "In most cases, a residential setting is in actuality the private-appearing expression of a public activity, i.e. running a residential program. The setting is often selected by the agency, partially paid for out of program funds or even owned outright by the agency, managed as an agency asset, registered publicly as a program site, presented in agency promotional material as the agency's, managed and maintained by agency personnel, disposed of by the agency when no longer of programmatic utility, etc. As a consequence, it is a fiction to

pretend that this type of setting is, in fact private. It is much more accurate to see it as an instrumentality of interests other than those of the resident. In most cases, these interests are ultimately public. Even those programs managed by so-called private agencies still render the site to be something other than the private home of the resident.”

Kendrick (2002) argues that due to clients being vulnerable to abuse, neglect and systemic mistreatment, which many residential service providers fail to fully recognise, there is the need for appropriate safeguards, but the difficulty is that a conflict of interests can affect safeguarding as services often have interests, needs and priorities that can clash with clients’ interests. Clients can be harmed if the service does not understand clients’ needs; if the service providers have control over many aspects of clients’ lives; if the staff are unmotivated, corrupt or incompetent; and good service is not possible unless there are safeguards against limitations of the services (Kendrick 2002).

In a study in the US by Test, Flowers, Hewitt and Solow (2004) on the training needs of support workers, clients reported they thought it was critical to provide training to support workers in health, safety and behaviour management, training and instructional issues and awareness of clients’ needs. The clients thought that workers required skills in first aid, administering medication and teaching clients to manage their own behaviours. Skills in training and instruction referred to the need of support workers to understand how different people learn and gain knowledge about different methods for communicating with clients. When talking about the need for support workers having awareness of clients’ needs, the clients focused on the poor attitude of some support workers towards their clients due to workers’ lack of understanding of disabilities and lack of understanding about clients’ capabilities (Test et al 2004).

Workforce issues like support worker position vacancies and high staff turnover negatively affect quality of service, causing low staff morale due to increased workloads for staff, and leading to decreased safety for both clients and staff (Test et al 2003). High staff turnover causes loss of organisational knowledge and expertise (Department of Human Services 2005). High staff turnover rates have been reported to disrupt clients’ lives and routines, and to create emotional problems for clients due to clients often experiencing sadness when support workers leave (Test et al 2003). Clients need to build trust with support

workers and high turnover rates mean that they continuously need to work on establishing trusting relationships (Test et al 2003).

In Victoria, the Standards for Disability Services outline the expectations of work practice for the delivery of services to people with disabilities in a consistent way (Department of Human Services 2010). The standards are supposed to cover all the elements of quality service for people who use services under the Disability Act 2006 (Department of Human Services 2010).

The Quality Framework for Disability Services in Victoria contains important elements of quality such as measurement, monitoring and improvement (Department of Human Services 2010). It was first implemented in 1997 and has been revised to provide a better support of the principles of the Disability Act 2006 and the goals of the State Disability Plan 2002-2012 (Department of Human Services 2010). The Standards for Disability Services include outcome standards and industry standards. The industry standards were introduced in 1997 as the Industry Standards for Disability Services and have remained within the Quality Framework (Department of Human Services 2010).

The outcome standards describe things that are important for people with disabilities in terms of their citizenship rights, including political, economic, social, cultural and health and wellbeing outcomes (Department of Human Services 2010). The outcome standards include:

- Individuality (individuals have goals, aspirations, support needs and make decisions about their life),
- Capacity (individuals' capacity and potential are identified and supported),
- Participation (each individual participates in their community),
- Citizenship (individuals have rights and responsibilities as members of the community) and
- Leadership (individuals have opportunities to decide how their supports are provided) (Department of Human Services 2010).

The industry standards describe processes and systems that need to be in place to provide high quality of service to people with disabilities and protect their rights (Department of Human Services 2010). The industry standards include the following:

- Service access (fair and equitable practices consistent with funding obligations),
- Individual needs (planning and support is flexible and responsive to the individual's needs),
- Decision making and choice (support is planned and provided according to the individual's decisions, choices and aspirations),
- Privacy, dignity and confidentiality are respected and maintained,
- Participation and integration (support is planned and provided in a way that builds opportunities for an individual's community participation),
- Valued status (support is planned and provided in a way that recognises the skills, abilities and potential of individuals),
- Complaints and disputes are responded to promptly, respectfully and fairly,
- Service management (management and practice is accountable and consistent with disability policy and practice) and
- Freedom from abuse and neglect (providing supports in safe and healthy environments protecting individuals' legal and human rights) (Department of Human Services 2010).

Disability service providers are required to measure the quality of their practice by gathering data against evidence indications which describe areas of life important to people and areas of good practice that are important to organisations (Department of Human Services 2009). The Quality Framework identifies 16 life areas that are important to all people and that deal with organisations' influence on domestic, social, cultural, recreational, vocational, health and wellbeing outcomes for people with disability (Department of Human Services 2009).

The 16 life areas are:

- Always learning,
- Being part of a community,
- Being independent,
- Being safe,
- Building relationships,
- Choosing supports,
- Communicating,

- Doing valued work,
- Exercising rights and responsibilities,
- Expressing culture,
- Having fun,
- How to live,
- Looking after self,
- Moving around,
- Paying for things and
- Where to live (Department of Human Services 2009).

Areas of good practice are important to the day-to-day workings of a disability service provider and disability support workers and they contribute to the outcomes that people with a disability experience (Department of Human Services 2009). The organisational practice areas are culture and governance, policies and practice, support options, working with the individual, working with personal networks and working collaboratively (Department of Human Services 2009).

1. 5. 4. ORGANISATION AS A WORKPLACE

Residential disability support workers are employed by government and non-government disability service organisations to support clients who live in Shared Supported Accommodation. Even though residential disability support workers can often feel they are detached or distant from the organisation they work for because they work in clients' homes in isolation from other workers, often on their own or with another worker on shift, they are still part of an organisation and experience similar issues to any other member of an organisation. Organisational context is important in understanding their position as workers and it can be argued that organisational issues and culture have a lot of impact on workers' work conditions as well as their job satisfaction.

Human service organisations operate in a constantly changing environment as clients' needs change over time; funding patterns change; workers come and go; and the attention of community and media change (Brody 2005). To survive and be effective, organisations must respond to external markets which comprise referral sources, policymakers and

funding bodies, and managers are often in a situation where they have to choose between the organisation's mission and market needs (Brody 2005). Management is defined as "the process of working with and through individuals and groups and other resources to accomplish organisational goals" (Hersey & Blanchard 1993, p.5). The management process involves planning, organising, motivating workers and controlling them (Hersey & Blanchard 1993). Managers' jobs are non-routine since their work hours are filled with interruptions and unexpected demands such as phone calls, correspondence, emergencies and staff complaints (Brody 2005). Managers or supervisors play multiple roles and are often caught between the different expectations of their superiors and workers' needs and concerns (Brody 2005). Middle managers facilitate communication between different levels of an organisation as well as reconciling their supervisory roles (Brody 2005). McKinlay (2006) argues that supervisors who work in disability services reported higher stress levels compared to disability support workers who deal with behaviours of concern, and points out that organisational roles (role overload, responsibility) are important predictors of stress.

Conrad and Poole (2005) argue that communication is important and organisations must maintain adequate levels of effective communication to survive and prosper. Also, people who have knowledge and understanding of organisational communication, and who have a wide range of written and oral communication skills, feel more empowered, have more successful careers and contribute more to their organisations than people who do not have these skills (Conrad & Poole 2005).

Communication is defined as "a process through which people acting together create, sustain, and manage meanings through the use of verbal and nonverbal signs and symbols within a particular context" (Conrad and Poole 2005, p.4). When people communicate with each other, they bring with them histories of conversations, expectations about future conversations, goals for the current conversation and their relationship, assumptions about how people should communicate and different levels and types of communication skills (Conrad & Poole 2005). The impressions people have of each other, the way they interpret their relationships, depend on the systems of meanings that they create during conversation (Conrad & Poole 2005, p.4).

Conrad and Poole (2005) argue that organisational relationships have an organisational and an interpersonal dimension and that people constantly have to balance these two dimensions. For example, people can communicate with each other at work because they like each other or because their work duties require them to communicate or it could be both. If a boss likes an employee, but the employee is unable to do their job well, it could create constant stress in their relationship (Conrad & Poole 2005, p.4).

Work relationships are interpersonal relationships, but they are also different from the natural relationships people have outside work because they are imposed on people as the aim is to fulfil formal organisational functions. Therefore these organisational relationships are often formed between people who would not have voluntarily formed relationships (Conrad & Poole 2005). Power and status differences of various organisational roles also complicate relationships and usually employees communicate differently with people of different power and status and expect to be treated differently by them (Conrad & Poole 2005).

Work relationships are complicated because they have a public aspect in a way natural relationships do not (Conrad & Poole 2005). Work situations often complicate the normal flow of relationships and communication because friends tend to be more open with each other, but organisational rules often require employees to keep information secret from their friends and colleagues (Conrad & Poole 2005). Conrad and Poole (2005) point out that the “blended relationships” people form at work are more complicated than natural relationships – colleagues help each other solve work-related problems, find areas of similarity and attraction and build close friendships, which causes their communication to become more personal and less cautious. Conrad and Poole (2005) claim that the complications of “blended relationships” are easiest to see in romantic relationships at work.

According to Hersey and Blanchard (1993), organisations are social systems consisting of related subsystems such as human (social) systems, administrative (structural) systems, informational (decision-making) systems and economic (technological) systems. Changes in any of these subsystems will affect other parts of the organisation (Hersey & Blanchard 1993). Workers are often resistant to change, especially in situations when they are likely to lose something of value like power, employment or stature (Brody 2005). In

organisations, people can go through four levels of change: knowledge, attitude, behaviour and organisational performance. Changes in knowledge are the easiest to achieve, while organisational performance changes are the most difficult and time consuming (Hersey & Blanchard 1993). Morgan (1986) argues that organisational culture is important because it shapes the management and the character of the organisation. He sees organisations as small societies which have their own culture and subcultures with many different and competing value systems. In many organisations, there are different professional subcultures which have difficulty communicating, and there are often differences in opinion within the management resulting in a struggle for control (Morgan 1986).

Hersey and Blanchard (1993) argue that the success of organisations depends on how the organisation uses its human resources and they say that many of the organisational problems are related to people and their lack of understanding for others as well as their inability to cooperate. When people's or groups' interests collide within an organisation, conflicts arise and they can be personal, interpersonal or between rival groups (Morgan 1986). Subcultural divisions may occur because people have different loyalties such as giving more importance to friendships or being more interested in advancing personal rather than organisational goals (Morgan 1986). Also, interests of workers and the employer may not be the same and the union culture has an important influence on culture and subculture in an organisation (Morgan 1986).

Generally, people's expectations from their jobs depend on the individual as people have many needs in addition to money and security (Hersey & Blanchard 1993). In contrast to profit-making organisations, workers in human service organisations are often attracted to their jobs by an opportunity to make a positive contribution to people's lives (Brody 2005), and many disability support workers can be perceived as part of this category of people who enjoy being able to assist and enhance other people's lives as many of them want to feel like they are making a difference and doing something important (Leidy 2004). Martin and Healy's (2010, p.134) study found that three quarters of disability services workers in Australia across different occupations reported that desire to help others had attracted them to work in disability services, and 70 per cent of the workers reported having a desire to do something worthwhile. Rewards such as job security and career prospects were selected by about a quarter of all workers in the disability field and one in five respondents indicated pay was a factor that attracted them to disability services work (Martin & Healy

2010, p.134). Martin and Healy (2010) argue that the levels of organisational commitment are among the highest in the community services sector and that many disability services workers find other rewards in their jobs and pay is not the most important factor. According to Martin and Healy (2010), workers' motivations in entering their job will predict their commitment to their job, as well as their response to their work experiences.

Hersey and Blanchard (1993) claim that if motivation is low, workers' performance will suffer while frustration can cause aggressive behaviour, as well as resignation and apathy as people lose hope of accomplishing their goals. Therefore, it is important that workers are motivated, their jobs are satisfying and their workload balanced (Brody 2005). According to Brody (2005), good staff development is based on both, a job-needs analysis and a worker-needs analysis. Unsatisfying and highly demanding jobs are difficult to fill and cause high turnover (Brody 2005). Organisations can use job enrichment and other approaches like work simplification, job rotation and job enlargement to increase job satisfaction (Brody 2005). For workers to be more productive and satisfied with their jobs, they need to have proper information, tools, clear job descriptions, administrative backup and support from their colleagues (Brody 2005). Fellowship and trust are important in organisations because bonding produces feelings of comfort and security, which are particularly important in organisations with high client demands and big work pressures (Brody 2005).

In their study, Martin and Healy (2010, p.137) found disability services workers in Australia perceived relationships between management and employees as positive with 80 per cent of respondents from various occupational groups seeing relationships as 'quite good' or 'very good'. Disability services workers had even more positive views about relations between colleagues with 90 per cent of them holding a positive view in regards to the relations between colleagues (Martin & Healy 2010, p.137). Martin and Healy (2010) point out the results of their study suggest that disability services workers find they receive considerable support from their colleagues and slightly less from their managers. Generally, the relationships workers have with their colleagues and managers are important because they are likely to influence workers' commitment, effectiveness and the likelihood of them remaining in their jobs (Martin & Healy 2010).

Hersey and Blanchard (1993) emphasise the importance of team building and situational leadership. Generally speaking, effective managers or leaders use situational leadership – they identify needs and adapt to the work environment, appreciating differences and matching their leadership styles with the needs and nature of the workers (Brody 2005; Hersey & Blanchard 1993). Human service organisations usually employ highly trained professional workers who expect to be consulted and want to influence decisions related to areas that have direct impact on their work (Brody 2005). Therefore, in this situation, effective managers are expected to minimise the use of command language, treat staff with dignity, communicate with (not just to) staff, listen and incorporate workers' ideas and concerns (Brody 2005).

If workers feel they have autonomy and control over how they do their jobs, they are more likely to be satisfied and committed to their jobs (Martin & Healy 2010). In general, disability services workers in Australia were reported to have high and adequate levels of control over their work with 80 per cent of them saying they have adequate control over their work tasks (Martin & Healy 2010, p.139).

According to the Great Place to Work Institute Australia (2008), a great workplace is measured by the quality of three relationships: between employees and management, between employees and their jobs/company, and between employees and other employees. Trust, pride and camaraderie are important dimensions of good workplaces (Great Place to Work Institute Australia 2008). Trust is important for the relationship between an employer and workers (Levering 2008). It consists of credibility, respect and fairness (Lyman 2003; Levering 2008; Great Place to Work Institute Australia 2008). Credibility means managers communicate with workers and keep them informed about the agency's plans and take into account the workers' ideas (Great Place to Work Institute Australia 2008). Respect involves providing workers with resources they need to do their job, engaging them in decision-making, creating a safe and healthy environment and encouraging work/life balance (Great Place to Work Institute Australia 2008; Lyman 2003). Fairness means that there is no discrimination; decisions about employing or promoting are made impartially, and there are clear processes for resolving disputes (Lyman 2003; Great Place to Work Institute Australia 2008). Pride is related to the relationship between employees and their jobs/agency while camaraderie relates to the relationship between the worker and other workers (Great Place to Work Institute Australia 2008). When pride

and camaraderie are present, workers take pride in their job and their agency; they feel they can be themselves at work; they cooperate with their colleagues; get recognition for their achievements; and want to continue their careers with the agency (Great Place to Work Institute Australia 2008). Therefore, in general, credibility, respect, fairness, pride and camaraderie can be used as indicators of a good workplace and satisfied workers, and are relevant and applicable to residential disability support workers and their workplace.

STAFF RECRUITMENT AND RETENTION

Challenges that disability service organisations have been experiencing are recruitment and retention of disability support workers. In the US, the factors that have been influencing the direct support workforce are reported to be deinstitutionalisation of people with disabilities, the economy and the labour market (Test et al 2003). The move from institutional services to community supports has significantly increased the number of workers required to provide support to people with disabilities, while persistently low unemployment rates make it difficult for community human services to find people who want to work as direct support workers in the US (Test et al 2003). A study that investigated recruitment and retention of direct support workers and how these issues affect people with developmental disabilities in one mid-Atlantic state in the US found that staff turnover rate and recruitment is a serious problem which has negative consequences for many people who receive support (Test et al 2003). The study also found that direct support staff are inadequately compensated and often have to work more than one job; direct support staff provide a range of services and have many job titles and job descriptions; and there is a need to develop the role of the direct support staff into a valued profession (Test et al 2003).

There have also been difficulties with disability workforce recruitment and retention in Victoria, especially in the non-government sector (Department of Human Services 2005), but according to the Victorian government, staff turnover in Disability Services in government and non-government services is relatively low compared to many human services workforces, which experience annual turnover in excess of 20%. Estimated non-casual turnover in government services is 3.5% and in non-government services 9.5% (Department of Human Services 2005). Individual agencies may experience difficulties in

recruiting workers for regular or particular shifts. Smaller non-government agencies have been more likely to report significant vacancy rates as they often have costly and sometimes insufficient recruitment processes (Department of Human Services 2005). Recruitment, support and reward of staff are different in government and non-government agencies. Government Disability Services recruit staff locally region by region through standard departmental processes. The 376 non-government agencies are responsible for their own recruiting, which is often a costly and time-consuming process, particularly for smaller agencies that do not have human resource workers. Non-government agencies have also reported difficulties with recruiting due to low wages in comparison to the government sector (Department of Human Services 2005).

There has been a limited interest in disability careers, which is partly due to a general lack of awareness and understanding of the disability support workers' role and value (Department of Human Services 2005). People attracted to the Disability Services sector generally have an interest in caring and supporting people with disability, and a desire to make a difference in people's lives is often a reason for working in the field (Department of Human Services 2005, Martin & Healy 2010). According to the study conducted by Martin & Healy (2010, p.134), disability services workers in Australia across different occupations were attracted to their jobs because of the rewards that were intrinsic to performing their jobs and arising out of the experience of doing their jobs such as assisting other, however for support workers and personal carers who usually do shift work, the flexibility of hours and shifts was important as 40 per cent of them had reported this mattered to them. Factors that discourage people from working in the disability field are the lack of professional status, concerns regarding limited opportunities for career progression, concerns about lack of work hours and general lack of interest in the "caring" occupations (Department of Human Services 2005).

In their study, Martin and Healy (2010) concluded that retaining support workers or personal carers in their jobs mainly depends on how their jobs fit with other commitments or family responsibilities. More than half of the respondents changed jobs due to personal and family commitments, about one quarter of respondents moved to avoid negative experiences such as conflict, stress or not spending enough time with clients (Martin & Healy 2010, p. 152).

Non-government services in Victoria reported these key issues contributing to dissatisfaction of disability workforce:

- Shift work,
- Unsatisfactory rosters,
- Lack of regular hours for casuals,
- Lack of training and development,
- Low wages,
- Lack of career structure,
- Lack of status or recognition (Department of Human Services 2005).

There is a need for strategies that would increase staff satisfaction and meet changing client and service needs. If job satisfaction is monitored and actions are taken accordingly, it is possible to reverse intentions of staff to leave their job (Department of Human Services 2005).

In Victoria, there has been difficulty recruiting a diverse workforce, which can lead to a mismatch between clients' requirements and the existing workforce. The Disability Services sector workforce is predominantly female. Women comprised 69% of the government Shared Supported Accommodation and Congregate Care workforces at 30 June 2003, while 75% of non-government staff in accommodation, home support and day programs were female (Department of Human Services 2005). There is also a small percentage of workers who are young, male and from varying cultural backgrounds (Department of Human Services 2005). It is estimated that of the 19% of the Australian population with a disability, almost 5% are from a Culturally And Linguistically Diverse (CALD) background (Department of Human Services 2005). As the Disability Services program emphasises the importance of people with disabilities having a choice of support workers, there is a need for greater diversity in the workforce in relation to age, gender and cultural diversity to provide clients with more choice (Department of Human Services 2005). Therefore, there is a need to make direct support work more attractive for a larger number of people, including men and younger people.

As the overall Australian workforce is expected to decrease over the next 10 to 15 years, the disability sector is expected to face increasing competition from other industries for staff (Department of Human Services 2005). There is therefore a need to attract more workers to the field as well as invest in existing workers to increase their skills, knowledge

and job satisfaction and align their values with their clients' values (Department of Human Services 2005). Some possible solutions to the issues of recruitment and retention could be enhancing role clarity and professional identity of support workers, and increasing their pay and access to benefits (Test et al 2003). Larger employers that deliver services over a few programs could provide their direct support staff with opportunities to move between programs, which could improve staff retention by providing diversity of work and promoting a learning culture (Department of Human Services 2005).

The Victorian government has recognised that important priorities for Disability Services are:

- To develop more efficient recruitment processes
- Implementing more strategic approaches to workforce management
- Exploring options to make work in the sector more attractive.
- Providing opportunities for workforce development within a competency-based framework to provide staff with greater career opportunities and address a range of workforce challenges (Department of Human Services 2005).

CASUAL WORKERS

Many in the disability workforce are employed as casuals. According to Martin and Healy's (2010, p.124,) study, about one third of disability support workers and personal carers in Australia were employed as casual workers and the majority of them were employed by non-government organisations. Generally, disability services workers in Australia preferred permanent employment (about 87 per cent of them), however support workers and personal carers were more likely than other disability services workers to prefer casual jobs (about 16 per cent of them), while this was especially the case with support workers and personal carers in non-government organisations, as 18 per cent of them preferred casual jobs compared to 6 per cent of government support workers (Martin & Healy 2010, pp. 144 - 145). In Victoria, 17% of the workforce in government and 27% of the workforce in non-government services are casual (Department of Human Services 2005).

Service providers plan services based on daily and seasonal demands and workforce availability. It can be difficult to find replacement staff during peak holiday times, and it is critical to have a pool of relieving staff, but if workers who prefer casual arrangements are

not given enough hours they are likely to leave and look for work elsewhere (Department of Human Services 2005). To provide client-focused service to people with disability, it is critical to have a flexible workforce. Under the Victorian State Disability Plan, people with disabilities are encouraged to make decisions about the activities they want to do and people they want to do them with (Department of Human Services 2002). Employment of casual staff has provided a lot of flexibility in covering 24-hour rosters and filling gaps in rosters (Department of Human Services 2005). Because they often do not get enough hours, casual workers often leave their work, especially in the non-government sector, resulting in higher recruitment and training costs for these agencies, which puts a lot of pressure on smaller agencies that have limited resources for recruitment (Department of Human Services 2005).

Casual staff are likely to have little ongoing training (Department of Human Services 2005). In the government sector, all new workers, including new casual workers, are required to complete pre-service induction training, which is designed to ensure that Disability Service Standards are met, and that staff are prepared for the direct support role (Department of Human Services 2005). The five-day induction program was estimated to cost \$2,123 a person, and in the 2002-2003 financial year, 459 new casual staff started working in the government sector (Department of Human Services 2005). Training is important for every support worker as it is one way of ensuring quality of service and managing risk (Department of Human Services 2005). Use of casual staff can sometimes be problematic because it can reduce continuity of care since some clients are known to respond better when they work with regular staff they know and trust (Department of Human Services 2005).

