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RECRUITMENT, RETENTION, AND TRAINING CHALLENGES IN COMMUNITY HUMAN SERVICES

A Review of the Literature

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Direct support professional (DSP) recruitment, retention, and training challenges are a serious threat to the quality of supports for people with disabilities. The struggle to solve these problems has become inseparable from the commitment to improve the quality of life of individuals receiving supports. These problems clearly thwart the ability of states to continue developing and sustaining community supports as the primary service model for people with disabilities.

This chapter reviews factors that contribute to recruitment, retention, and training challenges and describes the current situation that organizations supporting individuals with disabilities face in addressing these challenges. The messages of this chapter are three. First, if you are a supervisor, administrator, or human resources professional who is struggling with recruitment, retention, and training challenges, you are not alone. The research findings described in this chapter show that these are widespread and growing challenges. Second, this chapter can help you to evaluate how your current situation compares with the situation in similar organizations around the country. It provides baseline information at the national level for the challenges discussed in this book. The studies cited in this chapter measure many of the same variables that an organization needs to evaluate in developing a plan for change (as discussed in Chapters 13 and 14). The research findings in this chapter will provide help in understanding how to interpret the assessment information. Finally, this chapter introduces the concept expanded on throughout the rest of this book: Although recruitment, retention, and training challenges are growing, many things can and should be done to address them. This book provides concrete information about how to select and use interventions that have been proven in research to be helpful in addressing recruitment, retention, and training challenges.

This chapter builds on two previous reviews of the literature on staff recruitment, retention, and training, which provide the historical background for the book. The first review (Lakin, 1981) examined hundreds of studies and other reports that documented the history of recruitment and retention from 1900 to 1978. The second review examined more than 1,000 studies and other reports conducted between approximately 1975 and 1995 (Larson, Lakin, & Bruininks, 1998). For this chapter, 43 of the state, regional, and national studies conducted between 1990 and 2001 that focused on recruitment, retention, and training of DSPs supporting individuals with intellectual or developmental disabilities in the United States are reviewed. In most cases only the

most recent study conducted in each state is cited. In a few instances, two studies from the same state are included because they provide different information.

TARGETED FRONT-LINE SUPERVISOR COMPETENCIES

Supervisors and managers of community human services organizations for individuals with disabilities are responsible for many different tasks. This chapter focuses on providing background information needed by FLSs and managers to put the recruitment, retention, and training challenges they face into a national perspective.

Primary Skills

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FLSs monitor turnover, recruitment success, and employee job satisfaction, and use the results to improve personnel practices.

UNDERSTANDING THE PROBLEM

The dawn of the 21st century finds supports to people with intellectual disabilities (previously called mental retardation) and to people with developmental disabilities at a crossroads. There is great energy around concepts of full citizenship, inclusion, and self-determination. At the same time, there is great frustration as families, consumers, and service providers struggle to find, train, and keep DSPs to meet people's basic needs. Numerous studies detail the thousands of dollars in recruitment and training lost every time a DSP leaves a position (U.S. Department of Labor, as cited in Mercer, 1999; Employment Management Association, 2001; George & Baumeister, 1981; Zaharia & Baumeister, 1978). But the most significant cost of DSP turnover, vacancies, and inadequate training is the loss in quality of life for the people who need stable and skilled support from people with whom they share understanding, trust, and respect.

Community supports for individuals with disabilities have grown and changed substantially in the last 30 years. The shift from institutional to community human services has many dimensions of significance to the DSP workforce. As service settings shifted from rural to primarily urban service settings, DSPs were drawn increasingly from communities with higher costs of living, where people were more transient, and where there was more competition for employees. The shift toward community supports brought to direct support work much smaller working environments. In 1977, the average size of all settings in which people with intellectual disabilities lived (excluding individuals living with family members) was 22.5 people; in 2003 it was 2.8 (Prouty, Smith, & Lakin, 2004). The number of different places (other than family homes) in which people with intellectual disabilities received residential services increased from 11,006 to 145,581 during that period. Similar changes were observed in day and vocational services. For example, the number of adults with intellectual disabilities working in integrated community employment with ongoing job supports (supported employment) rather than in sheltered workshops increased from 9,882 in 1986 to more than 140,000 in 1996 (Wehman, Revell, & Kregel, 1998).