LEADERSHIP AND SUPERVISION

The frontline supervisors have a complex and important role to play in defining the support work, supporting staff, providing training to staff, mediating stresses, creating workplace culture, and establishing a well-functioning work environment (Hewitt et al 2004). Workplaces with inexperienced frontline supervisors have been found to have higher support worker turnover rates (Hewitt et al 2004). It is frontline supervisors' responsibility to support direct care workers to perform their duties effectively, and their skills and actions have significant effect on retention of support workers. The two main reasons for

support workers leaving their jobs are difficulties with getting along with co-workers and conflicts with their supervisors (Hewitt et al 2004).

Frontline supervisors have a critical role in realising the goals and purpose of community services as they take part in recruiting, training and supporting direct support workers with the ultimate goal being to facilitate effective performance of support workers (Hewitt et al 2004).

The study conducted by Hewitt et al (2004) in the US identified 14 broad competency areas that supervisors must be prepared to perform:

- Enhancing staff relations,
- Providing direct care support and modelling,
- Supporting clients' support networks,
- Planning and monitoring programs,
- Managing staff,
- Leading training and staff development,
- Promoting public relations,
- Maintaining homes, property, vehicles,
- Protecting health and safety,
- Managing finances,
- Maintaining rosters and payroll,
- Coordinating vocational supports,
- Coordinating policies and procedures and making sure that these are complied with,
- Performing general office work (Hewitt et al 2004, p. 127).

These competencies can be assessed and evaluated in several different ways, such as direct observation of supervisors, demonstration of skill, document review, discussion, portfolio product, client/family member feedback, peer report, support worker report and written test (Hewitt et al 2004).

To be able to perform their duties adequately, supervisors require clear job definitions and expectations, as well as good educational and training programs provided to them (Hewitt et al 2004). Supervisors who have been promoted from direct support positions without

being trained or having specific skills in staff relations, management and training, are unlikely to have competencies that allow them to be effective in their jobs, so difficulties with finding, supporting and keeping support staff are not surprising (Hewitt et al 2004).

The study in the US by Hewitt et al (2004) found that having supervisors being responsible for more than one location or program causes difficulties because the quality of supervision declines because supervisors have to supervise and support workers with whom they have limited contact. There are some advantages to working for a small agency compared with a large agency or government, since it is easier to identify decision-makers, get things done quickly and feel more empowered at work (Department of Human Services 2005, p.37).

Limited access to appropriate supervision or insufficient supervision is a significant factor in causing job dissatisfaction in the Disability Services workforce (Department of Human Services 2005, p.44, Hewitt et al 2004). In Victoria, the level of supervision workers receive varies in terms of frequency, duration and quality (Department of Human Services 2005, p.44). The department provides a range of training programs for their staff in supervisory roles, and even though similar training is offered to staff in the non-government sector, the level and availability of this training varies between non-government organisations (Department of Human Services 2005).

Disability service organisations are required to provide support to their clients in a certain manner in accordance with the current legislation, policies and philosophies. Disability support workers are frontline workers who need to implement these policies and apply them in their work, carrying the responsibility for ensuring their clients' needs, rights and choices are respected and adequately met each day. Even though disability support workers do not appear to be well recognised as professionals in a way nurses or social workers are, their role is crucial and requires knowledge, skills, life experience and emotional maturity. Their work performance can be affected by many interconnected factors such as work conditions, their levels of education and training, their work experience, organisational factors, their levels of motivation and job satisfaction. So position, the quality of support workers and their work conditions are all linked in influencing the quality of their work, their work practice and, ultimately, the quality of care and lives of people with disabilities. This research is investigating residential disability

support workers' experiences; how they view their job, work environment, their needs as workers as well as what kind of impact this work has on their health, professional and personal lives. The research is also interested in the difficulties disability support workers face at work, how these difficulties influence their work practice and quality of care and, finally, how these things could be improved.

2. METHODOLOGY

This is qualitative social research. Social research is a political activity conducted so someone can make a decision or act in a certain way (Alston and Bowles 1998). Alston and Bowles (1998, p.6) define social research as “the systematic observation and/or collection of information to find or impose a pattern, to make a decision or take some action”. Qualitative research is used to describe impressions and feelings about a certain situation in detail (Bouma 2000). Words, images and descriptions are used to assess the quality of these experiences (Berg 2004, p.3). According to Bouma (2000, p.178) the main aim of qualitative research is “to provide the maximum opportunity for the researcher to learn from the subjects, or participants in the research”. Although qualitative research has been criticised for not being scientific and valid, Berg (2004) argues that it can be methodological and systematic and that different researchers are able to repeat the research with the same results. Positive features of qualitative research are that it is more flexible and allows more interaction, reflection and alteration during the research process (Babbie 2004, Bouma 2000). There are many qualitative methodologies and, generally speaking, they are based on relativism, constructivist ontology and interpretive epistemology (Sarantakos 2005). According to relativism, one reality or universal truth does not exist, but, instead, there are many versions of reality (Lazar 1998). It is also based on the view that what we perceive is always influenced by our experiences and culture (Willis 2007) and that different theories construct realities and criteria for evaluating knowledge (Lazar 1998). Constructionism is founded on the idea that objective reality does not exist in practice as it is not accessible to humans (Sarantakos 2005). Reality is constructed and can be understood in context only (Willis 2007). According to constructionism, interpretations of reality will differ from person to person because knowledge does not come from people's senses alone and research focuses on the

construction of meanings in which culture and society have an important role (Sarantakos 2005).

This research is based on the interpretive model of research. Interpretivism as the framework has its roots in Max Weber's work and is concerned with understanding of social behaviour or social life (Hall & Hall 1996, Sarantakos 2005). According to Lazar (1998), Weber was mainly interested in the interpretive understanding of subjective meaning. In contrast to the positivist view that reality can be observed and studied objectively (Sarantakos 2005, Hall & Hall 1996, Lazar 1998, Willis 2007), interpretivism is based on the idea that the social world cannot be studied from the outside since it is reconstructed by people as they interpret their own world (Hall & Hall 1996). People's experiences and tools, such as language and culture, help them define and shape the reality they construct (Willis 2007). In positivist research, if sampling was done properly, the results can be generalised (Hall & Hall 1996). Interpretivism proposes that we should concentrate on local knowledge rather than search for generalised truths and laws about people's behaviours (Willis 2007). Therefore, from an interpretivist standpoint, the purpose of social research is to understand what is being studied (Willis 2007). This research takes a phenomenological approach in that it focuses on subjectivity and relativity of reality (Willis 2007). It is studying people's perceptions of the world and focuses on understanding from the perspective of the people who are being studied (Willis 2007).

According to interpretivism, researchers capture one aspect of reality and what they can describe are their personal views and interpretation (Sarantakos 2005). Therefore, it is not possible to know if the researcher has a true account of the research participants' meanings (Sarantakos 2005), but usually the research will be better understood by people who belong to the same group and share the same socially constructed version of the research (Willis 2007). Sarantakos (2005) argues that qualitative research encourages inter-subjectivity and the researcher's involvement in the research process, but that researchers have to be responsible and transparent, which involves being open about the research process and letting others judge the quality of the research.

Sixteen people were interviewed individually, including 10 residential disability support workers, three house supervisors and three union workers. Semi-structured interviews were used for data collection. In semi-structured interviews, the researcher has a set of

topics with some questions and prompts related to each topic, but can also explore additional issues raised by the participant (Berg 2004; Alston & Bowles 1998). Data was analysed manually through coding, which involves reducing data and identifying key themes, categories and patterns (Coffey & Atkinson 1996). First-level coding is defined as “a device for summarising segments of data” (Miles & Huberman 1994, p.69). This is followed by pattern coding which is “a way of grouping those summaries into a smaller number of sets, themes, or constructs” (Miles & Huberman 1994, p.69). Memoes were used to write up the ideas the researcher had about codes and their relationships (Miles & Huberman 1994). Data was reduced, coded, pattern coded and displayed in the form of matrices (Miles & Huberman 1994). The participants were given feedback in writing after the interview and before the report was written. The research report and recommendations were distributed to the unions and some organisations which employ residential disability support workers.

2. 1. SAMPLING

Non-probability sampling (accidental or convenience sampling) was used (Alston & Bowles 1998; Berg 2004). Organisations employing residential disability support workers and unions in Melbourne were approached and asked to participate in the research. Five agencies gave written approvals and agreed to inform their workers and residential disability support workers about the research and the researcher’s contact details. People who were interested came from two agencies which had given written approvals.

2. 2. DATA COLLECTION TECHNIQUES

Data was collected through individual interviews because the aim was to gain qualitative data while allowing participants more freedom to express themselves. The interviews were semi-structured. There was a list of topics and questions to be followed, but additional issues were discussed as well, depending on the participants’ responses. The researcher sometimes asked additional questions to clarify what the participants were saying. At the end of the list of questions on each topic, the participants were asked if they had any further comments about the topic so they could raise other issues they had not discussed. The list of questions for disability support workers, coordinators and union workers has been provided at the end of the thesis in the Appendices A to C. The interviews were

audio-taped unless the participants were uncomfortable with this and wished otherwise. They were asked before the start of the interview if they minded the interviews being recorded. One participant did not want the interview to be audio-taped, so the researcher took notes during the interview and made extra notes just after the interview finished. One research participant did not feel comfortable with being interviewed and decided to answer the questions in writing. The length of the interviews and the participants' responses to questions varied dramatically, depending on how much the participants had to say about certain topics. Two interviews were completed in two sessions due to the participants giving longer answers to questions, time constraints and because they expressed a wish to complete the whole interview and answer all the questions. Another participant chose to complete the remaining part of the interview in writing. Generally speaking, the research participants did not have any issues with answering personal or sensitive questions and when they decided to skip certain questions it was because they could not think of anything to say when the question was asked, or because they had previously answered that question while discussing other topics. All of the interviews were completed between July and October 2007.

2. 3. DATA ANALYSIS

The audio-taped interviews were transcribed. The participants were given feedback about their interview in a form of a transcript with an opportunity to change, clarify or add things to make sure that the researcher understood what the participants were reporting. Data were then analysed manually through the process of reduction, coding and categorising.

The interviews were conducted following the list of topics with each topic having a number of questions to be followed. Disability support work, work conditions, roster and work hours, behaviours of concern, stress and burn out, health and quality of care were some of the topics. After the interviews were transcribed, the collected data from each participant and about each topic were reduced and summarised. The researcher was looking for themes that were appearing under each topic separately. For example, in regards to work conditions, some of the themes were issues with physical workplace environment, staffing issues, lack of support for the workers, teamwork issues, managing clients' behaviours of concern and violent behaviours, stress and low pay. Under the roster and work hours topic, the emerging themes were dissatisfaction with rosters, unfair rosters, workers doing

back to back shifts due to staffing issues, burn out, difficulties with shift work, reliance on workers' commitment. Furthermore, some of the themes in regards to stress were difficulties with recognising stress, managing behaviours of concern, teamwork issues, lack of support from management, decreased work performance, need for better pay, need for debriefing, and need for training on stress and stress management. The researcher colour coded different themes in the text. As the interviews covered a range of topics, some themes were appearing throughout the interviews under different topics. For example, teamwork issues were emerging in the conditions of work, stress, organisational culture and behaviours of concern sections. As the themes were categorised, the researcher was recording ideas about their relationships and connections.

2. 4. INFORMED CONSENT

Before the interviews were conducted, the participants were given Information to Participants Sheet containing information about the research and its purpose and, if they agreed to participate, they were asked to sign an informed consent form. They were also told about their right to refuse to answer questions or to withdraw from the interview at any point. Also, during the interviews, the researcher often reminded participants that they did not have to respond to personal or sensitive questions. The participants were not offered material rewards or incentives to take part in the research. Therefore, the researcher used volunteer participants who were fully informed about the research project and process, and who made an informed decision to take part in the interviews.

2. 5. ANONYMITY AND CONFIDENTIALITY

The names of research participants have been used only on informed consent forms, which have been kept confidential. Names of organisations and suburbs in which workers live or work has not be revealed in the report to protect the participants' identities.

2. 6. VALIDITY AND RELIABILITY

The sample size is small and thus raises the question of representativeness. Ten support workers, three senior coordinators and three union workers were interviewed. Both union workers and senior coordinators had experienced working as support workers. The senior

coordinators were responsible for supervising at least three houses each. Two of the three senior coordinators were not doing hands-on work at the houses they supervised, while one senior coordinator was doing support work and covered shifts at the houses she supervised. The senior coordinators were in a position to provide management perspective, but it would have been beneficial to have more senior management represented in the sample. The support workers were mainly accessed through one organisation. Some had more than one employer, some worked at more than one house and some had had other employers. The workers incorporated all their experiences about being a support worker and did not refer only to the situation with their current employers. Even though the sample is small, the findings of the research are consistent with literature from other community services.

The researcher did not define terms such as stress, burn-out, health, behaviours of concern or discrimination, but the participants have worked in the disability field for a number of years and have been exposed to these terms in their work environments.

Having worked as a residential disability support worker, it can be argued that the researcher's identity and values influenced the research process. This was the case in terms of the topics and the list of questions that the researcher developed. The researcher had her own experiences, thoughts and opinions about each topic, which were consistent with and similar to those of the research participants.

2. 7. LIMITATIONS

The researcher was working as a residential disability support worker and, therefore, has her own opinions and experiences relating to the research questions, which had the potential to influence the interviews. As there was already a work relationship between the researcher and some research participants, it can be argued that there was a possibility of the participants' responses being influenced by what they knew about the researcher and her attitudes. On the other hand, both these factors may have a positive effect as they might have made participants feel more comfortable, open and understood during the interviews.

2. 8. METHOD OF GIVING FEEDBACK

Feedback about the information gained during the individual interviews was given to individual participants in writing before data analysis was completed. The researcher was unable to provide two research participants with feedback information from their interviews due to not having their new contact details. The other 14 research participants had an opportunity to give additional information or clarify their responses in case they felt they were misunderstood. Only the participant whose interview was not audio-taped returned the feedback report with added responses.

3. RESEARCH PARTICIPANTS' PROFILES

As mentioned, 16 people took part in this research – ten residential disability support workers, three senior coordinators and three union workers. The senior coordinators and the union workers all had worked as disability support workers and have their personal experiences and views about residential disability support work. These six participants were able to provide two perspectives, one of a support worker, and the other of a coordinator or a union worker. The participants were asked for demographic information, data about their age, marital status, work hours, work experience and formal qualifications.

The disability support workers' age was between 31 and 59. The average age was 47.7. The number of years they had spent as support workers ranged from 2.5 to 16 so it can be argued that all participants were relatively experienced.

Six of ten support workers had two employers in the same field and one participant had one employer, but worked as a permanent at more than one CRU. Most workers were permanent, some of those who had two employers were both permanent and casual, while two participants were working as casuals only. The number of working hours per fortnight varied from 18 to 79.

The workers participating in this research were asked how they started working as residential disability support workers. Most did not plan to work as support workers, but found themselves in situations which led them to their current positions. Some of the

circumstances were related to difficulties with finding a job, becoming redundant or a need to look for more work.

In **Brenda's** case, the reason for starting the new career was loss of job through redundancy, but she also used her personal experience of caring for her sick father in finding a new job. Two workers reported that their personal life experiences related to disability led them to seek formal training and work in the field. Adam said: *"I suppose because I have my own slight disability I wanted to put something back into helping other people with disability."* Jack responded by saying: *"My brother has MS (multiple sclerosis) and I enjoyed aspects of caring for him. I also thought it was easy, in particular, I thought it was easy, especially noticing what my brother's support workers were doing as work tasks. I also like helping the less fortunate people."*

Additional information about all participants is outlined in the following four tables. Tables 1.1 and 1.2 provide information about the residential disability support workers' age, marital status, their work hours and qualifications. These are followed by tables 1.3 and 1.4, which provide information about coordinators' previous employment and qualifications and the union workers' previous employment.

Table 1.1 – Residential disability support workers' profiles

	Liz	Nora	Tom	Adam	Debbie
Age	48	49	31	55	51
Marital status	Married	Not married	Not married	Not married	Not married
Children	2 grown up and 1 lives with her	2 grown up children	No children	No children	No children
Employers	2 (gov. and NGO)	1 NGO (works at 2 CRUs)	1 NGO and 1 for profit agency	1 NGO	1 gov. and 1 NGO
Casual/permanent	Permanent at gov. and casual at NGO	Permanent	Casual	Permanent	Casual at gov. and permanent at NGO
Number of work hours per fortnight	Her permanent line is 45.5 hours, but often does 60-65 or more	64 hours	Varies. Used to do about 50 hours and now about 25 hours	45 hours	70 hours
Number of sleep-overs per fortnight	3	4	Used to do 4 and now 1 per fortnight	No sleep-overs	2
Weekend work hours	Varies (either does s/os or does day shifts.	Works every second Saturday	Weekend work hours change, but he is now trying not to do any	One day shift on weekend per fortnight	16 hours on one weekend and 8 hours the following
Active nights	No	No	No	No	Yes
Time spent working as a support worker	13 years	6 years	2.5 years	5 years	2.5 years
Qualifications	Social work degree	Diploma in Welfare, Cert. IV in Assessment and Training	Basic trainings, BA in Professional Writing and Editing	Cert. IV in Disability, Diploma in OH&S, started Diploma in Disability	Diploma in Health Science, nursing, ago, doing Cert. IV in Disability

Table 1.2 – Residential disability support workers' profiles

	Brenda	Robert	Kelly	Mary	Jack
Age	53	55	59	40	36
Marital status	Not married	Not married	Not married	Not married	Not married
Children	No children	2 sons (16 and 8 years old)	4 children	No children	No children
Employers	2 NGOs	2 NGOs	1 NGO	1 NGO	1 NGO and 1 for profit agency
Casual/permanent	Permanent	Permanent at one and casual at other org.	Permanent	Permanent	Casual
Number of work hours per fortnight	76-79	Does not know	18	76	45-50
Number of sleep-overs per fortnight	5 per fortnight and every first Saturday in a month (11 per month)	3-5	2	4	No sleep-overs
Weekend work hours	Sleep-over every first Saturday in a month and other weekend hours	Many hours Full	Does a sleep-over on Sundays	Works every weekend Full	4 hours on Saturdays and Sundays
Active nights	No	No	No	No	No
Time spent working as a support worker	9 years	7 years	5 years	16 years	3 years
Qualifications	Cert. III in Community Care, Cert. IV in Disability, doing Diploma in Disability	Honours in Geology and Biology, Cert. III in Aged Care, doing Cert. IV in Disability	Homeopath, doesn't have formal qualifications in disability field	BA in Fine Arts, Cert. IV in Disability, Cert. IV in Small Business Management	Certificate IV in Disability

Table 1.3 – Coordinator’s profiles

	Sandra	Kate	Vicky
Employers	NGO	NGO	NGO
Previous work	Has worked as a supervisor for 7 years in various supervisory positions. Worked as a support worker before that.	Has worked for the current employer for 3 years. Previously worked as a manager of a residential service and a manager of a respite service. Worked as a support worker in the past.	Has worked as a supervisor for 8 months. Worked as a team leader before becoming a supervisor. Worked as a support worker before.
Qualifications	Cert. IV in Disability, Diploma in Aged Care, Diploma in Community Studies, doing Diploma in Disability	BA in Disability, Cert. IV in Disability, doing Advanced Diploma in Disability	Social work degree, Diploma in Welfare, Cert. IV in Disability

Table 1.4 – Union workers’ profiles

	Brad	Michael	John
Employers	Union	Union	Union
Previous work	Has worked for the union for 2 years and 3 months. Worked in the disability sector as a supervisor and a support worker at one organisation for 15 years and also worked overseas as a support worker for 5 years.	Has worked for the union for 2.5 years. Worked as a disability support worker for 12-13 years for an agency as a casual before starting his work at the union.	Has worked for the union for 5.5 years. Worked as a disability support worker and a CRU supervisor before starting work at the union.

4. DISCUSSION OF FINDINGS

4. 1. HOW DO RESIDENTIAL DISABILITY SUPPORT WORKERS PERCEIVE THEIR WORK?

To ascertain how participants see and experience their work, they were asked to discuss their likes and dislikes, the difficulties they face and their status as disability support workers among other professionals and people in the community.

The workers were asked about what they liked about the work they do. Their answers to the question were mostly related to the idea of being able to help people with disabilities, enhance their lives, support them to have a high standard of living, and being able to make a difference to someone's life. All workers reported the job is rewarding, they like their clients and working with them, and some like the educational and life skill development aspect of the job. Human and humanitarian aspects of the job seem to be very important to the participants as well as the emotional connection with the clients. As **Tom** reports, he likes the fact that workers become fairly important in clients' lives and get to know them as human beings. In addition to the idea of being able to help and the emotional connection with their clients, two of the workers identified the flexibility of work hours to be positive aspects of the job with one of them explaining that they like having time off in the day to do shopping or housework, while another worker reported that the shift work suits their lifestyle for the time being.

The researcher asked the question about what support workers dislike about the job and what aspects of the job are most difficult. The participants' responses were very similar, with the support workers disliking aspects of the job that they find difficult or challenging. The workers, coordinators and union workers perceived the difficulties of disability support work similarly. The main five groups of difficulties that the participants reported are teamwork issues, management issues, shift work and work hours, administrative requirements (paperwork) and balancing them with clients' support needs; behaviours of concern including violent behaviours, and sometimes emotional labour and attachment to clients.

The biggest issues seem to be difficulties with teamwork and staff communication. **Robert's** answer was pointing out issues with staff politics, but he also mentions the

nature of the job that can constantly require workers to be reactive during their shifts. Robert said he dislikes: *“Backstabbing people that aren’t team players and what’s commonly called politics...”*

Nora feels that staff and teamwork issues make her job harder due to work overload as she explains:

“When... you haven’t got a good team, when there’s a disharmony with staff and you haven’t got a really good team that makes your job harder. When things don’t run smoothly and you end up being stuck with other people’s workloads because somebody else isn’t pulling their weight, then it becomes difficult.”

The majority of workers also expressed their dissatisfaction with their organisation’s management and management communication, with the participants’ responses implying that the workers do not feel supported or understood by their management. An increasing number of administrative tasks that workers have to perform each day seem to put a lot more pressure on them and cause them to perceive their management as unsupportive because the management is implementing these administrative systems. Some of the workers feel that this is done at the expense of client time and support.

Mary said she dislikes short staffing; staff who do not want to be at work; management’s lack of understanding of how the house can operate and how to improve how it operates. **Debbie** pointed out differences between management styles in government and non-government organisations. She said that in the private sector workers are not listened to. She thinks that because of lack of support of workers, the management is more concerned with filling shifts than what is happening with staff members or if staff are doing their job properly.