Along with the changing size and location of services and supports for people with intellectual disabilities, expectations of DSPs have changed dramatically from

primarily caregiving to providing active support and training for community and social inclusion. Whereas in the 1970s most DSPs supporting individuals with intellectual disabilities worked in state or private institutions with on-site co-workers, supervisors, administrators, and medical and therapy professionals, today many DSPs work without an on-site supervisor. Often, they work alone. In community settings, DSPs have greater responsibility for decisions affecting people's health and safety and are responsible for providing opportunities for significant social and community involvement. They support people living in the community who have serious physical, health, and developmental limitations; who often do not communicate verbally; and who may exhibit behaviors hurtful to others or to themselves.

Many DSPs are taking these increased responsibilities in stride and are providing excellent supports. Others lack the skills, however, to succeed in their expanded roles without additional support and training. Newspapers and television programs provide exposés on the failures of DSPs to make the right decisions, fulfill their basic commitments, and/or demonstrate the necessary skills to meet the needs of the vulnerable people they are hired to assist (e.g., Boo, 1999; Corcoran & Fahy, 2000). These stories raise concern about success in hiring people with the essential capabilities to do what the DSP role demands. These stories also raise questions about whether systems exist to adequately train and measure the performance of DSPs in the essential tasks of their work roles. The stories suggest that the basic administrative and technical assistance needed by DSPs often are not available and that substantially greater realism, attention, and expectations are needed in assuring that DSPs are adequately prepared for the roles and responsibilities of continually decentralizing community human services. In response to the realities of direct support work, the expectations and responsibilities of those who perform it and the means to allow them to do so successfully should receive the highest and most serious attention from professional, service provider, advocacy, and government organizations.

Who Are Direct Support Professionals?

Understanding the characteristics and responsibilities of DSPs is important because many of the recruitment, retention, and training challenges faced by organizations are influenced by those characteristics. Organizations need to understand the characteristics and responsibilities of DSPs in their own organizations so that they can consider those characteristics when developing interventions.

The exact number of DSPs supporting individuals with intellectual disabilities is not known because the way the U.S. Department of Labor gathers and reports this information does not adequately capture the group of people who provide direct support in nonmedical settings. In 2002, however, an estimated 57,856 full-time equivalent (FTE) DSPs worked in state-operated residential institutions, which works out to 1.34 FTE DSPs per resident (Larson, Coucouvanis, & Prouty, 2003). Community residential settings supporting individuals with intellectual or developmental disabilities (ID/DD) employ an average of 1.43 FTE DSPs per person supported (Larson, Hewitt, & Anderson, 1999). Since there were 359,446 individuals with ID/DD receiving residential supports in 2003 (Prouty et al., 2004), we can estimate that 514,008 FTE DSPs worked in community residential settings in that year. An estimated 90,500–125,000 DSPs support approximately 312,000 individuals in vocational settings (Larson et al.,

1999). In addition to DSPs in residential and vocational programs specifically for individuals with ID/DD, other DSPs support people with disabilities in their own or family homes. Home health aides held about 561,000 jobs in 2000 (Bureau of Labor Statistics [BLS], 2001b). The proportion of home health aides supporting individuals with ID/DD is unknown. Although these numbers provide a glimpse of the magnitude of the direct support profession, the actual size of this workforce is probably much larger than these estimates indicate.