Some workers also reported that they dislike their work hours because they are not worker and family friendly. **Liz**, for example, said: *“I hate the fact that it takes you away from your family more often than it should”*, and then adds the issues of occupational violence and teamwork: *“I don’t like ... the abuse that you suffer at the hand of the clients and other staff at times. That’s the most difficult part of the job for me.”*

Michael (union) thinks that shift work is probably the most difficult aspect of the job in terms of health, well-being and work performance. He emphasises that casual and on-call workers are usually more likely to experience negative aspects of shift work because their rosters tend to be more irregular than permanent workers' rosters. He said:

"I think it's the hours, not so much the work, you get used to the work over time, just becomes second nature. I think the hours, especially for those who are casual and their hours keep chopping and changing. Shift work has quite detrimental effects over a long period and this is done through research as well. But sleeping patterns, eating patterns anything like that is thrown out of the door purely because of split shifts, and that could change from roster to roster for some people and that makes it tough. There's no consistency at all and I think staff come off active nights straight on to a morning shift, and they're absolutely necked and tired and, again, it's a reason for starting to make mistakes as well. I think it's just the hours, not so much the work."

Robert commented on the difficulties of performing repetitive administrative tasks and the negative physical and mental effects of shift work in terms of sleep-deprivation and reduced capacity to think reasonably.

Previously some of the workers reported that they like their clients and the relationship they have with them, but the emotional connection and the amount of emotional labour have a potential to lead to emotional exhaustion and burn-out. **Tom**, for example, likes working with people and having an emotional connection with his clients, but he also points out the other side, saying that he sometimes dislikes this because "it's too much pressure being that important in someone's life" and claims: *"it's a double-edge sword – that's a really great thing, but it's also, kind of, crap 'cause you get sucked into it"*.

John (union) mentions the emotional labour of support workers in terms of the stress of constantly "giving of themselves" when dealing with violence, the criminal justice system, clients' complex support needs and psychiatric issues. As some of the support workers reported, John also points out the difficulties and stress of balancing the hands-on work with clients and finding time to do the administrative requirements of the job and paperwork.

Brad (union) reported that support workers deal with some stressful situations such as working with clients with significant behaviours of concern, dealing with a death of a client and supporting clients in a community where the community is hostile towards the clients.

All these stressful experiences can be taxing emotionally, and the death of a client can be seen as another dimension of emotional labour that support workers can experience. As support workers sometimes work with clients who have degenerative conditions or support clients who are terminally ill, workers can sometimes find themselves in situations in which clients they have got to know and developed an emotional connection with, die. Sometimes, support workers would find themselves in situations where they are supporting a client with a terminal illness, who is receiving palliative care at home (CRU). In these situations, it is essential that the organisation that employs the workers acknowledges the impact on workers and provides appropriate support.

The participants were asked about the easiest parts of residential disability support work. Generally speaking, disability support workers considered activities which they like doing and the everyday domestic tasks to be the easiest parts of the job. Activities include going out with clients and having fun; relating with clients; cooking and cleaning. The three coordinators did not think that there are specifically any easy parts of the job, but **Kate (coordinator)** thinks there are some aspects of it which can be considered to be pleasant, such as working with people and working in a homely environment. In relation to this question, the union workers' answers point out that clients and the nature of their disability, their support needs and workers' work experience have an impact on how workers view their job and what difficulties they might have while performing their duties. According to **Brad and Michael (union workers)**, once workers get to know their clients and the clients' routines, and as workers gain more work experience and skills, their job becomes easier. **John (union)** also pointed out that a homelike environment can be perceived as the easiest aspect of the job because it is less formal than an office environment.

When the participants were asked to report on their experiences and opinions about residential disability support work in general and the support workers' role, they reported that the job is "great" and "rewarding" but at the same time "difficult" and "tough". It is valuable work, but misunderstood by the community, very underrated, and not given the respect it deserves. It is also a multi-skilled job that involves both physical and emotional

work and it is not a pure caring kind of work, which is what many people in the community think it is. Generally, the participants see residential support work as a step in the right direction as opposed to institutionalisation of people with disabilities, but it is hard to get people to do and it is hard to get suitable people to do it. **Kate (coordinator)** believes that what needs to happen is to have more value placed on the role of residential disability support workers as she says:

“I think it’s a hard job. I think that people who work on the ground floor often perceive it as a thankless job, but they are the ones who deliver the service, so I think that more value needs to be placed on the role.”

All participants believe that as disability support workers they have an important and valuable role in the society; however, they do not feel that their role is valued or recognised by the society or community. **Mary** pointed out that the residential disability support worker’s role is not only misunderstood by the community, but also by workers themselves as she thinks the role is often perceived as being based on a medical model. Following Mary’s comment about many workers misunderstanding the guiding philosophy behind residential disability support work, other participants observed that it is difficult to find or employ the right people to do residential disability support work not only because of shift work, but also because it is difficult to find people with the right attitudes and values, and maturity.

John (union) believes that the role of support workers is important but undervalued. He said:

“It’s a critical role, I personally believe. I’ve experienced that the group home, CRU, model works well and the role of a support worker in that is critical. By saying this, it’s a multi-skilled job, not pure caring and that’s... why support work is not a, probably, a great title. (It) implies some sort of unskilled job and just personal care, when it’s not... It’s assessing your clients’ needs, being able to communicate with clients who can’t necessarily communicate in language and... Identifying ways of basically supporting people with disabilities to (lead) best of life and also to be valued (for) who they are as possible. So I think it’s a... critical role and underestimated role.”

Michael (union) perceives residential disability support work as an emotionally rewarding experience while also acknowledging that it is hard work involving a lot of emotional labour. He said:

“If you’ve spoken to others, they find it rewarding, but tough at the same time. It’s not just a physical job, it’s emotional as well and that’s taxing on staff. So, even though it’s tough, I think, once you’re in that job for a long period of time you tend to look at those you work with, or the clients more as people, not as people with a disability, and then you start to treat them as you treat everyone else, which means there’s a range of emotions from staff as well about how they interact. I think over time you tend to look passed their disability and treat them for who they are and that gets quite rewarding as well.”

Based on their personal experiences, none of the participants thinks the community understands what disability support workers do. Most reported that people in the community view them as “special”, “saints”, “do-gooders”, “charity workers” or nice people because of the job they are doing. There is also a sense of pity as **Liz** says:

“I think that they think that we are all a bunch of bleeding calves... I think that they feel sorry for us, for our job: ‘Oh you poor darling, you must have so much infinite patience’. They don’t, kind of, seem to see that we see it as a job and also a lot of people... don’t understand how we could possibly do it. They think it’s just an impossible job...”

The way the community perceives disability support workers stems from the fact that the community attaches to workers personal qualities and their character rather than referring to their skill or professionalism. **Mary** summarised community attitudes towards disability support workers well by saying:

“People see disability support workers as saints or special. They don’t see them for their professional skills, but more for their charitable nature and patience.”

Furthermore, as a couple of participants reported, people in the community often identify residential disability support work as work that personal care attendants do in aged care facilities, which mostly involves tasks such as showering, toileting, grooming, dressing, feeding, some meal preparation, clothes washing and bed making, while the educational and the developmental aspects of the disability support work are completely unrecognised. The researcher asked the participants about the status of residential disability support workers compared with other professionals. As with the previous question, according to the participants’ personal experiences and impressions of the current situation, residential

disability support work is not considered a profession by many people in the community and other professionals and, therefore, the status of support workers is generally very low.

John (union) agrees that the status is low and compares residential disability support workers to nurses who are professionally well acknowledged and skilled in a specific way, whereas John emphasises that support workers need to have broader skills to be able to do their job properly. **Vicky (coordinator)** also thinks that the status is low as there is a stigma attached to the position as she explains:

“I think sometimes the community sees them more as baby sitters as people who are unable to find other... work in high positions. There’s always this stigma attached to it that they’re the underdogs and are there because they can’t or they don’t have any other credentials. So, I don’t think they get enough respect.”

When answering this question, **Kelly** actually acknowledged that, based on her observation, there are residential support workers who are not professional in the way they work, and she therefore believes that her organisation and other organisations need to make workers more professional and “weed out those unprofessional people”.

Generally speaking, the participants felt that they were not respected or recognised for their skills although couple of participants said that some health professionals who often deal with people with intellectual disabilities and who are aware of the support workers’ role tend to show more respect in their interactions with support workers.

The majority of the research participants argue that disability support workers need to be recognised and that their work needs to be acknowledged as a profession. The participants pointed out the link between support workers’ low status and their low pay.

Discussion

Workers in human service organisations are often attracted to their jobs because they want to help other people and make a difference or a contribution (Brody 2005; Martin & Healy 2010; Leidy 2004), and in this respect, there have been no surprises in the current study as all the research participants confirmed that they were attracted to the disability field by their desire to help and improve the lives of other people, which is often the case

with workers in human service organisations. Residential disability support work involves a considerable amount of emotional labour, which is important to people who choose to work as helping professionals and make a difference, but the emotional labour often goes unrecognised for what it really is because it is not easily visible and because people who have little to do with the field perceive disability support workers' willingness to perform this emotional labour as an aspect of the worker's personality or character rather than a skill-based aspect of the job. Therefore, the community often sees disability support workers as "special", "do-gooders" or "nice people" rather than having the helping aspect contributing to the nature of the job and the role of support workers as professionals. Even though the helping aspect and emotional connection with clients is rewarding and important to people who want to work in the field, if work is not balanced properly it can become emotionally exhausting and heavy when support workers start feeling stressed and burdened with feelings of "immense responsibility" for someone's life, as one of the participants described it. Disability support workers' work environment and settings allow for this to happen easily. The Shared Supported Accommodation (SSA) setting is different from, for example, the hospital setting, where patients come and go and staff change more often. In SSA, where residential disability support workers work, most clients would stay long-term because it is where they live and the house is considered their home. Support workers, especially permanent support workers, are likely to work with the same clients for extended periods, often for years, during which time they get to know the clients well as human beings and as unique individuals, and develop close working relationships and emotional connections. When clients, for example, go through difficult or challenging times in their lives, whether it is loss and grief, terminal illness or behaviours of concern, support workers usually put in a lot of their emotional energy in support. Due to this nature of the job and the work setting, it is important that organisations employing disability support workers provide appropriate work conditions to enable their workers to continue doing their job and prevent burn-out. This will be further explored in the next section in which disability support workers' work conditions will be discussed in more detail.

Even though some participants thought that their work hours are flexible and suitable to their lifestyles, most reported shift work and work hours to be parts of the job that they disliked and found difficult. They think it is not only taking them away from their families and friends, but also has negative effects on their physical well-being, concentration and work performance.

Dealing with teamwork issues has proved to be even more difficult and disliked than shift work with most participants reporting that they dislike staff politics and find it difficult working with people “who are not team players”. Discord and lack of teamwork within a team of support workers has an enormous impact on the quality of support they provide to their clients. Because disability support workers assist people with their everyday living, the care or support they provide needs to be continuous and consistent with one worker continuing where the previous worker on shift stopped. Every support worker is responsible for the care of every resident during their shift, and if the team does not work together and in agreement, care for clients is disrupted, inconsistent and does not meet clients’ needs, negatively affecting both clients and support workers.

The majority of participants feel it is difficult and stressful dealing with violent behaviours because when managing violent situations workers tend to give a lot of themselves emotionally. Other studies had identified behaviours of concern as one of the biggest causes of work-related stress for support workers in the disability field (Mitchell & Hastings 2001; Hastings & Brown 2002; Hastings 2002) and therefore the findings of the current research are consistent with the literature. Workers also experience difficulty when trying to balance increasing amounts of paperwork and administrative work with direct support work and assisting clients with individual tasks. The majority of workers’ responses implied feelings of alienation from their management as they reported they do not feel supported, respected or understood. This indicates the relationship between these workers and their management or agency is strained and lacks trust and respect, which are both the measure and the key ingredients of what is considered a good workplace and a successful working relationship (Great Place to Work Institute Australia 2008). The findings of the current study are not consistent with Martin and Healy’s (2010, p.137) study, which found of 80 per cent disability services’ workers in Australia perceived relationships between management and employees as positive. The inconsistency of the findings could be due to the small sample in the current study and specific situations or circumstances affecting the workplaces of the current study participants; however it can also be due to Martin and Healy’s study focusing on all workers in the disability sector nationally, and not specifically on residential disability support workers who work in SSA.

The workers see their job to be hard, but rewarding and important, involving both physical and emotional work, which requires many different skills and maturity. Unfortunately, many people in the community and other professionals seem to have no understanding about what disability support workers do. The work is hidden and often misunderstood. The participants' experiences are that people who do not work in the disability field often feel pity for workers doing disability support work and perceive them as special charity workers with lots of patience. Workers' role as support workers is not only misunderstood, but unrecognised and undervalued, which also indicates the low profile and status of people with disability. If disability support work is seen as "an impossible job", as one of the participants said, and if to do the job support workers only need to have "infinite patience" or "a bottomless pit of compassion", what does it say about people with disabilities? It appears that with deinstitutionalisation and demedicalisation of the disability field, direct support professionals have moved away from the old approaches, whereas the community, comprising people from different generations, mentalities and cultures, does not seem to be sufficiently exposed and educated about the new directions that the disability field has taken.

Disability support work has a low status, and although it is becoming more visible within the community, it is seldom seen as a profession. This, and the lack of respect for it, have led to the current circumstances in which the skills and knowledge needed for the work are completely unacknowledged outside the field. The difficulty is that many people see support workers as charity workers, and charity workers are usually associated with female volunteers rather than professionals. The participants reported that there is a lack of disability support workers and that disability support work is a difficult job to get people to do. Due to some work conditions, in particular, work hours including shift work and low pay as well as low status of disability support work, it is difficult to attract skilled and well trained people into residential disability support work. For disability support workers' status to improve, the following needs to occur: disability support work needs to be professionalised; support workers' skills, work and role need to be recognised and acknowledged; and therefore these need to be followed by increasing support workers' pay. Community attitudes towards people with disabilities and towards disability support workers play a central role in two respects. One is that disability support work alone cannot improve lives and positions of people with disabilities unless community attitudes change to make communities more open, accepting and respectful towards people with

disabilities. Second, recognition and professionalisation of disability support work can be expected to trigger improvement in work conditions, stabilisation of the disability workforce and improvement in the quality of service being provided to people with disabilities.

4. 2. WHAT ARE WORK CONDITIONS LIKE?

The researcher asked the participants about what conditions of work were like in general, which was followed by a series of questions about rosters and work hours, shift work, annual leave, supervision, behaviours of concern, occupational violence, OH&S and pay. These topics will be discussed in this section of the thesis. Even though stress and organisational culture also represent some aspects of work conditions, they will be discussed in the sections that follow.

Due to the human factor and the unexpected nature of the job, the participants reported that support workers are unable to always plan and know for sure what is going to happen during their shift. The participants reported that the physical work environment and work conditions vary from house to house depending on clients, their support needs, and how the house was designed as **Kate (coordinator)** reports:

“The conditions in terms of a sleep-over room and how that’s set up and management of staff do vary hugely from organisation to organisation and house to house depending on who built it, who was involved in the design of it. Some houses have their own ensuites, other houses don’t. Some have a tiny sleep-over room combined with an office and all sorts of crap shoved in there, and others have a really large space where people can, actually, get away. It varies.”

STAFFING ISSUES

High staff turnover and difficulties with recruiting and retaining support workers are some of the major aspects of work conditions, according to the participants’ personal experiences. When there is a lack of support workers in houses, what usually happens is that permanent workers at the house start doing too many hours and back-to-back shifts, or the organisation starts using agency workers. In both circumstances, permanent workers’ workload is significantly increased leading to exhaustion and burn-out. Unless agency workers work at the same house often, they do not have the site-specific knowledge and understanding of individual clients’ support needs and routines. Therefore, permanent workers end up doing most of the work and have the additional responsibility of orienting, instructing and supervising agency workers during the shift.

Nora spoke about her frustrations and difficulties in relation to the lack of permanent workers and increased workload when agency or casual workers are used by her employer.

From a casual worker's perspective, **Tom** pointed out that it is difficult for agency workers to do their job well when they are not told exactly what they are supposed to do during their shift considering that they do not know the house, the clients and their routines. Even though Tom is working for an external and for-profit agency he acknowledges the problem of disability service organisations often having to use agencies to cover shifts. He said: *"With (the agency), because it's all casual work, I think that the most difficult stuff is getting people to tell you what's expected of you and what the people you're supporting require, and what you're required to do for them... So, that's the issue there. I think in (this organisation) the main thing I've discovered since moving to Melbourne, I get the impression that some of the Melbourne houses are a bit too reliant on agency staff. Having said that, I just work for the agency, but... it would definitely be a worry... in residential. It's a bit undesirable thing for residential to be reliant on agency."*

In many participants' responses the lack of workers and difficulties with recruitment were coming up very strongly. **Brad (union)**, who used to work as a house coordinator, said: *"Difficulties in keeping, you're having good staff coming through all the time. When you get good staff, you wanna try and keep them, but there's certainly a lot of competition out there to try and keep good staff, so with that comes... with the turnover of staff there's a lack of consistency which has an impact on the clients as well. You know, affects the behaviours if people don't... do the... things from the same handbook, then some clients will take advantage of that and some clients don't particularly... like a break in routines. They find it upsetting. And also, again, I think in terms of delivering a sort of consistent quality care as well, you need to have a stable workforce. And my experience, we've had probably, usually 50 to 60 per cent permanent staff on rosters and the rest is filled with casuals and agency. Casuals and agency... you get some fantastic ones, you get some... that aren't so great but they're certainly better than having nobody. And we get some that are, occasionally, it's pretty rare though, that are replacements for clients."*

SHIFT WORK

Shift work is part of the job in the residential setting. It is almost impossible for workers to avoid it. In the previous section shift work was identified as an aspect of the job that the participants dislike or find difficult. Even though the participants acknowledged that shift work is an unavoidable part of the job, they had mixed feelings about it. Some participants said that they found shift work to be difficult and that it affected their social and family life as well as their physical health and well-being. Some participants said that they did not like shift work, while some reported that shift work did not worry them. Others pointed out that there are good and bad things about shift work. For example, what some participants like about shift work is that it allows them to have free time during the day. The majority of participants reported that shift work affects social and family life, but they understand it is necessary in this field.

Kate (coordinator) pointed out the difficulties of night work and the effect of shift work on workers' social and family lives which is why many workers resent their job, however she emphasised that rosters are in place to meet clients' needs first, even though they affect workers as well.

In relation to weekend work, three workers reported that they did not like working on weekends, while others did not mind it, but reported some difficulties with its impact on their social and family lives. Pay and penalties were reported to be a big incentive for workers in accepting work on public holidays and weekends.

Shift work that support workers do involves sleep-over shifts and, at some houses, active night shifts. Sleep-over shifts usually start in the afternoon (depending on the house, they can start at 1pm or 3pm) and finish next morning (usually at 9am or 10am). The inactive part of a sleep-over shift usually starts at 10pm or 11pm and finishes at 6.30am or 7am depending on the house. During the inactive part of a sleep-over, workers are not expected to be awake, but are expected to work up to 90 minutes if the need arises during the night and if there are any emergencies. A sleep-over allowance is paid for the inactive part of a sleep-over while the active part of a sleep-over shift is paid per hour.

In the interviews, the participants reported on their experiences with sleep-overs and active nights. They had mixed feelings about doing sleep-overs. Some reported that they

are happy to do sleep-overs; some said that sleep-overs were difficult or that quality of sleep was not good; while some pointed out good and bad sides to doing sleep-overs, which have been outlined in the table below.

Table 1.5 – Sleep-overs

Good things about sleep-overs	Bad things about sleep-overs
Big chunk of hours and money in a relatively short space of time.	Difficult Exhausting
Workers can spend more time with clients and get to know them better.	Quality of workers' sleep during a sleep-over is not good.
	Workers cannot sleep and beds are uncomfortable.
	Clients get up at night and interrupt workers' sleep.
	Sleep-overs cut into workers' sleeping time as workers often continue working after 10pm.
	Free time after a sleep-over does not end up being free time as it is used for recovery, to recuperate.
	Shift work and sleep-overs are not good for people because they disrupt sleeping patterns and impact workers' health.

The difficulty with sleep-overs is that even though there is an inactive part of the shift, during which workers are supposed to or are allowed to sleep, most workers have difficulty sleeping and cannot have a good rest during the night. After getting home from a sleep-over shift, it is not unusual for workers to sleep or spend the afternoon recovering from work because the quality and the amount of sleep they get during a sleep-over shift usually does not match their physical needs.

Depending on clients and their support needs, some houses have active nights, and during these shifts workers have to be awake and work through the night. For active night shifts, workers are paid per hour including penalty rates. Generally speaking, the participants think that active nights are exhausting as they are difficult on workers

physically. One worker reported that they have never done an active night. Five said they do not do them and would never do them. One worker reported that they used to do them and it was difficult driving home in the morning, and that they would rather do a sleep-over than an active night. Another worker reported they had done active nights and they were all right. Only one worker reported they were currently doing active nights and were happy with them.

Nora used to do active nights in her previous job, but would not consider doing them again because she finds them very difficult and exhausting, as she explains:

“No, I won’t do them. I’d refuse to do them if I had to, if I was asked to because I did them a few years back, nearly four years back, before I came down here and they nearly killed me. I just, I was told I had to do them and I did two a week after a weekend work. I did two day shifts, then, I did two active nights and took me three days to get over it. I just think I’m too old. I’m too old now to do it. I’m too old to stay up that late. I just can’t. I just start nodding off at 3.30, 4 o’clock. It’s just not in my nature to be a night person. I just can’t do it. I tried and I couldn’t, so wouldn’t do it again. If I was asked, I’d say no.”

Like **Nora**, **Robert** would not be prepared to do active nights due to their negative impact on his physical health and concentration, as he says:

“I will never do them...because I get ill, and I’m not prepared to use my time to recover. It’s... sleep-overs are a big enough imposition. They affect the amount and the quality of my sleep and most other people’s and the effect of working a night shift, I know, is the same as being 0.08 and after sleep-overs... little being disturbed... that’s a similar, that leaves you in a similar situation. I’m not the only person that’s nodded off at the traffic lights...”

In her response, **Brenda** raised an issue of sleep-overs sometimes turning into active nights, but workers still being paid for sleep-overs. She says workers at the house do not get paid for active nights because the night shifts are classified as sleep-overs and not as active nights.

ROSTERS

The participants were asked what they thought about rosters and their work hours. They had different opinions about this. Three of the ten workers reported they were not happy with their work hours and rosters, while others said they were happy and they did understand that in this line of work shift work was unavoidable.

The purpose of a roster is to implement support for clients, so rosters are based on clients' support needs as well as organisations' funding levels and resources. When clients are on holidays or when they stay at home due to sickness, additional shifts are rostered and need to be filled preferably by permanent workers or workers who know clients and the house well. As discussed, due to lack of workers, permanent workers end up filling the gaps in the roster as well as doing their usual work and hours. Some of the participants reported that, in their experience, support workers are burning out because they are constantly covering gaps in rosters caused by lack of workers. They also reported they find it difficult to do back-to-back shifts especially over extended periods. It is also important to acknowledge that sometimes workers are happy to do additional shifts and accept additional hours when offered for financial reasons, but sometimes they accept more hours because they have been asked and there is no one else to do it.