Roles and Responsibilities

The roles and responsibilities of DSPs have shifted dramatically as the context of their work has shifted from large congregate care settings to community settings such as individuals' own homes, small group homes, and community jobs. When supports for individuals with developmental disabilities were based on the medical model of care, DSPs in large institutions had duties similar to the role of nursing aides in congregate care settings as described by the BLS today:

Nursing aides help care for...individuals confined to hospitals, nursing care facilities and mental health settings.... [They] perform routine tasks under the supervision of nursing and medical staff. They answer patients' call lights, deliver messages, serve meals, make beds and help patients eat, dress, and bathe. Aides may also provide skin care to patients... help patients get in and out of bed and walk.... keep patients' rooms neat, set up equipment, [or] store and move supplies.... Aides observe patients' physical, mental, and emotional conditions and report any change to the nursing or medical staff. (BLS, 2004a, p. 29)

Today, particularly in community settings, the role and responsibilities of DSPs have expanded considerably beyond the duties just described for nursing aides. DSP roles today are much less prescribed by specific standards, expectations, or supervisory control. Today, DSPs are responsible for tasks revolving around providing opportunities for inclusion in the community. They teach self-advocacy and empowerment skills, assist individuals in selecting and coordinating recreational activities, and help consumers learn how to gain access to community resources (California State Auditor, 1999; Taylor, Bradley, & Warren, 1996). DSPs also may support individuals in creating and maintaining personal relationships with friends and family and assist supported individuals to develop and attain their own personal life goals. In addition to these new roles, DSPs are still expected to perform all of the tasks that were previously required (e.g., self-care, home care). A Minnesota study found that nearly every small community group home surveyed expected DSPs to prepare meals (100%), provide transportation (99%), do laundry (98%), and clean (97%). Gardening, shoveling or mowing, and building maintenance or repairs were also included in the job responsibilities in some of these homes (Larson, Lakin, & Bruininks, 1998). Although DSPs may still teach new skills to the individuals they support and provide these basic caregiving and home maintenance tasks, the focus of the DSP role has shifted from staff control to self-determination and consumer control.

In recognition of these shifting roles and responsibilities, several efforts to codify those roles have been undertaken in recent years. In 1993, the U.S. Department of Education funded a project to develop national voluntary skill standards for 23 industries, one of which was community human services (*Community Support Skill Standards* [CSSS]; Taylor et al., 1996). The project conducted a job analysis that included a national

Table 1.1. Competency areas in the *Community Supports Skill Standards (CSSS)*

1. Participant empowerment
2. Communication
3. Assessment
4. Community and service networking
5. Facilitation of services
6. Community living skills and supports
7. Education training and self-development
8. Advocacy
9. Vocational, educational, and career support
10. Crisis intervention
11. Organizational participation
12. Documentation

Source: Taylor, Bradley, & Warren, 1996.

validation process to define the role of DSPs serving a wide range of individuals with disabilities in this new context of partnership, productivity, empowerment, consumer direction, and community interdependence. The following definition of the role of DSPs was one of the outcomes of this effort: “The Community Based Human Service Practitioner assists the participant to lead a self-directed life and contribute to his or her community, and encourages attitudes and behaviors that enhance inclusion in his or her community” (Taylor et al., 1996).

The CSSS (Taylor et al., 1996) identify benchmarks describing the skills required of master employees (see Table 1.1). Those benchmarks describe excellent, experienced employees recognized by peers and supervisors as skilled and competent. Whether by this analysis or by others (e.g., Hewitt, 1998a), it is clear that the knowledge, skills, and attitudes (KSAs) required of DSPs have expanded dramatically. Unfortunately, specific training and education to foster these KSAs, respect for the people that display them, or compensation in proportion to these people’s increasingly demanding jobs have not followed.

Demographic Characteristics

In a 1977 national study of DSP turnover, 78% of 1,001 DSPs were female, 40% had some post-high school education, and 56% were younger than 30 years old at hire (Lakin, 1981). In studies conducted since the early 1990s, the percentage of DSPs who were female ranged from 66% to 96%, with the median being 81.5% (see Table 1.2). More than 50% of all DSPs have some college education, and as many as 35% have college degrees. The average age of DSPs ranged from 32 to 39 years old, with the median being 35 years old. The racial and ethnic characteristics of DSPs varied dramatically depending on the state. In Minnesota, 95% of DSPs who were surveyed were European American, whereas in New York City only 39% were European American. The percentage of non-European Americans varied widely from organization to organization.