Sandra (coordinator) says that in relation to rosters there is a reliance on “workers’ commitment” and workers often do “more hours than they probably should”. She also pointed out that workers spend a lot of time in isolation and that it is important to support them. **Vicky (coordinator)** agrees with **Sandra** and talks about the difficulties with recruiting support workers for work in houses and the negative effects on permanent support workers in terms of burn out and reduced quality of work performance due to houses being understaffed.

Throughout the interviews, the majority of participants acknowledged that shift work is an unavoidable part of the job because clients' support needs dictate when support shifts will be put in place, but of great concern should be the culture, mentality or even management practice that is being used to fill the shifts when there are not enough workers available. **Sandra (coordinator)** mentioned reliance on workers' “commitment”, whereas **Nora** is talking about “guilt trips” and having to “support” her team members by filling their shifts. This is how Nora describes her experience of difficulties with rosters and work hours:

“The difficulties I experienced in relation to work hours are when people are sick or when we have time off and we’re short staffed and we’re expected to cover the shifts even if we have to work overtime or we have to work back-to-back shifts. And I think in one house I’m in... they refuse, the workers, some of the workers, not just management, it’s mainly the other workers, refuse to get any agency in. So, then, it puts extra workload on us to cover the shifts when anyone’s sick. When anyone’s sick or on holidays, we’re expected to cover for them, which means we have to work twice as many shifts and it’s never, it’s just expected of us and I think it’s wrong because then we get burnt out. We get burnt out, we work harder. I mean, some people might want the work, but not all the time, not all the time. Most of the time, we’re just expected to do it, so everyone does it. In one particular house, they put guilt trips on us. You know, they make you feel like, you know, ‘you’ve got to do it, it’s part of the team thing’... ‘you’ve got to support someone while they are off on holidays’ or ‘you’ve got to support them if they’re off sick’, but it puts too much pressure on us... and I don’t think it should be expected.”

Considering that sleep-over shifts and shifts on weekends and public holidays are paid more, a lot of workers like to do them to earn more money. Most of the participants have suggested that rosters need to be fairer as they observed that some workers are only interested in doing well-paid shifts and that it happens sometimes that one or two staff are given all the best shifts. **Brad (union)** was one participant who commented on this issue. He confirms that some workers take all the well paid shifts with penalties, and do not work the other shifts. Brad says it all goes back to support workers’ pay issues and if the workers were paid better there would not be that “hunger” for the double pay on Sundays.

The difficulty with the issue of fairness of rosters is that people have different ideas about what is fair. Individual workers have different needs, abilities and preferences for which shifts they can do, which shifts suit them and the number of hours they want to do. For example, **Liz** thinks that rosters should be fairer to avoid one or two staff getting all the best shifts. According to Liz, rosters would be fairer if workers had an equal amount of sleep-overs, equal access to better paying shifts and an equal amount of three hours shifts (7am to 10am). On the other hand, **Mary** said that she thought the management was inflexible because they wanted all workers to do the same range of shifts – sleep overs, morning shifts and weekends. Flexibility in organising rosters and taking into account workers’ preferences can be a positive thing as it can be seen as a way of supporting

workers and allowing them to do the shifts in which they will be the most effective, but problems often arise when all or most workers in a team want the same shifts. Wanting more flexibility in work hours and being able to choose shifts are usually reasons why some workers decide to start working for an agency in a casual capacity. **Jack**, who is an agency worker, reported that he is on medication and that his medication dictates the hours he does, and as he works for an agency he is able to choose shifts and the number of hours he wants to do. **Tom** reported that now as a casual worker he is able to be specific when he wants to work, but in the past he constantly used to do shifts for people who were sick or on holidays and he ended up doing more than he was supposed to. Casual work can allow workers more flexibility in organising their work hours based on their personal preferences, but depending on the organisation, the difficulty with casual work can be that often the number of hours is not guaranteed, as in many houses casuals would be called when permanent workers are unable to cover shifts.

Without doubt, rostering is an important and difficult task. According to the three coordinators, the main difficulties they face when organising rosters are trying to be fair, making workers happy (giving them what they want) and covering shifts when workers go on leave, as there is often a shortage of workers.

Sandra (coordinator) said that the difficulty is annual leave and sick leave and workers not being able to do a shift. She does not believe in using external agency workers as she thinks it does not address the clients' needs, and says there is also the organisational push against using agency workers because of the cost. **Vicky (coordinator)**, on the other hand, is talking about ensuring fair access to work hours and the importance of making sure that workers are not overloaded and burnt out.

ANNUAL LEAVE

Permanent workers are entitled to four or five weeks of annual leave a year depending on the number of hours and weekends they work in a year. Annual leave can be used as a strategy in preventing stress and burn-out, and improving work and family life balance. Casual workers are usually able to take leave when they want, but they get paid only when they work, and taking some time off means not being paid during that period.

The workers who participated in the research were asked about when and how often they take annual leave. Most reported that they do not have set times for taking time off. **Nora** said she likes to take leave in a week block every three or four months rather than four weeks at a time. **Debbie** likes taking time off two or three times a year, while **Liz** usually accumulates many hours and then goes on long holidays. **Adam** spaces his leave throughout the year for when he needs it or takes it for religious holidays.

The workers were also asked if they can take leave when it suits them. Three said they can; one presumed they can as they have not worked at the house long enough; one said leave had to be planned; and five reported they cannot take leave when they want it. The majority of participants said it is difficult to take leave during peak holiday times (Christmas, Easter) especially if more than one worker wants to go on leave at the same time as it is difficult to find replacements. All residents are at home during holidays and usually there are not enough workers to fill gaps in rosters as additional shifts need to be rostered.

The reality is that when a worker goes on leave, there can be consequences for an organisation, other workers and clients as there is increased workload for other workers, and often loss of consistency in how support is provided to clients as **Vicky (coordinator)** reports:

“Again it comes back to filling in gaps, so the worker or the coordinator covering their shifts... again you’ve got to be careful that you don’t burn out other people covering those shifts or relying too much on agency workers which, then, impacts on you budget and along with the consistency for the people we support.”

Kate (coordinator) points out the importance of workers and coordinators planning workers’ annual leave to make sure that appropriate level of service is given to clients.

Again, some of the support workers spoke about “guilt trips” and workers being held or feeling responsible for service provision and clients’ well-being when they want to go on leave. **Debbie** reported that she was twice made to feel guilty for taking leave and her supervisor told her to do other staff’s shifts so the other staff could cover her shifts while she was on leave. **Brad (union)** spoke about difficulties of workers taking leave at once and supervisors being equitable, but like **Debbie** he mentioned the issue of guilt trips and

workers often being emotionally attached to their clients and feeling personally responsible for their clients' care when they decide to take leave.

Michael (union) confirms what **Brad (union)** said about workers' emotional attachment to their clients and feelings of responsibility. According to Michael, this emotional attachment often results in workers not taking leave, but he points out the importance of workers taking leave to have a break and recoup.

Mary pointed out that regular breaks are healthy in this field and that they improve worker and client outcomes. **Vicky (coordinator)** sees annual leave as an entitlement or something that workers earn and feels workers should be supported to take it even though she says the organisation she works for does not encourage workers to take leave at times.

TEAM AND TEAMWORK

The majority of participants reported that work conditions in terms of the psychological aspects of the workplace often depend on other staff. Good teamwork and communication are necessary in a residential setting to ensure consistency in service provision and quality of care for clients, but the participants reported significant problems with communication and teamwork. **Debbie** reported that there is sometimes lack of respect from co-workers. **Liz** said that psychological aspects of the houses vary or depend on the staff who work there. Like **Liz**, **Robert** says that the quality of his experience at work often depends on who he is rostered on with, and thinks that this should not be the case. According to **Mary**, staff do not have general communication skills and they especially lack negotiation skills. **Jack** went further, saying there are problems with *“staff politics, as there is not a supervisor on at all times like a normal workplace, anything can happen between staff”*.

Jack also said:

“As a supervisor at the time at (my previous work) I would turn up at work in the morning and spend a lot of time catching up with what happened in the previous night's shift or on the weekend. Communication can be a problem, often written communication. By the time you see the person in question it could be days. While at (the previous) CRU, there was never a handover period. It was always a rush to tell oncoming staff what was going on in the house.”

Many factors contribute to problems with teamwork and communication. Working in isolation, alone or with one more person, and not seeing other staff members or the house coordinator can be difficult as all communication is then done through a staff communication book, client files and file notes. For information to be passed on to the team, workers need to be diligent in recording and writing everything down, which is difficult considering the workload, the environment and distractions that can happen during the shift requiring workers' immediate attention. Also, for workers to receive information about what they need to do and what has been happening with clients, workers need to read the communication book and clients' files at the beginning of each shift. Some of the workers pointed out the difficulty is that there is no time allocated for handovers.. At many houses, workers need to either stay longer or arrive earlier and not be paid for this if they want to have a handover with their colleagues. Depending on a house, for practical reasons, it would not be possible to implement handovers for all shifts because on weekdays many residents attend day programs and some houses are not staffed during certain periods. In these situations staff need to rely on written information. There are times when staff take shifts over from each other especially on weekends, holidays and public holidays, when it would be possible and beneficial to have proper handovers, but this would require organisations having enough funding to pay workers for additional hours, and lack of funding and resources is often an issue for organisations.

In the residential setting, workers work with the same clients. As they come on shift they continue where the previous workers stopped because service and support need to be continuous. Workloads and the quality of service can also be affected by how much work and how effective other workers are during their shifts. **Kelly** pointed out that an important aspect of the job is sharing the workload, but people are often not trained to work this way and communicate everything to other people.

SUPERVISION AND MANAGEMENT

The majority of workers reported that they do not feel their management and organisation are supporting them enough. **Debbie** said that there is a lack of support for workers in the non-government sector and sometimes there is a lack of respect from certain management, and her experience is that workers are not being listened to. **Vicky**

(coordinator) agrees with this and believes that support workers are not consulted enough when organisations make changes that affect their workers. As she says:
“I don’t think support workers get enough support from management. I think they don’t get enough encouragement to have an input into decision-making, especially in regards to policies and procedures. Most changes are made without being consulted. I think... they’re more abused. The expectation is very high, but yet the resources are very low and that puts a lot of stress on the support workers, and, again, I think they’re underpaid and I think organisations should try to fight more for their rights on that.”

Brenda reported a lot of inconsistencies with rosters as she claims that the senior coordinator has not been organised and diligent enough to make the rosters consistent and clear, causing confusion among workers and sometimes two workers turn up for the same shift.

In her response, Brenda has introduced another important issue that has the potential to significantly influence work conditions, workload, quality of care and stress levels among workers, and that is coordinators’ power to change and cut shifts. Anecdotally, while working as a support worker, the researcher has seen senior coordinators cutting and changing shifts without consulting the residents or staff, and without having full understanding of the tasks and residents’ routines that would be affected.

From a management perspective, there are obviously a lot of challenges for organisations in relation to staff retention, supporting workers and working with limited budgets. From the management perspective, **Kate (coordinator)** says:

“People always know that the grass is greener somewhere else, so trying to make people happy within our resources is probably the biggest challenge, doing what we can with what we’ve got...”

Disability support workers often work in isolation and usually do not see all team members or their supervisor each day. If a house coordinator works as part of the team and covers shifts like other workers, then they are able to supervise workers while they work in addition to having formal supervision sessions. A coordinator who works at the house with their team of workers is more likely to have an insight into clients’ support needs, workers’ performance and the best ways to support the workers. Organisational structure often determines and influences how much coordinators are able to support and supervise their

team effectively. In some organisations, there are team leaders or coordinators in each house, who cover a line in the roster and work with the team they supervise.

The majority of workers participating in this research reported that their supervisors do not work with them at the CRU, while one worker had two workplaces and the situation was different at each, and there were also two agency workers who were always working in different settings. Most participants reported that there is no team leader at the house they work in; however, four participants felt that there should be a team leader. **Nora** strongly believes that the house needs a team leader because workers are not consistent enough in their work practices and there is a lack of communication. She emphasised that the permanent workers are tired and cannot deal with everything that needs to be done. **Debbie** said that in the non-government sector CRUs there is no proper communication between the staff and the supervisor because the supervisor has too many houses to supervise. **Robert** also thinks that it is too much for supervisors to manage three houses.

One of the three coordinators who participated in this research (**Vicky**) reported she is doing hands-on work because she wants to work with the clients instead of being out of touch with them. **Kate (coordinator)** is not doing hands-on work although she would do more at the houses where clients have behaviours of concern, as she has a lot of training when it comes to protective skills. **Sandra (coordinator)** does not do hands-on work, but says she tries to be around the houses when the residents are at home and tries to visit most of the staff on shift regularly to have a clear understanding of the issues.

When asked if there are team leaders in the houses they supervise, one supervisor reported that there is one in one of three houses they supervise, while the other two coordinators reported that there are no team leaders in the houses they supervise. **Sandra (coordinator)** reports there are usually “unofficial team leaders” at each of the houses she supervises, as she said:

“No, not officially. There’s not a team leader, but, then, with any team, I think that people flip in and out of roles and I think there’s probably an unofficial team leader in each house at any given time. There are people, either through length of time with service, their actual knowledge or, you know, due to studies or just that their personal persona, take on this role and assist me in my job.”

In addition to lack of supervisors' presence, the participants report low frequency of having formal supervisions. Seven of the ten workers reported that they do not have supervisions often or regularly. Some said it has been over a year and they hardly see their supervisor; they have never had supervisions; they could not remember their last supervision; and the supervisor cancelled the last four scheduled supervisions.

Most workers said they would like to have supervisions more often and two support workers think supervisions should be done every three months. Some of the support workers think it is not enough to only have regular supervisions, but more importantly they are concerned about the quality and effects of these supervisions. According to her experience, **Mary** reported that supervisions are an underused part of the organisation, and that the format they use is "dictative" rather than responsive to workers' needs.

Generally, the support workers' responses to the questions implied their lack of trust, respect and confidence in their supervisors and their supervisors' skills. Some of the opinions the support workers thought were that supervisions should be done more often "if they are productive rather than nit-picking" and "if they were with a supervisor who has some common sense, or with a decent manager". They also thought supervisions should be done as required by the worker and should involve skill building. In terms of the effectiveness of supervisions, the majority of participants pointed out that they need to be positive, done properly and workers need to be open to them, but a lot of emphasis has also been put on the importance of the supervisor's competence or professionalism in conducting supervisions, as **Brenda** said:

"(Supervisions) are only as effective and skilled and professional as the manager in question is. So, if you've got an ineffective person who is not mature minded or... if they are erratic emotionally themselves then, you know, all of these things are subject to what they deliver."

Sandra (coordinator) said she tries to do formal supervisions with her employees every six to eight weeks. **Vicky** and **Kate (coordinators)** reported that they do not do supervisions often enough for different reasons. **Kate** said the organisation "has a culture of people being fearful of supervision, and avoiding it at all costs", while **Vicky** said that she does not have supervisions with workers often enough because of, as she put it, "the controlling power" of the upper management and the inconsistencies in what they are

going to do with Vicky's decisions. Vicky thinks supervisions should be done at least every three months.

The coordinators and the union workers emphasised the importance of supervisions being positive and constructive as it seems many workers associate supervisions with their being in trouble. Supervisions are supposed to provide support workers with direction and clarification of their role, with feedback about their performance. They need to provide support and encourage support workers to identify their strengths and weaknesses and identify things that workers need to learn. **Brad (union)** acknowledges that workers have both positive and negative experiences with supervisions and points out that supervisions will often depend on the personality of a supervisor and their personal working style. According to **John (union)** there are inconsistencies in how supervisions are performed in different organisations and sometimes workers see them as intimidating.

From support workers' perspective it is, therefore, crucial that they have confidence in their supervisor. They need a skilled and professional supervisor who behaves ethically, who is fair and who supports them well. This also means that supervisors would also require support from their senior management to be able to perform their duties well.

BEHAVIOURS OF CONCERN

Depending on clients they work with, disability support workers can be in situations in which they encounter and manage behaviours of concern every day. When asked about the kind of behaviours of concern they experience at work, the participants reported the following:

- Verbal abuse,
- Physical abuse (physical assault, punching, biting, clients throwing objects at workers, clients throwing chairs at workers, spitting),
- Property damage,
- Threatening behaviours,
- Sexual harassment,
- Criminal behaviours (stealing),
- Drug abuse,
- Self-injurious behaviours,

- Inappropriate behaviours (running in the street naked),
- Obsessive-compulsive behaviours,
- Bullying (from staff).

The main two kinds of abuse the participants experience at work are verbal and physical. Three of the ten support workers reported experiencing behaviours of concern not only from their clients, but from their colleagues at work as well, while two coordinators said that workers also often experience behaviours of concern from clients' families.

Debbie said that apart from encountering behaviours of concern from clients, she has also experienced behaviours from “a spiteful coordinator” and also from a staff member which made her feel “emotionally abused”. **Mary** reports she experienced behaviours of concern from other workers in a form of bullying. She thinks management needs to get involved in cases of worker bullying (verbal and physical threats) and she thinks that management should be trained as they need skills and attitude to resolve the issues. When **Jack** was asked about what kind of behaviours of concern he experienced at work, he said he has been “verbally abused, physically abused, bitten, chased in the community by a client, client trying to manipulate situations “to get their way” and clients threatening his job.

Managing behaviours of concern is part of the disability support worker's role, and all of the workers reported that they have no issues with managing behaviours of concern, but they emphasised that it is important for them to have enough information about clients, their routines and their behaviour management strategies. Generally, the workers are happy to manage behaviours of concern as long as they know what to expect and how to respond.

Most of the workers reported that they felt the most threatened by behaviours of concern when they were in a situation where a client was physically threatening, or when they did not have enough knowledge about the client and what to expect. Other circumstances that the workers reported were when violence was against other clients in a workers' care, or when a client was not contained in the house during an outburst, but was out in the community and was affecting other people.

Part of managing a client's behaviours of concern is ensuring that other clients and people in the community who can be affected are as safe as possible. **Tom** was one worker who spoke about the responsibility of protecting other clients and found these situations the most challenging as he said:

"There's a couple of incidents particularly (at my previous work) where someone cornered me... but I find it more difficult and, I guess, more threatening in a way when the violence is against someone else, who's also in my care and it's difficult for me to get those people apart. There's a continuing threat because someone's lurking in a particular room and I'm unable to get them out or something like that. So that's actually, probably more threatening."

Nora said she feels the most threatened usually when she works with "large men and they are going off", going at her and when she is not sure if they are going to hit her or what they are going to do. She had this experience a few times and says she usually knows when to "back off" and put a wall between her and them. She said she feels most threatened when she is not sure what the clients are going to do. **Robert** also said that he feels the most threatened when he works with young men, who are "incredibly powerful and highly unpredictable".

According to the coordinators, barriers to supporting workers in being able to manage behaviours of concern well are workers' lack of training and understanding. Workers do not understand the function of behaviour, and personalise clients' behaviours as **Kate (coordinator)** explains:

"I think the biggest difficulty is not personalising it and secondary to that is understanding the function of behaviour. I don't think all support workers understand that people behave in a certain manner as a means to get something. So, the question is what is the function of their behaviour, what are they attempting to get from you, what are they asking you for or what are they crying out for. So, understanding that all behaviour has a function generally... and not personalising it... "

During the interviews, the workers discussed training they received in relation to behaviours of concern. Three of the ten workers said they had been trained in managing behaviours of concern and completed a few courses. Two received no training in this field and two reported they did it as part of Certificate IV in Disability. One said they were

informed about behaviour management strategies that were developed for clients they worked with, while another said they learnt from experience and studied all the theories. The coordinators believe training is important, but **Kate** pointed out that some general training in behaviours of concern does not seem relevant, but that person specific training is valuable. Like **Kate**, **Robert** says he often wonders if people who talk about behaviours of concern and behaviour support strategies have actually worked in the field because he does not “feel particularly well equipped after doing classes on challenging behaviour to cope with them because they seem to be too far removed and academic”. Therefore, there is a need for workers to be appropriately trained in behaviours of concern with the training being developed in such a way that workers find them relevant and helpful and are able to apply them in practice.

As a result of clients exhibiting behaviours of concern, workers can often experience violence in the form of verbal or physical abuse. All the workers reported that they have been verbally abused by clients at some point in their careers as support workers. Seven of the ten workers reported they have had a lot of experience with it. One reported that verbal abuse is a regular occurrence at one of the houses they work in and it happens every shift. Six of the ten workers reported that verbal abuse used to happen a lot, but that it does not happen much now.

Kate (coordinator) said that sometimes workers get used to being verbally abused because they have come to understand it is nothing personal. Support workers deal with it better when they have a clear understanding about the strategies they are supposed to use, and when the team collectively agrees to employ the strategies consistently.

Four of the ten workers reported that they have been spat at by clients. **Kate (coordinator)** explains that sometimes clients have excess saliva and during conversation workers can accidentally be spat at, but that there are also people who spit deliberately. She says some employers are worried about this and they should be worried because the hepatitis status of some clients is not known. Kate said that workers need to maintain physical boundaries and keep a safe distance when working with clients.

Three workers reported they have been bitten by a client. One of the coordinators also reported she was bitten. **Nora** said she was bitten years ago and it did not injure her badly,

but it scared her a bit. She reported that being bitten was scarier than being spat at because it is a physical contact and people have to worry about things like HIV. **Kate (coordinator)** reported she had been bitten, but she does not know any of her employees being regularly bitten at the houses she supervises. According to Kate, as long as there are effective strategies, these kinds of injuries can be avoided. She said that at the organisation she works for, verbal abuse and spitting is probably more prevalent than biting.

Eight of the ten workers reported they have been physically attacked by clients and, according to one, this was a regular occurrence at their previous job. One worker has never experienced it and one worker said a client tried to hit them years ago, but did not succeed. None of the workers were seriously injured during the incidents, but **Jack** reported he sustained bruising during one incident.

Two coordinators reported that they knew of workers who had been assaulted, injured and had to go on WorkCover. **Kate** pointed out that it depends on the house and the clients. At some houses the risk of clients being physically abusive is high, and there are strategies to manage them. According to Kate, at one of the houses during the past seven years, eight workers have been physically assaulted by one client and some staff have been physically touched and assaulted by clients. **Vicky** also reported that at one of the houses she worked at there was a period when the injury rate to staff was high and a high percentage of people went on WorkCover all at once. Some left and found new jobs, while others are still emotionally and psychologically affected by it.

Most of the workers reported that their colleagues are their main support with incidents involving behaviours of concern, but also some workers prefer talking with and debriefing with their colleagues rather than with their supervisor. Five workers reported that they did not receive much support after incidents and three workers said that debriefing was available if needed. Two workers said that they did not have any serious incidents and therefore they did not feel that debriefing or support from their supervisor was required. **Liz** said that counselling was available, but she found it most helpful to talk to other workers and debrief with staff that she got along with, and not necessarily with a supervisor, as other workers have stories to tell, and they can all then sit down and laugh. At her previous work, **Nora's** supervisors used to be supportive, came to the house and did debriefing

after incidents, but the situation is different at her current workplace as she does not think the workers are supported much and certain behaviours of residents are downplayed.