A Changing Employment Context

Several external forces have exerted significant pressures on people and organizations providing supports to individuals with intellectual disabilities since the early 1990s. Among the most prominent of these factors is the changing context. Some of these factors have worked to diminish the pool of potential employees at the very time when the demands of the work would have best been served by the increased selectivity offered by a larger pool of potential employees. Nevertheless, as efforts are made to address the development of a sufficient workforce to meet growing expectations, those efforts must attend to the changing marketplace.

An Aging American Workforce

The most pervasive and far-reaching force affecting the supply of DSPs has been the aging of the baby boom generation (those born between 1946 and 1964). Between 1976 and 1986 the number of people in the United States 20–44 years old grew by 20 million (Fullerton, 1997). Since the majority of DSPs are in this age group, these increases helped provide new employees to provide supports to an expanding number of people with disabilities. However, between 1986 and 1999 the number of people 20–44 years old grew by only 4.75 million people (U.S. Census Bureau, 2001a), while the number of DSP positions grew far more substantially. Moreover, the number of people in this age group is actually projected to decline by 1.33 million between 1999 and 2010, further reducing the pool of recruits for DSP positions. Figure 1.1 shows the actual and projected change in the percentage of the U.S. population ages 20–44 between 1970 and 2010. Clearly, new employees to meet the growing demand for direct support services will have to come from beyond the group of people ages 20–44 years.

Growing Demand for Support

Although the number of people in the traditional ages for DSPs is projected to decrease, the demand for community social services is expected to skyrocket in the next several years. The number of people in the United States ages 85 and older grew from 3.02 million in 1990 to 4.12 million in 1999. This group will continue to grow to an estimated 5.79 million by 2010 (U.S. Census Bureau, 2001a). The BLS (2001b) projected that the number of personal and home care aides will increase 62% between

Table 1.2. Gender, age, race, and education of direct support professionals (DSPs)

Study	State or area	% female	Average age (in years)	% white	Education	
					Some post-high school ^a	College degree
Cunningham (1999)	AK	96%	—	—	83%	29%
Wheeler (2001)	CA	66%	39.0	40%	—	—
Rubin, Park, and Braddock (1998)	IL	79%	—	60%	—	—
Fullagar et al. (1998)	KS	81%	34.7	—	—	—
Coelho (1990)	MI	82%	—	—	74%	23%
Hewitt, Larson, Lakin (2000)	MN	83%	—	95%	58%	—
Test, Solow, and Flowers (1999)	NC	82%	37.3	54%	82%	32%
Askvig and Vassiliou (1991)	ND	92%	31.8	94%	71%	0%
Ebenstein and Gooler (1993)	New York City	79%	—	39%	—	—
Legislative Budget and Finance Committee (1999)	PA	—	—	—	22%	18%
Larson and Lakin (1992)	USA	74%	32.9	—	81%	35%

^aThe some post-high school group includes those who have a college degree.

Key: —, data not reported.

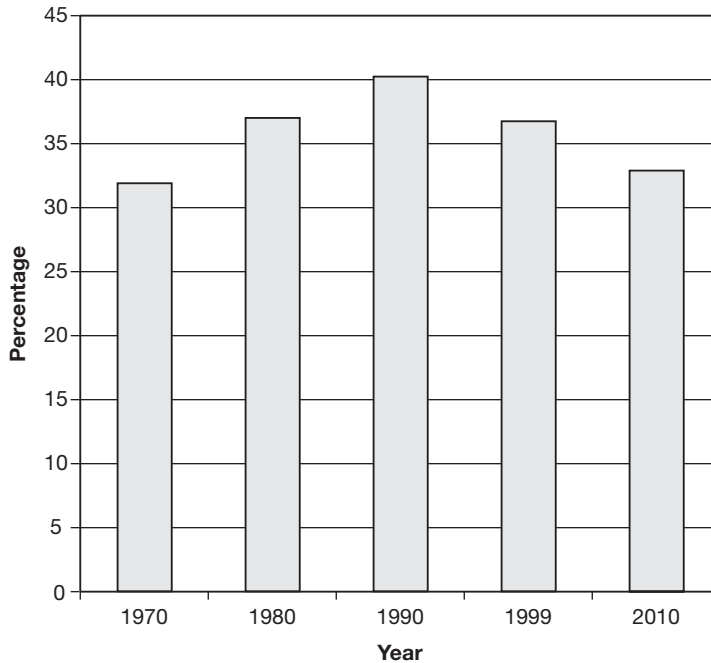


Figure 1.1. Actual and projected change in the U.S. population ages 20–44 years old, 1970–2010. (Sources: U.S. Census Bureau, 1990, 2001b.)

2000 and 2010. This means that the demand for DSPs will increase dramatically while the supply of new employees (at least those ages 20–44 years) will decline.

Recruitment Difficulties

The impact of the changing employment context is evident in research regarding the most challenging issues facing providers of supports to individuals with disabilities. Several studies have identified staff recruitment as the biggest issue facing providers today. Studies such as those conducted in Massachusetts (Cohen, 2000), Minnesota (Hewitt, Larson, & Lakin, 2000), North Carolina (Test, Solow, & Flowers, 1999), Ohio (Barry Associates, 1999), and Oklahoma (Oklahoma Department of Human Services, Developmental Disabilities Services Division, 2000), as well as national studies (e.g., Irwin Siegel Agency, 2001; Larson et al., 2001), found that the majority of organization administrators are experiencing significant difficulty in finding DSPs to fill vacant positions (and keeping them once they have been hired). Studies have reported vacancy rates for DSPs ranging from 6% in Oklahoma to 17% in Alaska (see Table 1.3).

The extent and impact of recruitment challenges can be illustrated by findings from a 2000 evaluation of Minnesota's Home and Community Based Services Waiver system (Hewitt, Larson, & Lakin, 2000). In that study, 75% of administrators reported problems with finding qualified applicants. More important, service coordinators reported that the number of people in the lives of supported individuals (e.g., turnover) and recruiting staff were serious or extremely serious problems. Similarly, 50% of people with a family member who received supported living services reported

Table 1.3. Direct support professional (DSP) vacancy rates

Study	State or area	Vacancy rate
Johnston (1998)	AK	17%
Effective Compensation, Inc. (2001)	CO	11%
Hewitt, Larson, and Lakin (2000)	MN	8%
Oklahoma Department of Human Services, Developmental Disabilities Services Division (2000)	OK	6%
Legislative Budget and Finance Committee (1999)	PA	13%
Division of Developmental Disabilities (2001)	WA	7%
ANCOR (2001a)	USA	11%

that staff turnover was a problem. Staffing issues were particularly troublesome for families receiving in-home supports or respite services. Only 46% of families reported they received the total number of hours of respite services they were allocated, and 56% said in-home supports were not available when needed (primarily because DSPs were not available to provide those supports; Hewitt, Larson, & Lakin, 2000).

Other Challenges

Wages

Wages for DSPs in community human services settings have been considered problematic since at least the mid-1970s. The BLS releases wage statistics each year for several human services occupations. Table 1.4 summarizes the number of people and average wages for nursing aides, orderlies, and attendants; home health aides; personal and home care aides; and psychiatric aides. Hourly wages in 2000 for those positions ranged from an average of \$7.67 for personal and home care aides to an average of \$10.79 for psychiatric aides. Unfortunately, similar federal wage data are not available for community DSPs.

Of particular concern is the wage gap between DSPs in public (mostly institutional) versus private community settings. In 1979, starting wages for DSPs in public institutions averaged \$4.01 nationally compared with \$3.49 for DSPs in private facilities, meaning that public DSP wages were 14% higher than private DSP wages (Lakin, 1981). A 1990 national study reported average wages in institutions were \$8.72 per hour compared with \$5.97 in private community settings, meaning that public DSP wages were 46.1% higher than private DSP wages (Braddock & Mitchell, 1992).