The coordinators reported they offer debriefing, training, time off, and external debriefing, but **Kate** reports workers often refuse debriefings. She also said that debriefing was always provided, but many workers refused it. She knows of cases when workers were asked by management to have a debriefing due to the high impact nature of the incident, or due to the workers not being comfortable about returning to work. According to Kate, some workers think that debriefing will involve talking about their personal issues, which is not the case. She thinks that everyone's reaction to an incident is different and how people react is about "who they are", and it is unavoidable that workers' life experiences affect how they react to behaviours of concern and incidents. Kate said that debriefing was confidential and that what the organisation was concerned about whether the worker was all right, whether the worker should have returned to work and what more the organisation could do for the worker.

According to the coordinators, other kinds of support that can assist workers with managing behaviours of concern involve the Behaviour Intervention Support Team (BIST), regular supervisions, holding regular staff meetings, talking about incidents and learning from them.

In reference to incidents involving behaviours of concern, the workers reported that they need and would like to be supported by:

- Having access to counselling if incidents are severe,
- Having more regular debriefings,
- Having more regular staff meetings,
- Having more regular supervisions,
- Minimising the possibility of the same incidents occurring again,
- Having management support in preventing the same incidents from occurring,
- Having good communication between management and workers,
- Having coordinators come to the house after incidents and not just call on the phone,
- Having more hands on support from supervisors.
- Having professional and competent people supporting them.

As **Tom** explains in his response, there are different levels of support that support workers need when they go through incidents of behaviours of concern, but the most important thing is to learn from the experience:

“More regular debriefings, maybe more regular meetings and maybe supervision... but I think that the main thing I need after that sort of stuff is, straight away afterwards, you know, I need a moment to calm down and also to, maybe, bitch to my colleagues about it. But, I think more important than that is time to figure out whether or not there was anything you could have done differently, so that you can do it better next time...”

Based on these responses, it can be argued that support workers need to be understood and feel understood. They require access to professionals and supervisors with a lot of work experience who know exactly what support workers are going through and who can be practical in their approach and provide specific strategies. **Brenda** pointed out the importance of having professional and competent people assisting workers in this matter.

From the union workers' perspective, the following needs to be done to support disability support workers in managing behaviours of concern:

- Debriefing (including professional debriefing) to be available and offered,
- Training,
- Analysing incidents, discussing them and evaluating what can be done differently,
- Clarifying how to deal with behaviours of concern,
- Workers having access to managers or someone who can make decisions 24/7,
- More annual leave,
- Earlier access to long service leave,
- Management should monitor stress levels among support workers to prevent burn-out.

The union workers reported that the main reasons for workers approaching them about behaviours of concern are high stress levels, because they had been assaulted and because workers were not feeling supported by their management.

OCCUPATIONAL HEALTH AND SAFETY

The main two OH&S issues the participants encountered at work are manual handling and managing behaviours of concern and violent behaviours. Another issue was workers being expected to do more work than they should. Also, in terms of behaviours of concern, one of the participants said that clients are sometimes inappropriately placed in a CRU when a venue is not set up for clients with some behaviours of concern.

Manual handling issues that the participants encountered at work are lifting, hoisting (with one worker and on carpets), bending (due to low dryers, low kitchen benches and low dishwashers, changing bed sheets), moving heavy and immobile clients around, which is also related to staffing issues, and helping people who cannot walk properly and who lean on workers.

The participants said clients exhibiting behaviours of concern can result in property damage and broken things being left around. Workers can be threatened, physically attacked and injured by clients with all these leading to stress. Based on their experience, the union workers report the most common OH&S issues are related to manual handling, managing behaviours of concern and stress.

The research participants pointed out that there are procedures in place to report and deal with OH&S issues, but it often depends on how quickly workers report them and how responsive the organisation's management is.

Kate (coordinator) said disability support workers do not necessarily have a full understanding of what is considered an OH&S hazard and that the system can be used by workers to satisfy their own agendas and not necessarily to improve safety in the workplace. **Vicky (coordinator)** said coordinators and support workers need more support in dealing with OH&S issues by not worrying so much about the budget, but caring more about the safety of the people they support and staff. **Brad (union)** said that the organisation he worked for had a system of reporting near miss injuries, which probably was not used enough. According to his experience, OH&S committees often tend to be management driven rather than what the legislation says. He thinks that a lot of organisations do take OH&S seriously, but that it is a matter of having the resources to fund it properly.

PAY

An important characteristic of work conditions and support work is that the pay is low in comparison to the skills required and the responsibilities support workers have. Low pay has been identified as a difficulty in being able to recruit and retain workers, especially in the non-government sector, but is also an indication of low status and low recognition of disability support workers. While discussing different topics during the interviews, the issue of low pay kept coming up in different contexts. Most of the interviewed workers reported they are not happy with their pay, and believe they are not being paid enough considering what they do, and considering that they are responsible for human beings and their lives. Only one support worker said he was happy with his pay, whereas one coordinator said that the pay was “reasonable”.

Like many of the participants, **John (union)** thinks that considering the responsibilities, support workers do not earn enough money and they need to rely on penalty rates and shift allowances to increase their pay. John also says that the support workers’ pay is not the reflection of their skills and responsibilities.

Robert’s experience is that workers are being pressured by the organisation into becoming permanent; otherwise they will not get enough work. **Tom** has explained the difficulties regarding support workers’ ability to earn enough money and emphasised that there are no incentives for workers to want to become permanent as he said:

“I think in order to make money in residential, you have to work way too hard because you look at the number of hours that you’re allowed to do and that is really practical to do, and they’re not, technically, full-time even though within those you’re probably doing sleep-overs and things like that. So even if you’re working the maximum number of hours, there’s only so much money that you can make... and then if you go permanent part-time or full-time or anything like that, the benefits aren’t really magnificent. And again, there’s a limit to just how much money you can make and how well you can be paid.... I’d like to know that I can make enough money doing what I’m doing, but I don’t feel that I can, and it’s quite a casualised workforce, and I don’t really feel like there is any incentive to become permanent ’cause I think if you go permanent you have to work too hard for not enough money.”

Brenda says that the pay is terrible considering that the organisation she is working for does not have a team leader in each house and that the workers do end-of-month documents, administration and most reports. Brenda said that this is often done after 10 o'clock in the evening when the inactive part of a sleep-over shift starts.

Michael (union) points out the growing responsibilities and number of complex tasks that support workers are required to perform daily without their pay being increased accordingly. He explains:

“Their responsibility over the years has increased. They’re asked to do more nursing tasks without having the formal qualification. Their workloads have increased significantly over the last two or three years, and their pay hasn’t increased in relation to their increase in workload either, or what they’re asked to do. One organisation was doing nasal gastro tubes and the staff were doing that task, where it is a nursing task. A nurse should be doing it. They’ve had the formal training but if anything were to go wrong, those staff are in big trouble. I don’t think their wages compensate for the tasks that they do, or for any disability support worker, responsibility’s huge, but at the end of the day, that’s got to do with the funding, not so much the organisations. It comes down to the government not being willing to increase the funding.”

Some of the participants pointed out that work conditions, workers' pay and funding for houses is better in government sector than in non-government sector. **Debbie** works in both sectors and her experience is that conditions, including pay, are better in the public sector as workers get proper pay and breaks between shifts. Debbie said that there is a lack of funding in NGOs, where the management are only interested in filling shifts and where staff are not as much supported as in the government sector. **Kate (coordinator)** also pointed out the inconsistency and difference in work conditions between government and non-government organisations in terms of funding constraints and reduced access to staff training in non-government organisations.

Discussion

The main features of work conditions are big workloads for support workers due to high staff turnover, and lack of support workers resulting in workers doing too many shifts. Smaller non-government agencies have been more likely to have significant vacancy rates

and difficulties with recruitment and retention of workers due to insufficient recruitment processes and due to government support workers having better pay and conditions than non-government workers (Department of Human Services 2005). The majority of the research participants are coming from non-government organisations, which is probably why they reported issues with lack of workers and difficulties with retaining workers. High staff turn-over and relying on agency workers affects clients, permanent workers and quality of care that is being provided to clients. Some clients are known to respond better when they work with regular staff they know and trust (Department of Human Services 2005). Consistency of support, adhering to clients' routines and behaviour management strategies are extremely important when supporting people with autism and people who exhibit behaviours of concern. Having unknown workers who do not know clients and how to support them can be very unsettling for clients. Clients' routines get disrupted and clients can start feeling anxious, insecure, angry, and if they are not supported appropriately, it can trigger behaviours of concern. The first thing that new permanent workers are expected to do when they start working in a house is to get to know clients and their routines well, and establish working relationships with clients that are based on trust, respect and consistency of support. The issues of staff recruitment and staff retention are or should be considered a priority by organisations considering the enormous impact they have on each party involved, clients, workers and organisations. Furthermore, Australian workforce is expected to decrease in the next decade or so and disability sector is expected to face increasing competition (Department of Human Services 2005). Therefore, it is important to attract more workers into the field and increase their skills and job satisfaction (Department of Human Services 2005).

Shift work is unavoidable and workers do a range of shifts on weekdays, weekends and public holidays which potentially affect their social and family lives as well as their well-being. Working time (shift work, rosters and work hours) has the potential to influence workers' effectiveness or cause burn-out. Depending on circumstances, work hours and rosters can either positively or negatively influence workers' professional and personal lives including their health and well-being. It can be argued that it is an organisation's management and supervisors' responsibility to organise, control and monitor rosters and work hours their employees do. The rosters have been reported to be unfair and inequitable as well as challenging to organise. Based on the research participants' responses and anecdotal evidence, even though rosters do need to be flexible and there

are budgetary issues to consider, there is a need for organisations to have a formal process of roster reviews that would take into account all relevant aspects, instead of supervisors who are absent and do not do hands-on work deciding to shorten or change shifts without appropriate insight or understanding of how the change would affect the clients, the workers and the house.

Generally, the interviewed support workers do not feel their management and supervisors support them enough. As there is limited presence of supervisors in the houses, which is one of the important characteristics of disability support work (Leidy 2004; Department of Human Services 2005), it is crucial for support workers to receive adequate support and feel supported (Leidy 2004; Department of Human Services 2005; Ito et al 1999). Limited access to appropriate supervision or insufficient supervision are significant factors in causing job dissatisfaction among support workers (Hewitt et al 2004; Department of Human Services 2005). Also, two main reasons for support workers leaving their jobs are difficulties with getting along with their colleagues and difficulties with their supervisors (Hewitt et al 2004). Difficulties with teamwork, communication and staff issues have been extensively reported in the interviews. The sources of these problems could be workers' lack of skill, the lack of a common goal among workers, conflict and lack of professionalism, but it can also be argued that they are an issue of management and supervision practice.

All participants reported managing behaviours of concern is stressful, which is in line with the reports that behaviours of concern are one of the biggest causes of work related stress among support workers (Mitchell & Hastings 2001; Hastings & Brown 2002). However, most of the support workers in this study also report they feel more stressed and threatened when they do not know what to expect, when they are not informed or prepared to deal with their clients' behaviours or when they feel responsible for other people's safety and are struggling to contain and control incidents. Managing behaviours of concern is part of the job and support workers accept this as their work duty, but if they are not sufficiently informed, prepared and trained in managing behaviours of concern, there is a potential for workers experiencing stress, burn-out or even sustaining injuries. Support workers do a great deal of emotional labour, which is often not obvious or easily recognisable, but the emotional connections that workers have with their clients are sometimes abused and

exploited by organisations relying on workers' commitment and feelings of responsibility towards their clients.

In this study, stress and burn-out have been reported to be common in the disability field with the main OH&S issues and work-related injuries being the result of manual handling (lifting) and behaviours of concern, especially violent behaviours. This is consistent with Department of Human Services' (2005) report stating that in government sector in Victoria, most OH&S incidents have been reported in SSA and have been mainly due to manual handling, occupational assault and stress.

In the present study in relation to pay and conditions, the government sector is reported to provide better pay and access to training. This is supported by the Department of Human Services' (2005) report stating that non-government sector organisations have more difficulties recruiting, retaining and training workers.

Organisational structure directly influences how the houses operate and how much support is provided to workers. In addition to organisational structure, competency, skills and attitudes of supervisors are significant factors in how effective workers are in their roles as well as how supported they feel. Hewitt et al (2004) suggest that supervisors can affect the turnover and staff retention rates that workplaces with inexperienced frontline supervisors have been found to have higher support worker turnover rates. They also suggest that having supervisors responsible for more than one location causes the quality of supervision to decline, which was also identified by support workers in the present research, who claimed that the absence of supervisors or team leaders on site was causing a lot of difficulties for the workers and affecting the service.

Having unofficial leaders at the houses could be perceived as problematic and detrimental to staff dynamics and teamwork. Sometimes there are natural leaders who are accepted by a team of workers, but if, for example, a coordinator has a favourite employee who the coordinator then unofficially appoints as a team leader, there is potential for this to cause resentment and dissatisfaction among other staff. Workers need to know exactly what their job is including all duties they are required to perform, and in the same way, they need to know exactly who their superiors are and who they report to directly. By having unofficial team leaders who are not paid accordingly, organisations may save some resources in the

short run, but this arrangement has a potential to cause issues among staff, which will then turn into teamwork issues, performance issues and, finally, quality of care issues.

Generally, workers are more likely to be productive and satisfied with their jobs if they have proper information and tools, clear job descriptions, support from their colleagues and professional support (Brody 2005; Ito et al 1999; Department of Human Services 2005). As per the Department of Human Services (2005) report, if management monitors workers' job satisfaction, it is possible to reduce staff turnover. In this study, the participants' reports in relation to shift work, rosters, lack of training, low wages, lack of career structure and lack of status are consistent with the identified key issues contributing to the dissatisfaction of the disability workforce in non-government services in Victoria (Department of Human Services 2005).

A great workplace is measured by the quality of the relationships between employees and between employees and management (Great Place to Work Institute Australia 2008). Pride, trust and camaraderie or fellowship are important dimensions of good workplaces (Brody 2005, Great Place to Work Institute Australia 2008). If these criteria were applied to the data from the present study, it could be concluded that the support workers' workplaces require a lot of improvement considering the reports that the workers do not feel supported or respected; there is lack of communication between workers and their management; and the workers do not have confidence in their supervisor who they also rarely see. As there are a lot of staff and teamwork issues, there appear to be a lack of camaraderie or fellowship, and where there is a lack of bonding among staff, the staff are less likely to feel comfortable or secure. Based on the support workers' responses, it does not appear that their employers are actively encouraging a work/life balance or promoting health and well-being, considering that the participants mentioned "guilt trips", relying on workers' emotional connection with their clients and "workers' commitment" resulting in workers doing more work than they should. Therefore, there is a large scope for improvement in support workers' workplaces and work conditions, which will be discussed in the following sections.

4. 3. WHAT ARE WORKERS' EXPERIENCES WITH STRESS AND BURN-OUT?

Stress and burn-out among disability support workers affect workers, clients and organisations. They negatively affect workers' health and their work performance as well as clients in terms of quality of service and support. Burnt-out workers often have to take sick leave or even leave their jobs, which contributes to staff retention problems.

All the interviewed workers reported they had experienced stress at work and all but three said they had experienced burn-out. Workers will become stressed and eventually burn out if they are continuously overworked; when their workplaces are chronically understaffed and they are managing severe or frequent behaviours of concern; and when they are tired, exhausted or when they have problems in their personal life. **Tom** has experienced a combination of these factors, as he says:

"It's bad (laughs). The most times that... I've experienced it either when the people that I'm supporting in the house that I'm working in (are) going through a particularly bad patch in terms of behaviour, or going through a bad patch in terms of not enough staff, or too many staff sick or away, or whatever ... or when I've got other stuff going on in my life that's quite stressful as well... because residential (work) can be inherently stressful sometimes, particularly when you're dealing with challenging behaviours or people with sickness or things like that. It doesn't take much in your personal life to... make you feel quite stressed and burnt out."

Some workers find they have many tasks to complete within the shift and struggle to balance practical support tasks with administrative tasks as they feel there is too much paperwork that needs to be done at the expense of the residents' needs.

From the union workers' experience, there is a lot of stress and burn-out among residential disability support workers, who are often unsupported, isolated and not treated well by their employers. **Brad (union)** suffered from stress and burn-out, and one reason he stopped working with people with physical disabilities was that after ten years it got to the point where he felt he needed a change, but he also started having back problems. After working with people with Acquired Brain Injury (ABI) for five years, Brad started to feel burnt out, and it was not until after he started working for the union that he realised it. Brad claims it is not uncommon for people to get burnt out without realising it. The job demands are high as workers deal with people who have high physical needs, and sometimes

workers get home and just do not want to deal with people. When they get to that point, Brad thinks it is probably time for a change.

Other participants also mentioned difficulties with recognising burn-out as it accumulates over time. **Michael (union)** believes there needs to be more education to raise awareness among workers, considering that workers do not recognise stress and burn-out before it is too late, and this is where organisations need to take action and educate workers.

Managing behaviours of concern is considered stressful and all participants agree that this is the case. If behaviours of concern occur often, or when working with clients who are verbally and physically challenging and threatening, support workers report experiencing a lot of stress. However, the most difficult and stressful situations for support workers are when they do not know the clients and do not know how to manage their behaviours. Some of the participants pointed out it is important to learn from incidents involving behaviours of concern.

Team and teamwork issues came up consistently during the interviews. Teamwork issues and staff politics seem to cause considerable amount of stress at work, which in some cases was reported to be even higher than when managing clients' behaviours of concern. Workers not doing enough work during their shifts and leaving things for their colleagues to complete, increasing their workloads, leads workers to feel abused and not supported in their role. Some participants report that personality and attitude of workers often affect their colleagues' workloads and can cause stress.

Teamwork is crucial to provide clients with constant and consistent care and support. If everyone knows what the clients' needs and routines are and how to respond to certain issues, there is consistency and the house runs smoothly. When this happens, there are positive outcomes for clients. When working with clients who have behaviours of concern, by working together and following behaviour management strategies, workers will ensure that the client is supported adequately and that workers and other clients are not put at risk. **Nora** explains the importance of teamwork:

"It's very important, if you, especially, if you're working with challenging behaviours, because your life depends on it. Your survival depends on it. Your physical, whether you get attacked physically, can depend on it, you know. You need to watch out for these

things. You need to watch out for each other. You need to tell the next person that comes on shift, you have to fill them in, and make sure you tell them everything, so that they're, they're not put at risk, you know..."

All participants agree that teamwork is essential in residential disability support work. If workers are not working well together as a team, both workers and their clients, who are vulnerable and rely on workers' support, are negatively affected.

Due to working in isolation, lack of hand-over and verbal contact between staff, workers need to rely on written communication to relay and receive any information related to their work tasks. It is crucial to have regular team meetings, but because of shift work the participants report it is often difficult organising staff meetings and gathering all staff.

Lack of consistency in work practices can be caused by workers' lack of skill and training and by lack of professionalism, which often includes workers having their own agendas and opinions about how things should be done and not cooperating with other workers. **Liz** argues that it is difficult to get people to work as a team because people often tend to go and do things in their own way. **Kate (coordinator)** also believes that the difficulties are workers' personal agendas, personality conflict, workers not accepting their colleagues as they are, and *"people believing that in order to do it right, it needs to be done the same way that they do..."* Kate claims behaviours of concern are sometimes found among the staff rather than among clients.

As identified by the participants, obstacles to having a team that works well are:

- High staff turnover (workers are coming and going and there is no stability in teams)
- Communication issues (working in isolation, lack of hand-over time, workers having to rely on written communication)
- Lack of professionalism (personality conflict, workers forming cliques, workers having own agendas, lack of respect among workers, workers not valuing diversity)
- Lack of skill and training,
- Management issues (lack of support and supervision, lack of direction and common goal among workers, organisational culture).

Supervision, both formal and informal, as well as management practices are probably the most important factors in responding to and dealing with teamwork issues. It is the coordinator's responsibility to ensure that the team is doing its job and to support the team to be able to function well and be effective, but in practice this is a very challenging role to fulfil. Organisational structure and culture as well as coordinators' professional competencies and leadership skills will determine how well this is done. **Mary** says that her experiences regarding teamwork are "varied and directly related to management style and skills". **Kelly** reports she does not think her team has a lot of confidence in their supervisor and a lot of issues stay unresolved because there are no avenues for resolving them.

John (union) claims if there is not a good rapport with the supervisor and management, it can all fall to pieces, it can be workers fighting among each other and forming cliques. Sometimes the teamwork is good and the team focuses on clients' needs, but according to John, workers seldom work together for years due to high staff turnover, and there are often casuals or agency workers filling shifts, which affects teamwork and clients. Therefore, John thinks that difficulties are high turnover of staff, personality issues or management not managing well, causing support workers to get frustrated and do their own thing.

Most of the workers said that they have a good relationship with their supervisors (which does not mean that they like them). One of the workers has two supervisors and described their relationship with one supervisor as good and with the other as bad. One worker described their relations with the supervisor as "terrible" and "abusive" Another worker said that their relationship with their supervisor changes as there are some difficulties with the way the supervisor works. Generally speaking, the workers did not think that their supervisors would necessarily help them in managing stress better. One worker said this depended on the supervisor, on what was happening and what they were doing. Another worker said that supervisions would not help if the supervisor was "out of control themselves". One worker said that their supervisor was one of the factors in causing stress. Only one worker reported that their supervisor was helpful and understanding when the worker was stressed.

All the workers agreed that debriefing is helpful; however, they had slightly different ideas about the way debriefing should be done. Some participants thought it should be done by a counsellor or a psychologist, while some preferred debriefing with colleagues. **John (union)** thinks there should be an immediate access to debriefing when workers feel they need it, which is private and done by someone who is external to the organisation as sometimes workers are concerned that what they say during debriefing will reach the management.

The researcher asked the participants what could assist them in managing stress at work better. The participants suggested that:

- They require breaks from the job in a form of leave and breaks during the shift,
- They would like to be able to debrief with their colleagues at hand-overs,
- They would like to have a more formal access to debriefing with a counsellor or a psychologist,
- They would like to have regular team meetings and team debriefing with the coordinator,
- Having supervisions more often would reduce stress levels,
- Having a workshop or training sessions about stress and stress management would assist with stress management and prevention of burn-out,
- Having more assistance from the management in running the house, implementing better practices and addressing the workers' frustrations,
- Having better pay, shorter working week and more holidays would significantly reduce stress and burn-out.

Workers need to have knowledge and clear understanding about stress, how it can affect people, how to recognise and manage it. Both workers and their employers need to take responsibility and actions to prevent burn-out.

ORGANISATIONAL CULTURE

Lack of support, feeling alienated and detached from the organisation are some of the things the support workers experience in their daily working lives. They often feel they are not heard, listened to or respected by their supervisors and organisations they work for.

The researcher discussed with the participants their experiences and views regarding organisational culture. The participants were asked to describe the culture of the organisation they work for. Some words they used were business style, competitive, bullying, dysfunctional, disorganised and changing. **Brenda** said that senior coordinators are competitive against each other and there is “intense resentment”, “humiliation and back-stabbing” quite widely spoken to others in the organisation. Based on **Robert's** observation, organisational culture at his workplace is “about penny-pinching and creating enough paperwork to find scapegoats for any particular problem, so that other management can be got off the hook.”

Sandra (coordinator) thinks that culture is different throughout the organisation. **Vicky (coordinator)** also thinks that there are different cultures within the organisation and that there is a culture within the management of the management “sticking together”, creating a culture of power and control and sometimes bullying.

Bullying, sexual harassment and discrimination were all discussed during the interviews as these issues have been considered as important aspects of organisational culture that have a potential to cause considerable stress. Most participants reported that they experienced bullying at work. Three workers said they have never been bullied at work, but one of them said they had seen it happen to others. Some of the participants perceive their management as bullying, and both **Vicky (coordinator)** and **John (union)** pointed out that sometimes there is more bullying from management to workers than workers to workers.

Five of 16 participants said they have no experience with sexual harassment at work. Others said they observed it or heard about it, and four workers reported they have been sexually harassed at work. Two of the four workers who experienced sexual harassment at work reported that they were sexually harassed by clients and not by workers.

Some of the participants pointed out that sexual harassment does not often occur in this field and happens less than in the past because people are aware of it now. Two participants said that they think sexual harassment does not happen often because most of the workers are women. Two coordinators and a union worker said that sometimes people can misinterpret things and perceive things as sexual harassment due to miscommunication.

Three support workers said that they have not been discriminated against at work. One worker pointed out that because of the current political climate, people know that discrimination is not acceptable and that they do not have the types of personalities at work who would do that. Some of the other participants reported that they experienced or witnessed discrimination in a form of: gender discrimination (male staff not seeing female workers as knowledgeable and vice versa), discrimination on racial bases, discrimination against clients due to their disability, and older worker with a lot of life experience discriminating against younger workers and expecting a lot more from them. Generally speaking, based on the participants' responses, discrimination did not appear to be a major issue in the organisations the participants worked for.

EMOTIONAL LABOUR

It is often difficult to see the amount and intensity of emotional labour that support workers do at work. Even though this aspect of the job is important to many people who decide to work in the disability field, it can become too heavy a burden to carry and can lead to burn-out as workers can feel personally responsible for their clients and their well-being.

John (union) thinks the constant giving of oneself causes stress and is really “draining” and at the end of the day support workers do not get a lot back in terms of money – many do not earn enough to pay their mortgage, and much of the time they are not treated well by their employer. John said behaviours of concern were another cause of stress, as were the demands of the job when working with people with physical disabilities and having five or six clients who cannot do anything for themselves without workers' help. According to John “there is no light at the end of the tunnel” because there is nowhere to go from the support worker position and it is always going to be “same old same old” unless they move to management. **Kate (coordinator)** said that the issue of burn-out comes about when

people work with the same clients at one venue for an extended period and cannot recognise when they need a change. She pointed out the importance of workers avoiding taking work home and establishing limits.

STRESS, BURN-OUT AND WORK PERFORMANCE

The final results of burn-out are often either support workers leaving their jobs or making serious mistakes at work, causing harm to clients, which leads to them losing their jobs. When workers burn out, their frame of mind and behaviour change and they become unable to perform their job properly. It gets to the point where workers act out of character, lose patience and start making mistakes at work. Some of the participants report that staff who are burning out become abrupt and unable to act diplomatically, and sometimes even “snap at clients”.

John (union) claims when workers burn out they “drop the ball”, start making mistakes or even “snap at clients”. John has seen perfectly good workers who have been in the sector for years and who have always treated their clients with the utmost respect suddenly burn out, snap, yell or swear at clients or they are assaulted and push the client back, which is when they finish their career. Usually when John sees someone lose their job because they have done something like that, they generally present as being burnt out – they have worked in the field for eight years, but this is the first time that has happened. John knew a woman who was in her 50s and had been in the sector for years and was burnt out. A client hit her one day and she slapped the client back. It was not something that was in her character, but she lost her job. John thinks the woman was burnt out because people who burn out do something like that, or just leave the sector completely and cannot stand it any more – they will leave and go anywhere else to do something completely different.

Discussion

Disability support work is stressful. It has been known to be a demanding and a challenging job (Department of Human Services 2005) as well as a high burn-out profession (Test et al 2003; Ito et al 2003). Managing behaviours of concern, facing occupational violence or working with people who have complex health support needs, or sometimes even terminal illness, cause significant amounts of stress among workers.

These are aspects of the job that support workers will need to face and manage because of the nature of the job and the environment they are working in. Both workers and their employers have a responsibility to manage workers' stress to prevent burn-out and maintain quality service.

Prolonged stress can lead to burn out and is especially widespread among human service workers with frontline workers being affected the most (Ito et al 1999; Test et al 2003; Jones & May 1999). Frontline work is known to involve work overload and work under pressure which can cause stress and burn-out (Jones & May 1999). In this study, stress and burn-out have been reported to be widespread in the disability field and influence workers' state of mind, their well-being, behaviour and work performance, which is consistent with the suggestions of the literature in the community services and health fields. The findings of this research suggest that there is a need to educate support workers about stress and burn-out and how to take care of themselves because a lot of the workers are unable to recognise they are burning out before they start feeling physically and mentally unwell, or even before they make a serious mistake at work that has a detrimental effect on their life or career. Workers and organisations that employ them need to work towards ensuring that workers have breaks during shifts, and breaks from work. This is where annual leave has the potential to be used as a stress management strategy. However, for this to occur appropriate management practices need to be implemented and there has to be a skilled supervisor who would provide workers with leadership and support.

As expected, workers do find managing behaviours of concern stressful, but the findings of this study suggest there are other circumstances and situations in which support workers potentially experience even higher levels of stress. Because these situations involve workers not having enough information about clients, not knowing what to expect and how to respond, or feeling responsible for the safety of other people in their care or in the community, it can be argued that providing detailed induction and orientation to new workers and training in behaviours of concern that workers can apply in practice would have the potential to significantly reduce stress among workers. For agency and casual workers, who often find themselves in new work environments, it is important that the houses have all the relevant information and instructions clearly outlined in an easy-to-read format for the workers at the start of their shift. This does not always happen in

practice, but the learning aspect of each incident related to behaviours of concern needs to be emphasised. Organisations and support workers need to learn from incidents about how to better support their clients, how to equip workers with required skills and how to increase workers' safety and reduce stress. Incidents need to be analysed and workers need to be given feedback in a constructive way about how they managed the behaviour of concern and how they responded to the incident. Sometimes incidents result in changes being made to clients' behaviour support strategies because the existing strategies are no longer effective or the behaviours have changed.

Based on the researcher's observation while working as a support worker, some workers find completing incident reports difficult or time-consuming and try to avoid doing them, but others try to avoid writing incident reports because they are worried that they will be perceived as incompetent and unable to work with certain clients. This situation is where management and supervisors need to step in and make sure that incidents are reported, and that the workers are appropriately supported. According to the researcher's experience as a support worker and considering the reported absence of senior coordinators who do not do hands on work, and who are absent from the houses they supervise, there is a high likelihood that a lot of incidents are unreported and, therefore, clients' support needs are not being adequately met.

The findings also suggest that it is beneficial for organisations to offer debriefing and make it available to workers soon after incidents, as these are the times when workers require them the most. If an Employee Assistance Program is in place, workers need to know about it as some workers prefer to have debriefing with someone outside the organisation they work for.

Lack of peer and professional support has been recognised as a factor contributing to stress and burn-out (Department of Human Services 2005; Ito et al 1999). Therefore, stress and burn-out issues are closely related with management practices and supervision of employees, with management of an organisation also being responsible for influencing organisational culture. As Morgan (1986) points out, organisational culture is important because it shapes management and the character of organisations, and when people's interests collide within an organisation, conflicts that can be personal, interpersonal or between rival groups arise. Based on the participants' reports, there are a lot of staff

issues and conflicts in residential services, and these have been identified as a major source of stress for support workers. The existence of different subcultures or cliques within the organisations the participants worked for was expected. They are common organisational phenomena. Organisational culture, as well as how skilled and competent coordinators and managers are, can contribute to either increasing or decreasing stress levels among workers. Even though organisational culture shapes management and the character of the organisations, there are management strategies that could be used to effect change and promote certain values throughout the whole organisation.

In this study, bullying and conflicts within teams of support workers have been reported to be more prevalent than sexual harassment or discrimination. Stress caused by any of these issues seems to affect workers the most severely. It does not only influence their work life, but their personal life as well, causing huge amounts of anxiety and distress. Workers need to be aware of how they should behave and what avenues are in place to address the issues. But it also comes down to how effective the organisation is in educating the workforce about these issues and its policies and code of conduct, then identifying and managing incidents of bullying, sexual harassment or discrimination. It can be argued that in the disability residential setting, having appropriate supervision and management practices, and supervisors who are present and do hands-on work at houses, would provide more insight into staff dynamics and would allow organisations to manage and educate staff, and deal with staff issues more effectively and consistently.

4. 4. WHAT DO WORKERS THINK ABOUT THEIR WORK AND PERSONAL LIFE BALANCE, AND THEIR HEALTH?

WORK AND PERSONAL LIFE BALANCE

The participants were asked about how their work influences their personal life. Their thoughts were that shift work, stress, workload and tiredness affect their social and family lives. Four of the ten workers reported they felt they had enough time off work, but the difficulty was shift work, and having time off usually on days or at times when family members and friends were at work or unavailable.

Due to shift work or doing too many shifts, workers who have young or teenage children may feel that work on weekends interferes with being able to share time with their children or help them with their homework. For workers who do not live with their children, there may be even more difficulty as they might not be able to have regular access to their children, as **Robert** explains:

“Work overload impacts on my life, my health just to an extent and, particularly, on accessing my sons... because if... I’m not available or if I’ve done excess hours, I’m needing the time that’s supposed to be free to recover from the... extended workload... I prefer to have a reasonable amount of stability and predictability around the hours I am working because of the situation, my living situation. That is I’m estranged from my sons... Like a lot of people, they can experience their family just by going home. I’m not in that situation. So, extended hours are a problem because supervisors see me as being relatively free, however, this availability is done at the expense, and exclusion of my sons.”

Brad (union), on the other hand, thinks there are good and bad sides to shift work as he used to be able to take his son to school in the morning when he worked in a CRU. As many participants pointed out, a big part of their free time has to be used for resting and recovery from work and exhaustion, and therefore their free time is not necessarily spent with their family, socialising or recreation.

Sandra’s (coordinator) observation is that disability support workers take work home and do not switch off. **Kate (coordinator)** agrees that work can influence people’s personal lives in terms of time, and often not being at home at night, but she argues that it is “very

much an individual thing, depends on the person, on how they establish their boundaries between home and work.”

The research participants recognised there is a potential for workers’ personal life issues influencing their work performance. Four of the ten workers reported they have a fairly quiet personal life, so do not think it has any negative influences on their work performance. Others stated if they had difficulties in their personal life, their work performance would probably be affected.

As some of the research participants suggest, one way to improve disability support workers’ work and personal life balance is to have good team leaders who improve rosters and monitor roster lines ensuring that workers have enough time between shifts. **Tom** thinks that the only way work and family life balance can be improved is through negotiation – having a team leader or a supervisor who knows the staff well and has a good rapport with them and can work out rosters that best suit people. **Kate (coordinator)** believes that everyone doing their share of sleep-overs, morning shifts and “crappy shifts”, makes a huge difference, but some people are happy to do lots of sleep-overs and some are happy to do morning starts for a while, but Kate points out that workers cannot do this for 20 years. Two union workers suggested that putting workers on permanent rosters would allow them to plan their week and social life and improve work and family life balance. **Michael (union)** suggests that if casual workers become permanent part-time workers with permanent rosters, it would benefit their work and family life balance considering that casual workers’ rosters are constantly changing.

In general, the participants thought that issues with low staffing levels needed to be addressed and that skilled and professional workers needed to be employed to take the pressure off existing workers. In addition to these, improving disability support workers’ pay would allow workers to avoid doing too many hours, and therefore would contribute to better work and family life balance. **Brad (union)** believes if there are more skilled, professional people doing this work, the workload would be reasonably constant and workers would know what to expect, and teamwork would be better. Taking regular annual leave and even having access to more annual leave would have potential to not only reduce stress and burn-out, but also assist workers to better balance their work

commitments and their personal or family lives. Some participants suggest that employers need to be as accommodating as possible in approving time off if workers ask for it.

HEALTH AND STRESS

During the interviews, the researcher and the participants discussed health in terms of workers' medical conditions, medication, and the impact of work on their health. When asked about their health, one worker described it as inconsistent. They suffered from mental health problems such as paranoid thinking and depression. The other nine workers reported that their health was generally good. Among these nine, one reported having a bit of a bad back; one suffered from neuralgia, made worse by lack of sleep; three had high blood pressure (and one of these three believed it was stress-related as they developed it in the past two years); and one reported being a non-insulin dependent diabetic. Five reported they did not take any medication. One takes vitamins sometimes. Two take medication for high blood pressure. One takes pain killers for their back, but rarely. One takes medication for diabetes. One worker reported being on anti-psychotic medication.

The researcher asked the support workers to report on any health issues they thought were caused by their work. They did not report significant sleeping problems unless they were doing a sleep-over shift. They often cannot sleep or do not get enough sleep when they do sleep-over shifts, and usually need time to recover or sleep at home after they finish the shift. Another difficulty is that because of shift work, support workers find it hard to adhere to any exercise regimen as their work hours, sleep and eating patterns are usually irregular and "all over the place" as they described it. None reported persistent headaches or migraines.

Only two of the ten workers said they have no experience with depression or anxiety while doing this job. Five linked their anxiety and depression to work issues. **Liz** reports she used to get them sometimes when she thought, "oh my God! I may be doing this job forever", and then says she has accepted that she will be doing this job until she retires. **Tom** also mentioned a similar experience, as he explains:

"The times when I felt most anxious and most depressed were when I first started in residential. I've been relatively anxious lately because I've just moved to Melbourne, but that's not specifically to do with residential. But when I first started in residential, I was

working in a house with challenging people with challenging behaviours and that was... really hard for the first, I would say three, maybe even four months. It was really, really stressful, quite depressing, especially doing sleep-overs.”

Brenda said she had experienced anxiety because she was running things over and over in her head trying to seek solutions for workplace problems. **Mary** reports she has been affected, but minimally, by incidents at work. **Debbie** reported she saw a psychologist due to stress at work, but she was not medically diagnosed. On the other hand, **Jack** reports being medically diagnosed with clinical depression while doing this work, and being able to change his shifts to day work helped him get better.

Apart from taking sick leave when they have physical health problems (back problems, injury, colds and viral infections, or neuralgia), the majority of the workers report they had taken sick leave when they felt tired or overtired to work, or when they had family commitments. Six of the ten workers say they have taken sick leave due to stress and mental health problems. Three of these six workers took sick leave due to stress. **Liz** took a month off work when she was bullied at her other job, and **Brenda** took sick leave due to stress, but she did not tell her employer this. One worker said they had been on stress leave, while all the others reported they had officially never been on stress leave even though some of them did take time off work due to stress. **Brenda** says she has never been on stress leave, and claims taking a stress leave can have a labelling effect on a worker, and with it comes the implication of incompetence. **Mary** reported she has taken time off work due to bullying at work, but officially it was not stress leave.

The coordinators' and the union workers' responses are consistent with the workers' reports, as they state the most common causes of support workers going on stress leave are stress and burn-out, behaviours of concern, and bullying from staff or management. Workers often do not have enough training and skills to deal with residents' behaviours and this often goes in conjunction with lack of support from management. **Kate (coordinator)** says workers usually go on stress leave due to behaviours of concern and argues that workers have to be able to separate themselves from clients and understand that when a client is “manic” and comments on a worker as a person, worker's children or partner, it is a function of behaviour and not a personal issue. Kate says workers should

not disclose personal information to clients, and then the clients will not be able to use it as a tool against workers.

Five workers reported they had no experience of physical injuries at work. The other five reported they had sustained injuries at work such as fractures, back injuries, muscular injuries, falls, cuts and bruises caused by behaviours of concern. Two of the ten workers had been on WorkCover as a result of injuries at work.

According to the coordinators and the union workers, muscular and skeletal injuries and stress are the most common causes of workers going on WorkCover. **Brad (union)** reported he had a direct experience of that as he had injured his back five or six years ago and had been off work for two weeks. Brad has seen people with back and shoulder injuries, and reports workers are sometimes badly attacked by clients. Brad thinks manual handling is the leading issue because there are still problems with workers not adopting correct manual handling procedures and not using the equipment appropriately; or sometimes the equipment breaks down and they end up having to bring in older and less friendly equipment. **John (union)** reported the predominant injuries were back injuries caused by lifting. He believes it is also influenced by the competence of management and staffing levels. John is aware of an employer who tried to cut out one shift and have only one worker on duty for budgetary reasons, although the clients needed to be lifted by two workers. WorkSafe had to resolve this issue. John said that lifting injuries and stress were the main causes for workers being on WorkCover.

Some of the participants observed that stress and chronic tiredness suppress workers' immune systems, and it is common that workers develop dermatitis and muscle tension and become susceptible to colds and flu. If workers do not observe appropriate infection control guidelines they are at risk of getting viral infections or passing them on to other people. All the research participants agree that when workers are not physically or mentally well they are unable to perform their duties well. People lack energy, motivation and the ability to be diligent and compassionate when they are unwell.

DRUGS

The researcher asked a group of questions about drugs and drug use among support workers. Caffeine and nicotine were reported to be the most used drugs by workers in residential services. When asked about caffeine use, the workers reported they used it in the form of coffee, tea and chocolate. The amount of consumed each day varied, depending on the person, but one worker reported they consumed more caffeine at work than when they were off duty. Support workers were asked if they use caffeine to remain awake or alert at work, while coordinators and the union workers were asked if they thought that support workers use caffeine for these purposes. Only two of 10 workers reported they used caffeine to stay awake or alert at work. The participants mostly associated caffeine use with the idea of having a break at work and taking the opportunity to talk to other staff on shift, rather than caffeine deliberately being used as a stimulant.

Seven of the ten workers reported they have no experience with cannabis use. One worker said they no longer smoke it and one said they used to use it socially, but did not use it now. One worker reported being a cannabis user. Most workers said they were not using any other drugs except medication and painkillers. One worker reported using recreational drugs when they have enough time to recover afterwards. The coordinators and union workers were asked about their observations of the use of tobacco, alcohol, cannabis and other drugs among disability support workers. The coordinators and the union workers think there are many smokers and that nicotine is probably the most used substance. Some participants linked nicotine use with stress and said that some workers use nicotine as a stress management strategy.

Discussion

Shift work has been linked with disruption of social and family relations for workers (Mitchell et al 1988). The present study found that disability support work usually affects workers' social lives due to shift work; however the extent to which this occurs depends on individual workers' circumstances and preferences. This is very similar to Martin and Healy's (2010, p. 145) observation that generally employees' working hours preferences in the disability field vary significantly by sex, age, marital status and family composition. Nine of the ten workers in the present study were not married and six of them had no children, and some of the workers did point out some positive aspects of shift work and the

flexibility of hours. It appears that social and family lives of support workers are not only affected by shift work, but in residential disability support work, it seems that more important factors are actually the number of hours workers do and also their roster that determines when their shifts are. It can be argued that there is a great potential for influencing workers' work and family life balance through rosters. This study has found there are great difficulties for house supervisors in relation to organising rosters and making workers happy with their work hours and shifts, but it is important that some thought and effort is put into identifying ways to make rosters fairer, equitable and more responsive to workers' needs, which will then have a positive impact on their work performance and job satisfaction.

Martin and Healy (2010) found that many workers in the disability field would prefer to have fewer hours in order to spend extra time for family and recreation, however they continue to work due to financial reasons and because they feel obligations to their clients. In residential disability support work, work and personal life balance could be improved if workers had predictability of work hours in the form of permanent rosters, and if they were able to maintain professional boundaries and not take work home. This also suggests that there is a need for good quality and hands-on supervisors and management to monitor rosters and for support workers to have regular and required breaks or time off work. Even though people who choose to work in welfare are usually interested in making a difference and helping others (Brody 2005; Leidy 2004; Martin & Healy 2010), but it is important to point out the need to maintain professional boundaries, which have the potential to sometimes become blurred in disability residential settings. Maintaining professional boundaries and not taking work home are paramount in the welfare field where workers are performing a lot of emotional labour tasks each day and where burn-out is common (Jones & May 1999). Workers do need to take responsibility for taking care of themselves and cope with stress, but taking into account that the participants reported the use of "guilt trips" in making workers feel more personally responsible for their clients, the management and supervisors have an important role to play in this as well. Management practices that continuously enforce professional boundaries, encourage workers to avoid taking work home and avoid making workers feel personally responsible for what happens with the clients when they are not at work would be beneficial in attempting to improve support workers' work and personal life balance, and reducing burn-out.

Stress has been linked with a wide range of health problems from reoccurring headaches, migraines, muscular pain (Le Fanu 1997; Stoppard 2002) to poor immunity (Hassed 2008), and loss of appetite, insomnia and difficulty in concentrating (Le Fanu 1997). In the study, the participants were asked to report on their health and none of them reported experiencing reoccurring headaches or major difficulties with sleep unless they were doing sleep-overs, however the majority of workers indicated they had taken sick leave when they felt tired, overtired and stressed. Exposure to behaviours of concern has been linked with mental health problems among workers (Mitchel & Hastings 2001; Hastings 2002) in particular with minor irritations to severe fear and anxiety (Hastings 2002). The findings of the present study support the idea that managing behaviours of concern is stressful and indicate the most common causes of workers going on stress leave are burn-out and stress due to behaviours of concern and bullying.

According to the Department of Human Services (2005), most OH&S injuries in the government sector in Victoria have been reported in Shared Supported Accommodation and were mainly due to manual handling with a smaller number of incidents caused by occupational assault and stress. In the present study, the reports from the house supervisors and the union workers indicating that stress and muscular and skeletal injuries are the most common causes of worker going on WorkCover are consistent with the Department's report.

Shift work has been linked with caffeine and nicotine use (Mitchell et al 1988). The findings of the present study confirmed caffeine and nicotine to be the most used drugs by workers in residential services, however their use was mainly associated with the idea of having a break, rather than deliberately being used as a stimulant to stay awake or alert at work. Therefore, having a cigarette or a coffee seems to be a form of a stress management strategy and having a time out.

Considering the nature of disability support work and conditions of work, it is not surprising that support workers take sick leave due to stress and burn-out. Absenteeism is known to be one symptom of burnout (Jones & May 1999; Mitchell & Hastings 2001; Hastings & Brown 2002; Hastings 2002). According to Occupational Health and safety legislation, both workers and employers have a duty to ensure health and safety in the workplace (WorkSafe Victoria 2005). It is a shared responsibility and needs to involve educating

workers and supervisors about safety, health, stress and professionalism as well as actively promoting work and family life balance. Workers need to have a break and to be able to recover, as well as be able to maintain contact with their family and friends, and have a life separate from work. Having a good work and personal life balance contributes to workers being more resilient and being able to perform better at work avoiding burn-out.

4. 5. HOW DO WORK CONDITIONS INFLUENCE CLIENTS AND QUALITY OF CARE?

QUALITY OF CARE

Disability support workers' conditions of work have a direct influence on the quality of care that they provide to their clients. Support workers' work environment is their clients' home. Whatever happens in the clients' home and whoever enters their home will have an impact on how clients feel, how they are treated, how they are supported and if their needs are met.

In the interviews, the participants were asked their opinions about quality of care and about things they thought needed to be changed to care for clients better. Most said they thought the quality of care was generally good. Three also said that quality of care varies from venue to venue and depends on factors such as staff levels and quality of workers.

Generally, the participants identified stability of workforce and staffing levels, quality of workers and supervisors (in terms of their training, qualifications, professionalism, ethics, attitude, and motivation) and resources (funding) as the main factors influencing quality of care.

If a house does not have enough workers, permanent workers will be doing too many shifts with high workloads and burn-out, or agency workers will be used, people who usually do not know the clients or their support needs. In both cases there will be a failure in providing clients with adequate and required support. The participants have consistently reported difficulties with gaining appropriate staffing levels as well as good quality workers who are able to do their job well. Having enough employees to cover shifts is not sufficient if one is concerned about clients' well-being and quality of support. Most participants referred to the importance of having good quality workers with the right attitude, motivation and knowledge.

Robert thinks that care for clients depends on the workers as he says workers can do "the minimum and make no waves" and there is a way to do it, but he also knows of a situation in which clients were chemically restrained as they were given their medication early to go to sleep. According to Robert, people can appear to be good workers because they have no incidents during their shift, even when this is not the case. **Kate (coordinator)** reported

that the quality of care varies from venue to venue and depends on the personal agenda of workers. If workers do not have understanding of person centredness and what providing a quality service means, Kate claims, then there is no quality of care and the house is run according to what the staff member prefers. **John (union)** agrees quality of care is different everywhere, and it depends on the organisational culture and on the workers in the house. According to John, if the workers or the supervisor are not “good”, the quality of care can be poor; if the team of workers is good and the supervisor knows what they are doing, quality of care can be excellent. Furthermore, **Kate (coordinator)** claims that to improve quality of care, professionalism and the role of support workers need to be reinforced and workers should be clear the house is their workplace and not their home.

EDUCATION, SKILLS AND VALUES

Formal education and training levels among support workers vary as there is no mandatory qualification even though it is considered desirable for support workers to have Certificate IV in Disability. The participants discussed the importance of education and its effect on workers’ ability to do the job properly. Generally, they thought that education was important, but most thought education alone would not be sufficient to be able to do the job properly. In addition to formal education, they thought people need to have maturity, empathy, life skills and experience, work experience, the right attitude, good communication skills and constant education and training.

The participants used the term “education” in different ways, some speaking about formal education and others referring to education in the more narrow sense of professional development and training. **Mary**, for example, thought that support workers should have education specific to individual clients and the philosophy of the job, but thought that the worker’s attitude is the most important factor. **Robert** says it all depends on the definition of education and thinks that the best workers are “naturals” and that there are a lot of people doing Certificate IV in Disability who do not really need it.

Some participants thought Certificate IV should be the minimum formal education requirement. It would provide support workers with a better understanding of different disability types, illnesses, behaviours of concern, legislation, values and standards. All this knowledge and education can have an influence on work practices and quality of care;

however, some participants also acknowledged that there are support workers who do not have any formal qualification who do the job well. **Vicky (coordinator)** says education is important, but thinks people's ability to do support work has a lot to do with people's experiences in life and life skills they have, and says some people are "just naturals" and it is about what the person can do. **Kate (coordinator)** believes experience on the ground floor is important, but she thinks it is reinforced and made better by people with qualifications because it shows that the worker views their work as a profession and a career, and that they are interested, and that they are there for the right reasons. She says that someone who has no interest in disability work is, potentially, there for the money, while education is there to provide knowledge about how to provide better care for clients, and it is a commitment.

Shared Supported Accommodation (SSA) houses are staffed with disability support workers who often work in isolation and who are not medical professionals. They usually have some basic training in Medication Administration, First Aid Level 2, Manual Handling and Infection Control, but they are actually responsible for caring and supporting clients with complex medical needs, high physical support needs and often dual disabilities. Support workers' roles and responsibilities are immense and therefore training and education are important as **Michael (union)** explains:

"I think with more expectation placed on staff, I think the education is extremely important. I mean, you're dealing with people's lives. You know, if you're gonna come into a CRU and not be trained in how to dispense medication properly, then you're asking for trouble. Give one wrong tablet to the wrong client and that's it. So, I think education is really, really important and especially with more ... nursing tasks coming out and the expectation of staff to do that, there needs to be more education, more thorough education too..."

The participants also emphasised that support workers need continuing training in addition to their formal qualifications to be able to keep up with the changes in the disability field as well as with changing needs of their clients. All participants thought it essential to have work experience and on-the-job training in addition to theoretical knowledge, as education and life experience need to be applied together when doing support work. **Liz** thinks work experience is vital and claims that academic qualifications will not equip people with the ability to manage behaviours of concern.

To be able to perform support work well, workers need to have the right values, attitude, motivation, knowledge and skills. There is a wide range of skills that they require considering that they support people with disabilities with every aspect of their lives. Three participants pointed out that even though support workers are skilled, their skills are not recognised and valued. All participants think that good support workers are very skilled, but their personal experiences and observations are that there are both good and bad workers in the disability field and some workers, unfortunately, are not skilled enough.

A few of the participants have used the term “naturals” emphasising that having qualities such as well-developed empathy, emotional intelligence and maturity are important and valued qualities that support workers should possess.

The participants were asked about what skills they thought support workers lack. Communications skills (negotiation, people skills) and common sense were the main two things they identified in addition to teaching skills (educating and mentoring), being able to work in a team, administration skills (keeping records), report writing, assessment skills and being person-centred. When discussing lack of communication skills, the participants also linked them to the difficulties of working in a team and relating to colleagues.

WORK PERFORMANCE AND MISTAKES

Mistakes that support workers make at work have the potential to cause serious harm to clients. When asked about the mistakes residential disability support workers make at work the most common, according to the participants, are medication mistakes including administration of medication, dispensing of medication, forgetting to sign off administered medication and forgetting to check the medication when it arrives from the pharmacy. Other mistakes the participants reported are forgetting to record things, mistakes caused by lack of information, not following clients' plans and programs, not following policies and procedures, not having clear enough boundaries with clients, doing jobs for clients rather than teaching them, and power over clients rather than power to clients. Some of the communication mistakes that the participants reported making are not listening, jumping to conclusions and mistakes in relation to the way clients are spoken to.

Most workers reported they made a mistake with medication administration or recording such as forgetting to administer or sign off medication, or giving the wrong medication to a client.

Some participants reported that being alone on shift causes workers to make mistakes as their workload is higher and they can get distracted easily. The majority of participants indicate tiredness is also a major factor.

As reported during the interviews the following things cause support workers to make mistakes at work:

- Heavy workload, being overworked, rushing and lack of time to complete all the tasks,
- Working alone without peer support,
- Tiredness,
- Stress and burn-out,
- Lack of support from supervisor or management,
- Feeling unwell,
- Feeling upset,
- Lack of training and/or knowledge,
- Being angry at work with other staff members,
- Becoming too confident and comfortable with routines, not paying enough attention and starting to make mistakes.

There are consequences for both clients and support workers when workers make mistakes and there are implications for the quality of service provided to clients. Especially with medication mistakes, workers can put clients' lives at risk. Depending on the type of mistakes, workers can end up being injured or put other workers and clients at risk of being seriously hurt. Workers may have additional training to improve their skills, or sometimes disciplinary action is taken against workers, and they may lose their job or even get charged in court.

The coordinators and the union workers reported that the most common reasons for taking disciplinary action against workers would be unprofessional conduct, inappropriate work

ethics (breaching policies or any form of abuse), behaviour that is putting others at risk and bullying.

WORK PERFORMANCE AND VALUES

The participants were asked about their opinions regarding the ways in which workers' personal values influence their work practice and clients. The participants acknowledged the potential for this to occur. Seven of the 16 participants believe that personal values do influence work practice, two workers believe this can happen, one participant says it depends on the worker, while one worker says they did not see it happen. Four participants say they think workers' personal values influence their work practice even though this is not supposed to happen.

Liz thinks personal values do influence workers' work practice even though workers try to avoid this. She says an atheist worker is less likely to want to take a client to church or something like that. **Tom** claims people bring their preconceived ideas about how they should be doing their job and how individual clients should be dealt with. He says workers bring ideas about what good and bad behaviours are, and how to reward and punish them. According to Tom, there is also the charity model and workers mothering clients. **Brenda** believes personal values influence work performance, although they are not supposed to. She says this is another skill that workers have to have – to avoid doing it. She knows a worker who said that clients should get up in the morning and go for a walk around the block and this worker believed 100% that it is an imperative for the clients' lifestyle.

Kate (coordinator) claims personal values can influence work a lot. For example, workers might find it offensive to see sexualised behaviour from clients because they see people with disabilities as asexual beings. Workers sometimes do not understand that the issue is whether the clients' behaviour or display is appropriate, and not whether clients should have this behaviour. According to Kate, people's perception of sexualised behaviour can be different depending on what kind of environment they were brought up in. **Brad (union)** says personal values have an enormous impact because a lot of the people who come to work in the field already have values of inclusion and are not doing it for the money, so they can bring positive things in the form of their personal values. Brad also reports he knew of a worker who was banned from a few houses because she had the attitude that

clients with disabilities were children, who caused a lot of problems, and Brad says this is an example of a negative influence.

When asked what affects workers' ability to respond to clients' cultural, religious or spiritual needs, most participants said lack of knowledge, lack of education or lack of understanding about other cultures and how to respond. The participants thought that workers need to be trained and need to gain information about clients' cultural backgrounds to be able to support them appropriately. One worker says there are issues sometimes with understanding what the client is trying to say when the workers do not speak the clients' first language. Two union workers also pointed out the difficulties clients from a non-English speaking background have, especially, if they speak no English.

PERSON-CENTRED APPROACHES

The researcher asked the participants about their thoughts on person-centred approaches. The participants said they thought person centred approaches are fantastic; a good philosophical shift: a good principle. However, most participants also pointed out difficulties with implementing and applying the approaches in practice. The difficulties with working in a person-centred way as reported by the participants are that not many workers fully understand person-centred approaches, so are not able to implement them in their work. Limitations such as lack of resources, including lack of funding, and inability to maintain staffing levels, as well as employing the right staff for the job, have been reported to be obstacles in supporting clients in a person-centred way.

Kate (coordinator) says everyone understands person-centredness in a different way. Workers often speak to clients about their rights, but not enough talk is done about clients' responsibilities even though responsibilities go hand in hand with rights. Kate believes in person-centred approaches, but thinks it is "the most abused term" she has ever heard because workers are often being person-centred about themselves and are using the term to alter the environment, the routines and what they want to do. Kate claims the organisation provided a lot of training on person-centredness, but it is not understood by workers and applied in practice properly. According to Kate, workers are using the term as a means of getting out of doing a task. For example, a client does not want to clean his room. Kate argues it is not person-centred to allow or facilitate someone living in an

unhygienic environment as the extension of person-centredness is understanding what is important for the person and understanding what is important to the person.

Brad (union) believes the philosophy is fantastic, but clients still have limited choices as they cannot just decide to go out and see a movie if they need support. Clients do not have much choice in where they live – they are matched through vacancy coordination at DHS. Brad suggests there should be more resources to make it work properly.

Most respondents pointed out the lack of resources and funding and their negative effects of quality of service. **Sandra (coordinator)** says staff ratios can be a problem in being person-centred and there are times when things have to be done in a way which is not person-centred because workers do not have enough support or time to do it that way. **Kate (coordinator)** says that resources are the issue as well as the workers' willingness to adopt the philosophy and put it into practice and work towards a common goal for people (commitments). Some participants also thought that there is not enough consultation with clients and emphasised clients' needs to be given more opportunities to make decisions about their lives and living environment.

Discussion

The notion of citizenship is related to positions of both support workers and people with disabilities. The notion of citizenship embodies social and economic rights to income, social services and welfare (Carney & Hanks 1994; Heater 1999; Dower 2003; Beetham 2005). Citizens cannot exercise their rights and play their citizen role if they lack basic education, health or means for living (Beetham 2005). It is important to point out that the interests of support workers and their employers are not the same and, therefore, it is important that workers use their industrial resources and unions considering the unions have a big role in negotiating work conditions (Jones & May 1999).

The reality is, in practice, people with disabilities do not enjoy full citizenship and often experience discrimination in many areas of their lives (Watson 1998; Vernon 1998; Parsons 1994; Clear 2000; Kendrick 2002). Generally, most human services' clients are known to have a disadvantaged position in the society as most of them are poor and lack powerful allies (Kendrick 2002). Furthermore, people with disabilities (especially intellectual

disability) are more vulnerable and likely to be abused, mistreated and neglected than people without a disability (Kendrick 2002; Oliver et al 2002). The main legislation (the Disability Act 2006) and philosophies guiding disability services are citizenship and human rights aiming to improve inclusion and participation of people with a disability in the community and to provide them with high quality services (Victoria Government Department of Human Services 2009a). Disability services need to be responsive to individuals' needs and choices (Victorian Government Department of Human Services 2002). Also, the more dependent or vulnerable clients are, the higher standard of care and service they require (Villamanta Legal Service 2006). This is why it is important that support workers are skilled and equipped to do their jobs properly. It is the disability support worker's role and responsibility to work within the legislative framework and implement the policies while directly working with clients on a day to day basis in ensuring their support needs are met and their rights and choices respected. As Kendrick (2002) points out, clients can be harmed if the service does not understand their needs and if the staff are unmotivated or incompetent. Therefore, it can be argued that disability support workers and their work conditions directly impact clients' lives in terms of the care and service they receive through disability services.

Hewitt et al (2004) found support workers' knowledge, attitudes and skills to be the main factors affecting quality of service. The findings of the present study are consistent with this as quality of staff in terms of knowledge, skills, values and attitudes; workforce issues and organisations' resources have been reported to be the main factors influencing quality of service.

The participants reported difficulties with staff levels and lack of workers causing increased workloads and responsibilities for workers. Workforce issues like staff turnover and position vacancies have been known to negatively affect quality of service causing low staff morale due to increased workloads and decreased safety for both staff and clients (Test et al 2003). Stress and burn-out have been linked with difficulty in concentrating (Le Fanu 1997), emotional exhaustion, lack of motivation (Hassed 2008), reduced capacity of workers to perform their duties at work (Department of Human Services 2005), and poor performance as people are more likely to make mistakes (Hassed 2008). Therefore, the participants' reports that tiredness, stress and burn-out cause them to make mistakes at work, which can result in harm to their clients is not surprising.

The issue is not only that there are not enough support workers, but that there is a need for good quality workers who can perform their job well and professionally. Considering there is generally a very limited interest in disability careers and a lack of understanding of the disability support worker's role and value (Department of Human Services 2005, Test et al 2003, Leidy 2004) and it is also not a well-paid job, it is unlikely that people would aim at gaining tertiary education or degrees and then work as disability support workers. Currently, people can easily get such a job without having tertiary qualifications due to high demands for disability support workers.

In this study, the quality of staff, referring to both support workers and supervisors, has been reported as a critical factor affecting quality of service. Organisations have a lot of trust, and place a lot of power in hands of their staff in residential services, but as Kendrick (2002) points out, the wellbeing of clients can be dramatically helped or harmed by character of services and people who work in them. Clients in residential services are very vulnerable and a lot of them have an intellectual disability. People with intellectual disability often cannot make informed decisions, while some have severely limited communication skills and lack self-advocacy skills. Test et al (2003) and Ito et al (1999) argue deinstitutionalisation resulted in increasing number of people with disabilities living in the community increasing the number of support workers required to provide support. Ito et al (1999) further argue it has also put more strain on support workers who have limited qualifications and greater workloads and responsibilities. The present study supports these arguments in terms of the reports that support workers' roles and responsibilities are often immense in comparison to the training they receive and this is especially the case when support workers are required to perform tasks that have traditionally been done by nurses or medical staff. It has also been reported by the participants there are great variations in support workers' skill levels depending on their education levels, values, previous careers or personal life experiences. It needs to be emphasised, therefore, that support workers need continuing training to be able to keep up with the changes in the disability field and with their clients' support requirements.

As pointed out by the participants, there are a lot of staff and teamwork issues, with staff having their own agendas and clients not having enough say in what happens in their home. Considering that disciplinary action is usually taken against support workers for

unprofessional behaviour, it can be argued that there is a need to constantly and consistently reinforce professionalism and the role of support workers since the workers' workplace is home to the people they support. There is also a need for development of codes of ethics specifically for residential disability support workers that are clear and can easily be applied in practice. There appears to be a need for support workers to get more training in ethics, values and current approaches to disability, but training on its own is not sufficient, and organisations also need to monitor service provision closely and manage and supervise their staff appropriately. It would also be beneficial to have organisational values and expectations constantly reinforced through various organisational communication channels as well as through direct supervision.

Resources and the level of funding attached to the residential setting have been reported to affect staff-to-client ratios and the number of rostered support hours, so clients might not be able to have enough one-to-one support and staff attention. It often happens that clients with higher or more complex support needs would take more staff time than other residents and, therefore, attention and time that staff spend supporting residents is often not equitably divided in practice. Another issue that has been linked to resources is the lack of handover time, which the participants raised, suggesting it should be built into rosters, as it is with nurses.

4. 6. WHAT ARE RESIDENTIAL DISABILITY SUPPORT WORKERS' NEEDS AND WHAT NEEDS TO BE DONE TO IMPROVE WORK CONDITIONS?

In the everyday operation of Shared Supported Accommodation, disability support workers are responsible for implementing support for people with disabilities as outlined in the legislation.

Department of Human Services (2005) reported difficulties with disability workforce recruitment and retention in Victoria, especially in the non-government sector. In the interviews with the participants, difficulties with recruiting support workers and high staff turnover in the non-government sector have been reported. Consequently, permanent support workers often end up with very high workloads, more responsibility and more shifts than they should. It is not sufficient to just have a number of workers who could cover the roster. There is a need to have a stable and qualified workforce able to complete the job properly. As reported in the previous sections, paying agency workers to cover gaps in rosters costs organisations a lot of money, and at the same time it affects permanent workers in terms of higher workload, and clients in terms of lack of continuity of care. Overworking permanent workers or constantly using agency workers are not sustainable options. Permanent workers will eventually burn out and, potentially, leave their employment, resulting in loss of knowledge to the organisation and negatively affecting clients in terms of continuity of care. It has been recognised that high staff turnover disrupts clients' lives and routines (Test et al 2003) and causes loss of organisational knowledge and expertise (Department of Human Services 2005). Burn-out has also been linked with absenteeism of workers as it is considered to be one of the symptoms of burn-out (Jones & May 1999; Mitchell & Hastings 2001; Hastings & Brown 2002; Hastings 2002). Therefore, it is crucial that organisations support their workers by ensuring that they have a break and enough time to recover from work, preventing burn-out. Generally speaking, agency casual workers who do not know the clients or the house well may not be able to provide adequate quality of support to clients, but nor are burnt-out, stressed and overtired permanent support workers. As reported in the literature review, burn-out affects performance and causes people to make mistakes. The danger is that workers may not be able to recognise they are burning out until they make a serious mistake or until they start feeling unwell physically or mentally. The union workers report that burnt-out workers often present as abrupt, having a "short fuse", or being impatient, and may do something that is out of their character affecting or causing harm to other workers or

clients. Both support workers and their employers are responsible for workers' and clients' safety and well-being, and are required to take action to prevent harm.

Even though organisations are in a difficult situation in terms of their budgetary constraints and recruitment of new staff, they should take more responsibility for ensuring and promoting health and well-being among support workers, and preventing burn-out. Stress will always be part of disability support work, but there are steps that organisations can take to prevent burn-out. First, there needs to be education of support workers about stress, recognising stress and stress management strategies to equip them with knowledge and strategies to recognise and prevent burn-out. Second, organisations need to alter and monitor their management practices including actions of house coordinators and culture that is being promoted among support workers in terms of job responsibilities and professional boundaries. It is inappropriate and unethical to place the complete responsibility for clients' welfare on support workers. The participants did report "guilt trips" being put on support workers to encourage them to do additional shifts, or sometimes support workers being attached to their clients to the point of them not taking leave to ensure that clients are supported by permanent workers who know them well. Based on the literature and the participants' responses, the helping aspect of the job is important to welfare or disability support workers and people do not do the job for the money only, but it is crucial to promote clear professional and ethical boundaries considering that disability support work is or, should be, a profession and a career and workers are expected to perform their duties, for which they are paid at a certain standard.

Supervisors of disability support workers or house coordinators have an important role in ensuring that support workers perform their duties effectively and that residents are adequately supported. Lack of peer and professional support has been identified as the factors contributing to stress and burn-out (Department of Human Services 2005; Ito et al 1999). Findings of the study conducted by Ito et al (1999) suggested supervisor support can reduce burn-out among support workers. Therefore, supervisors can affect staff retention and turnover rates. How effective a supervisor is in their position depends on two factors. The first is the quality of a supervisor and their skills, experience and ability to communicate with staff and manage them. Hewitt et al (2004) point out the house coordinators who are promoted from direct support positions without being trained or having specific skills in staff management are not likely to have the skills to effectively do

their jobs, support and keep staff. The second factor is organisational structure and whether there are team leaders or coordinators present and doing hands-on work at the houses they supervise. Disability support workers need to have a skilled and approachable supervisor able to act as a role model as well as provide support, understanding and leadership. Ideally, the coordinator would need to do hands-on work at the house, which means they would cover shifts and do shift work to monitor the service and be completely in touch with the staff and the residents. One of the senior coordinators in this study reported that there are often unofficial team leaders in the houses she supervises, who assist her with her job. The issue of having unofficial team leaders who have not been formally appointed to that position by their employer is problematic on two levels. First, it may imply exploitation of some support workers who perform additional tasks without being paid accordingly, and second, it may appear that the coordinator favours certain support workers and gives them more power and trust, which can lead to staff issues and problems with teamwork.

It appears that many issues in residential disability services could be traced back to supervision issues in terms of the amount and the quality of supervision provided to support workers and the houses. Shift work is an unavoidable part of the job for support workers and has been reported to affect their social and family lives, but its negative effects could be minimised through staff consultation, planning and rostering processes, which needs to be done by a supervisor who understands and communicates with their team of workers. The same applies to support workers taking annual leave. It needs to be planned, negotiated and coordinated and it is the supervisor's job to bring the team together, encourage communication and coordinate workers' leave rather than leave it up to individual workers to apply for leave and have it rejected because someone else was quicker in applying.

Considering the reports of team problems and difficulties with teamwork among the support workers, organisations need to ensure that there is a sufficient level of supervision at each house, that supervisors have the skills they require to be in that position, and that the importance of teamwork, acceptance of diversity and other organisational values are constantly promoted and reinforced. If teams do not have a common goal and purpose, it can be expected that there would be different agendas and goals among support workers. Again, a supervisor plays an important role in promoting and shaping organisational

culture and monitoring teamwork, but having a competent supervisor alone would not be sufficient to ensure good teamwork. As reported by the participants, other factors have an impact on teamwork, factors that supervisors would not necessarily be able to change or improve. For example, wider problems of lack of support workers, difficulty with recruitment or high staff turnover contribute to team instability and have been reported to affect teamwork. Communication is another factor. Workers work in isolation and with lack of handover and lack of worker to worker contact, there is a reliance on written communication. This is partly a management and supervision issue as the organisation needs to ensure appropriate work practices are being followed and workers are recording things and conveying important messages in writing. This is also a matter of resources as often organisations would not have enough financial resources to implement rostered handovers, but there is also a question about individual workers' professionalism and skills including their literacy skills.

With regard to managing behaviours of concern, it is part of the job and generally speaking support workers find it stressful, as expected. However, the participants in this research pointed out that it is a lot more stressful when they are required to manage behaviours of clients when they are unfamiliar with the client, that they do not know what to expect and do not know the clients' behaviour support strategies. When clients who exhibit behaviours of concern are likely to put other clients or the general public at risk, the support workers report experiencing higher levels of stress as they feel responsible for other people's safety. This suggests support workers not only need general training about managing behaviours of concern, but organisations need to ensure that all permanent workers know how to manage the behaviours of each client at the house. Newly employed support workers need induction training and to be prepared to work with and support each client in their care. For agency and casual workers, it is essential that this information is easily accessible in a clear and condensed form as, in practice, they often do not have much time available for orientation. Incidents involving behaviour of concern can be traumatic for staff, especially when staff are physically attacked or injured. Different workers require different levels of support, but it is essential that they feel supported and that debriefing is available and offered to them. Organisations should also ensure that all workers are aware of the Employee Assistance Program and know how to access it.

Considering the scope of their duties and responsibilities, to be able to support people with disabilities in a residential setting while often working in isolation and unsupervised, disability support workers need a wide range of skills. They need to understand the legislation and exactly what is required from them and what their role is. They need to be able to maintain professional boundaries, behave ethically and have well-developed interpersonal and communication skills and empathy. The literature and the participants in this research suggest that with deinstitutionalisation of people with disabilities and demedicalisation of disability services, support workers have greater responsibility and, as reported by the participants, often perform tasks that have traditionally been part of a nursing role. This raises the question of whether disability support workers are appropriately prepared and qualified for the tasks required of them. The literature suggests that, generally, the disability workforce is not sufficiently trained or prepared for such responsibility. In this research, the participants point out inconsistency and varying levels of skill among disability support workers. Despite support workers being required to complete basic training, it can be argued that this would not prepare them for the job. The government sector has been reported as providing new workers with induction training and their supervisors with additional management training, but the non-government sector is not consistent and appears to experience difficulties (Department of Human Services 2005).

Considering that there is no mandatory formal qualification for disability support workers, with lack of professional status and low pay, it is of no surprise that there are difficulties attracting new workers into the industry, especially in the non-government sector. As the demand for support workers is expected to increase, there is a critical need for a stable and skilled workforce. To achieve this, disability support workers' qualifications and status need to be raised and they need to be recognised as professionals, which should be reflected in their pay. Support workers need to feel respected, acknowledged for the work they do and be provided with opportunities to enhance their skills. With the existence of stable, skilled and experienced workforce, it can be argued that the quality of service to clients would improve. Work conditions, including the status and pay of disability support workers, influence the stability of the disability workforce. In combination, the stability of the workforce, the quality and skills of support workers, the quality and skills of house coordinators and organisational management practices all influence the continuity and quality of support for clients.

5. CONCLUSION

The aim of this research was to explore residential disability support workers' experiences and perceptions of their work, work conditions and how they affect workers and the quality of service being provided to their clients.

The participants identified behaviours of concern, large workloads, difficulties with teamwork, staff issues, lack of supervision and support from house coordinators, and lack of support workers as significant sources of work-related stress and burn-out. The participants report that residential disability support work has a low status, the community does not understand the disability support worker's role and there is no recognition for their skills and knowledge, even though the participants consider the role important and valuable. The government sector was reported to provide disability support workers with better work conditions in terms of higher wages and better access to training and professional development. Shift work was identified as an unavoidable part of disability support work and a major factor in affecting disability support workers' social and family lives, with the potential to negatively affect their health and well-being in addition to large workloads and working long hours. The findings suggest that staff turnover and retention, the support and supervision of disability support workers, the quality and skill of disability support workers and their access to training, and resources of disability service organisations all influence quality of service provided to clients. The findings also suggest that improving the professional status of disability support workers and adding more value to their work; providing disability support workers with better access to induction training, further training and professional development; having skilled house coordinators; and providing supervisor support to disability support workers would have the potential to reduce burn-out among workers, would contribute to the improvement of disability support workers' conditions, would increase their job satisfaction, and improve the quality of service provided to people with disabilities. Implications for future research are discussed.

The results of this study clearly need to be confirmed by larger samples. The present study covered different topics and aspects of residential disability support work, but it would be beneficial if all the topics were investigated separately in more detail. The participants identified that there are differences between government and non-government sectors in terms of wages and access to training. More research is required to identify if or how these

differences influence the quality of care for people with disabilities who live in non-government and government operated CRUs.

It can be argued that the status of disability support workers and their conditions of work are directly related to the quality of support provided to people with disabilities. In an environment where clients are vulnerable and there are increasing skill demands and responsibilities placed on residential disability support workers with limited access to on-site supervisors, there is a need to find mechanisms to facilitate improvements in the supervision of support workers and the support practices of disability service organisations. Furthermore, more research is needed to examine the extent to which skills and actions of house coordinators, who are frontline supervisors, are related to outcomes such as staff performance and quality of support for their clients.

Finding and keeping qualified and skilled disability support workers is one of the main factors and challenges in ensuring that clients are adequately supported. Enhanced professional identity, increased wages and bringing value to the profession are some of the required solutions. When seeking increases in wages for disability support workers, it is important to focus on the education levels and minimum requirements of formal qualifications. Mechanisms to increase disability support workers' professional status, officially recognise their skills and attach value to their role need to be found and implemented. As frontline workers, disability support workers have the most contact with and impact on the support and lives of people with disabilities who live in CRUs, so should be expected to have the knowledge and skills to apply legislation and quality support principles in practice. Support workers' status and work conditions affect recruitment and retention of workers, their job satisfaction, health and work performance, all of which consequently affect clients who receive the services. Therefore, to support clients of residential disability services it is critical to address issues of disability support workers' professional status and recognition, as well as the ways of supporting them in terms of supervision and training.

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APPENDIX A

Questions for Residential Disability Support Workers

General questions

- Which organization do you work for?
- Are you casual or permanent worker?
- How old are you?
- How long have you worked for your current employer?
- How long have you worked as a residential disability support worker?
- How did you decide to start working as a residential disability support worker?
- How many hours do you work per fortnight?
- How many sleep-overs do you do per fortnight?
- What are your hours like on weekends?
- Do you do active nights?
- Are you married?
- Do you have children?

Residential disability support work

- What do you like about the job?
- What do you dislike about the job?
- What is the most difficult part of the job for you?
- What is the easiest part of the job for you?
- What do you think about residential disability support work in general?
- According to your experience, how do other people in the community see residential disability support work?
- In your opinion, what kind of status do residential disability support workers have in comparison to other professionals?
- Do you have any further comments about this topic?

Conditions of work

- What are conditions of work like at your workplace?
- What difficulties are there in relation to work conditions?

- What needs to be done in order to improve work conditions?
- What OH&S issues have you encountered at your current workplace?
- How does your employer deal with OH&S issues?
- Are you happy with the way your employer deals with OH&S issues?
- Do you have any further comments about this topic?

Pay

- What do you think about residential disability support workers' pay?
- Are you satisfied with your pay?
- Do you have any further comments about this topic?

Roster and work hours

- What do you think about roster and your work hours?
- Are you happy with your work hours and roster?
- What difficulties have you experienced in relation to work hours?
- What do you think about shift work?
- What do you think about doing sleep-overs?
- What do you think about working on weekends?
- What do you think about doing active nights?
- What do you think about working on public holidays?
- Do you have any further comments about this topic?

Annual leave

- Can you take annual leave when it suits you?
- When do you usually take annual leave?
- How much time do you usually take off for your annual leave?
- What difficulties are there in relation to you or other workers taking annual leave at your workplace?
- Do you have any further comments about this topic?

Supervision

- Does your supervisor work with you at the community residential unit (CRU)?
- Is there a team leader at your workplace?

- How often do you have supervisions?
- Would you like to have them more often?
- How approachable is your supervisor in case you want to discuss issues that bother you?
- Do you have any further comments about this topic?

Challenging behaviours

- What kind of challenging behaviours have you experienced at work?
- How do you feel about managing challenging behaviours?
- What trainings did you do in relation managing challenging behaviours?
- When did you feel most threatened by challenging behaviours?
- What is your experience with being verbally abused by clients?
- How often do you get verbally abused by clients?
- What is your experience with being spat at by clients?
- What is your experience with being bitten by clients?
- What is your experience with being physically attacked or hit by clients?
- What is your experience with being injured by clients?
- How stressful do you find managing challenging behaviours to be?
- What kind of support do you receive during or after managing challenging behaviours?
- Do you have debriefing with your supervisor or your colleagues after incidents involving challenging behaviours?
- What kind of support do you need or would like to receive in relation to incidents and challenging behaviours?
- Do you have any further comments about this topic?

Organisational culture

- What are your experiences in relation to team work like?
- What difficulties are there in relation to teamwork?
- How important is teamwork?
- What is your relationship with colleagues like?
- What is your relationship with your supervisor like?
- How would you describe organizational culture?

- What is your experience with bullying at work?
- What is your experience with sexual harassment at work?
- What is your experience with discrimination at work?
- Do you feel valued and respected by your colleagues, supervisor and management?
- How approachable are your supervisor and management?
- Do your colleagues, supervisor or management ask for your opinion?
- How do you feel about expressing your opinions at work in front of your colleagues, supervisor and management?
- How do you receive information about what is happening in your organization?
- Do you have any further comments about this topic?

Stress

- What are your experiences with stress and burn out?
- What makes you stressed at work?
- How do you manage stress?
- What would help you in managing stress at work better?
- What could your employer do to help you manage work related stress better?
- How helpful do you find supervisions with your supervisor in managing stress better?
- How much does debriefing help you manage stress better?
- What are your experiences with work overload?
- Do you have any further comments about this topic?

Health

- What is your health like?
- Have you got any illnesses or medical conditions?
- What kind of medication do you take if any?
- Have you been diagnosed with any stress related problems while working as a residential disability support worker?
- In your opinion, how does residential disability support work affect your health?
- How do you think shift work affect yours or other workers' health?
- What is your experience with getting viral infections from clients at work?

- How do you think yours or other workers' physical and mental health influence work performance?
- What is your sleep like?
- What is your experience with sleeping problems?
- What is your experience with taking sleeping tablets?
- What is your experience with persistent headaches or migraines?
- What is your experience with depression or anxiety while doing this job?
- What usually causes you to take sick leave or call in sick?
- Have you ever taken sick leave due to mental health issues or stress?
- What is your experience with physical injuries at work?
- What is your experience of being on work cover?
- What is your experience of being on stress leave?
- Do you have any further comments about this topic?

Drugs

- What is your caffeine use like?
- How much caffeine do you consume and in what form?
- Do you use caffeine to keep you awake or alert at work?
- What is your current experience with alcohol like?
- What is your current experience with cannabis like?
- What is your current experience with other drugs like?
- Do have any further comments about this topic?

Work/personal and life balance

- How does your work influence your personal life?
- Do you feel you have enough time for your personal life?
- How does your personal life influence your work performance?
- How do you think work/family balance of residential disability support workers can be improved?
- Do you have any further comments about this topic?

Quality of care

- In your opinion, what is quality of care for clients like at your workplace?

- What needs to be done or changed in order to be able to care for clients better?
- How important is education in order to be able to do the job properly?
- What kind of education or qualifications should residential disability support workers have in order to be able to do the job properly?
- How important is work experience?
- How important are additional trainings?
- How skilled do you think residential disability support workers are?
- Do you think that Certificate IV is a sufficient level of education for residential disability support workers?
- Which skills do many residential disability support workers lack?
- Which skills are the most difficult to acquire for residential disability support workers?
- What mistakes do residential disability support workers make at work?
- What causes residential disability support workers to make mistakes at work?
- What consequences are there for making mistakes at work?
- What are some of the mistakes you made at work?
- What do you think caused you to make these mistakes at work?
- What consequences were there as a result of your mistakes?
- How do workers' personal values influence their work practice and clients?
- How do workers' cultural backgrounds or religion affect their work practice?
- What affects workers' ability to respond to clients' cultural, religious or spiritual needs?
- What issues are there in relation to responding appropriately to needs of clients from different cultural backgrounds?
- What are your thoughts on person centered approaches?
- What issues or difficulties are there in relation to working in a person centered way?
- What other issues are there in relation to workers' and organisations' ability to provide high quality of care?
- Do you have any further comments about this topic?

Job satisfaction

- How satisfied are you with your job?

- What kind of job would you like to have?
- Are you looking for another job?
- Where do you see yourself in 5 years time?
- Do you have any further comments about this topic?

Union

- Are you a union member?
- What is your experience with the union like?
- Do you have any further comments about this topic?

Conclusion

- Is there anything else you would like to say or suggest in relation to the previously discussed topics?

APPENDIX B

Questions for CRU Coordinators

General questions

- Which organization do you work for?
- How long have you worked as a house supervisor?
- What did you do before you became a supervisor?
- What qualifications do you have?

Residential disability support work

- What do you think about residential disability support work in general?
- What is the most difficult part of residential disability support work?
- What is the easiest part of the job?
- According to your experience, how do other people in the community see residential disability support work?
- In your opinion, what kind of status do residential disability support workers have in comparison to other professionals?
- Do you have any further comments about this topic?

Conditions of work

- What are conditions of work like for residential disability support workers in general and in your organisation?
- What difficulties are there in relation to work conditions?
- What needs to be done in order to improve work conditions?
- What OH&S issues have you encountered at the houses you supervise?
- How do you deal with OH&S issues?
- Do you have any further comments about this topic?

Pay

- What do you think about residential disability support workers' pay?
- Do you have any further comments about this topic?

Roster and work hours

- What issues or difficulties are there for residential disability support workers in relation to rosters and work hours?
- What issues and difficulties do you face as a supervisor in relation to organizing rosters?
- Do you have any further comments about this topic?

Annual leave

- Can workers take annual leave when it suits them?
- What issues or difficulties are there with workers taking annual leave?
- Do you have any further comments about this topic?

Supervision

- Do you do hands on work?
- Is there a team leader at the houses you supervise?
- How often do you have supervisions with your employees?
- What do you think about supervisions?
- How important and effective are supervisions to workers?
- Do you have any further comments about this topic?

Challenging behaviours

- What kind of challenging behaviours do your employees experience at work?
- What difficulties are there for workers in relation to managing challenging behaviours?
- How effective are trainings in helping workers deal with challenging behaviours?
- What is your employees' experience with being verbally abused by clients?
- What is your employees' experience with being spat at by clients?
- What is your employees' experience with being bitten by clients?
- What is your employees' experience with being physically attacked and hit by clients?
- What is your employees' experience with being injured by clients?
- How stressful do you find challenging behaviours to be for workers?

- What kind of support do you provide to your employees in relation to challenging behaviours?
- What is your experience with providing your employees with debriefing after incidents involving challenging behaviours?
- What other kinds of support and assistance can be provided to workers in relation to incidents and challenging behaviours?
- Do you have any further comments about this topic?

Organisational culture

- What issues and difficulties are there in relation to teamwork among your employees?
- What are some of the causes of teamwork problems?
- How important is teamwork?
- How would you describe organizational culture?
- What is your experience with bullying among your employees?
- What is your experience with sexual harassment among your employees?
- What is your experience with discrimination at work among your employees?
- How do workers receive information about what is happening in your organization?
- Do you have any further comments about this topic?

Stress

- What have you observed in relation to stress and burn out among workers?
- What are the most likely causes of stress at work among workers?
- How do you respond to stressed employees?
- What can you or organizations do to help workers manage work related stress better?
- Do you have any further comments about this topic?

Health

- How much are you aware of your employees' health condition?
- In your opinion, how does residential disability support work affect workers' health?
- How does clients' health influence workers' health?
- What is your experience with your employees getting viral infections from clients?

- How does workers' physical and mental health influence work performance?
- What is your observation about workers being injured at work?
- What are the most common causes of workers being on work cover?
- What are the most common causes of workers being on stress leave?
- Do you have any further comments about this topic?

Drugs

- According to your observation, what is caffeine use like among residential disability support workers?
- Do they use caffeine to keep them awake or alert at work?
- What are your observations in relation to use of other substances (tobacco, alcohol, cannabis and other drugs) among workers?
- Do you have any further comments about this topic?

Work/personal and life balance

- How does work influence residential disability support workers' personal life?
- How does workers' personal life influence their work performance?
- How do you think work/family balance of residential disability support workers can be improved?
- Do you have any further comments about this topic?

Quality of care

- In your opinion, what is quality of care for clients like at your workplace?
- What needs to be done or changed in order to be able to care for clients better?
- How important is education in order to be able to do the job properly?
- How important is work experience?
- How important are additional trainings?
- How skilled do you think residential disability support workers are?
- Do you think that Certificate IV is a sufficient level of education for residential disability support workers?
- Which skills do many of the workers lack?
- Which skills are the most difficult to acquire for residential disability support workers?

- What mistakes do residential disability support workers make at work?
- What causes workers to make these mistakes?
- What consequences are there for workers make mistakes at work?
- What are the most common reasons for taking disciplinary action against workers?
- How do workers' personal values influence their work practice and clients?
- How do workers' cultural backgrounds or religion affect their work practice?
- What affects workers' ability to respond to clients cultural, religious or spiritual needs?
- What issues are there in relation to responding appropriately to needs of clients from different cultural backgrounds?
- What are your thoughts on person centered approaches?
- What issues or difficulties are there in relation to working in a person centered way?
- What other issues are there in relation to workers' and organizations' ability to provide high quality of care?
- Do you have any further comments about this topic?

Job satisfaction

- How satisfied do you think your employees are with their job?
- Do you know if they are looking for a new job and what their plans for future are?
- Do you have any further comments about this topic?

Union

- What is your experience with the unions like?

Conclusion

- Is there anything else you would like to say or suggest in relation to the previously discussed topics?

APPENDIX C

Questions for Union Workers

Personal questions

- How long have you worked for the union?
- What did you do before you started working for the union?
- Did you work as a residential disability support worker in the past?

Residential disability support work

- What do you think about residential disability support work in general?
- What is the most difficult part of residential disability support work?
- What is the easiest part of the job?
- According to your experience, how do other people in the community see residential disability support work?
- In your opinion, what kind of status do residential disability support workers have in comparison to other professionals?
- Do you have any further comments about this topic?

Conditions of work

- What are conditions of work like for residential disability support workers?
- What difficulties are there in relation to work conditions?
- What needs to be done in order to improve work conditions?
- What OH&S issues do residential disability support workers encounter at work?
- How do organizations deal with OH&S issues?
- What differences are there among different organizations in terms of work conditions and OH&S issues?
- What are the main causes for residential disability support workers approaching you for assistance?

Pay

- What do you think about residential disability support workers' pay?

- Do you have any further comments about this topic?

Roster and work hours

- What issues or difficulties are there for residential disability support workers in relation to rosters and work hours?
- Do you have any further comments about this topic?

Annual leave

- What issues or difficulties are there with workers taking annual leave?
- Do you have any further comments about this topic?

Supervision

- What is residential disability support workers' experience with supervisions?
- What issues or difficulties are there in relation to supervisions?
- Do you have any further comments about this topic?

Challenging behaviours

- What kind of challenging behaviours do residential disability support workers experience at work?
- What are the main causes for residential disability support workers approaching you in relation to challenging behaviours?
- How often do you deal with cases of residential disability support workers being physically injured by clients?
- How much and in which way are disability support workers being supported by their employer in relation to challenging behaviours?
- What kind of support and assistance can be or should be provided to workers in relation to incidents and challenging behaviours?
- Do you have any further comments about this topic?

Organisational culture

- What differences have you noticed in terms of organizational culture among different organizations employing residential disability support workers?
- What issues and difficulties are there in relation to teamwork among workers?

- How important is teamwork?
- What is your experience with cases of bullying among workers?
- What is your experience with cases of sexual harassment among workers?
- What is your experience with cases of discrimination at work among workers?
- Do you have any further comments about this topic?

Stress

- What have you observed in relation to stress and burn out among workers?
- What are the most likely causes of stress at work among workers?
- What can organizations do to help workers manage work related stress better?
- Do you have any further comments about this topic?

Health

- In your opinion, how does residential disability support work affect workers' health?
- How does clients' health influence workers' health?
- How does workers' physical and mental health influence work performance?
- What is your observation about workers being injured at work?
- What are the most common causes of workers being on work cover?
- What are the most common causes of workers being on stress leave?
- Do you have any further comments about this topic?

Drugs

- What is caffeine use like among workers?
- Do they use caffeine to keep them awake or alert at work?
- What are your observations in relation to use of other substances (tobacco, alcohol, cannabis and other drugs) among workers?
- Do you have any further comments about this topic?

Work/personal and life balance

- How does work influence residential disability support workers' personal life?
- How does workers' personal life influence their work performance?
- How do you think work/family balance of residential disability support workers can be improved?

- Do you have any further comments about this topic?

Quality of care

- In your opinion, what is quality of care for clients like in general?
- What needs to be done or changed in order to be able to care for clients better?
- How important is education in order to be able to do the job properly?
- How important is work experience?
- How important are additional trainings?
- How skilled do you think residential disability support workers are?
- Do you think that Certificate IV is a sufficient level of education for residential disability support workers?
- Which skills do many residential disability support workers lack?
- Which skills are the most difficult to acquire for residential disability support workers?
- What mistakes do residential disability support workers make at work/
- What causes residential disability support workers to make mistakes at work?
- What are consequences are there for workers for making mistakes at work?
- What are the most common reasons for disciplinary action being taken against workers?
- How do workers' personal values influence their work practice and clients?
- How do workers' cultural backgrounds affect their work practice?
- What affects workers' ability to respond to clients' cultural, religious and spiritual needs?
- What issues are there in relation to responding appropriately to needs of clients from different cultural backgrounds?
- What are your thoughts on person centered approaches?
- What issues or difficulties are there in relation to working in a person centered way?
- What other issues are there in relation to workers' and organisations' ability to provide high quality care?
- Do you have any further comments about this topic?

Job satisfaction

- What are your observations about residential disability support workers' job satisfaction?
- Do you have any further comments about this topic?

Conclusion

- Is there anything else you would like to say or suggest in relation to the previously discussed topics?