The most recent national study of DSP wages examined only public institutional settings. In that study, wages of DSPs in 2002 averaged \$9.62 to start (ranging from \$6.55 per hour in Louisiana to \$16.48 per hour in California) and \$12.33 overall (ranging from \$7.52 per hour in Wyoming to \$24.15 per hour in California) (Larson et al., 2003).

No national studies of wages in community settings have been conducted since 1990. A policy research review completed in 2002, however, summarized wage studies conducted between 1998 and 2002 from 42 states (Polister, Lakin, & Prouty, 2002). That study reported average starting wages for DSPs in private community residential settings of \$7.33 and average wages in those settings of \$8.68. In contrast, wages

Table 1.4. National wage and employment statistics, 2000

Position: Job description ^a	N employed	Mean hourly wage
<i>Nursing aides, orderlies, and attendants:</i> Provide basic patient care under direction of nursing staff. Perform duties such as feeding, bathing, dressing, grooming, moving patients, or changing linens. Excludes home health aides and psychiatric aides.	1,273,460	\$9.18
<i>Home health aides:</i> Provide routine, personal health care, such as bathing, dressing, or grooming, to older adults and individuals who have disabilities or who are convalescing in the home or in a residential care facility.	561,120	\$8.71
<i>Personal and home care aides:</i> Assist older adults or adults who have disabilities with daily living activities at the individuals' homes or in daytime nonresidential facilities. Duties performed at residences may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide meals and supervised activities at nonresidential facilities. May advise supported individuals on nutrition, cleanliness, household utilities, and other matters.	271,280	\$7.67
<i>Psychiatric aides:</i> Assist patients with intellectual disabilities or emotional disturbance, under direction of nursing and medical staff.	57,680	\$10.79

^aJob descriptions adapted from Bureau of Labor Statistics (BLS). (n.d.). *Standard occupational classification (SOC) system*. Retrieved from <http://www.bls.gov/soc/>. Wage and employment statistics source: BLS (2001b).

for DSPs in state-operated residential settings in 2000 were an average of \$9.49 to start, and \$11.67 overall. The Polister et al. (2002) study focused only on wages in residential settings. A similar summary of wage data compiled since 1997 can be seen in Table 1.5. The primary difference is that some of the studies reported in Table 1.5 include DSPs in vocational settings as well as in residential settings.

Wages in private settings ranged from \$7.30 for residential and vocational settings in Kansas in 1997 to \$15.18 in residential and vocational settings in Alaska in 1999. In every state where both public and private wage information was available, DSPs in public settings earned more than those in private settings. Public DSPs earned anywhere from 43% more than private DSPs (Minnesota vocational) to an astonishing 122% more (California). Clearly wages for DSPs continue to be low overall, with DSPs working for private providers earning considerably less than those working in the public sector. It seems fairly certain that the cost savings of community human services have come at the expense of the DSPs working in settings who are paid significantly less than DSPs in institutional settings.

There are several reasons to be concerned about low wages for community DSPs. In many cases, DSPs, especially those who work part time, earn less than the poverty rate for a family of four (see Table 1.6). This is problematic for several reasons, not the least of which is that people who do not earn enough to support their families often have to work multiple jobs to make ends meet. This in turn increases the chances that they will come to work tired or distracted by their other duties. The greatest risk of maltreatment comes from caregivers who are overly tired or stressed (Hewitt, unpublished research, 2004).

Lower wages have also been found to be associated with higher turnover rates in many studies (Larson, Lakin, & Bruininks, 1998). Clearly, wages do matter. They do

Table 1.5. Average hourly wages for direct support professionals (DSPs) in public and private residential and vocational settings

Study	Year data collected	State or area	Organization type	Private	Public ^a	Public and private
Cunningham	1999	AK	Both	\$15.18	—	—
Johnston	1998	AK	Both	\$9.14	—	—
Wheeler	2001	CA	Residential	\$8.55	<i>\$18.99</i>	—
Colorado Department of Human Services, Office of Health and Rehabilitation Services, Developmental Disabilities Services	2000	CO	Both	—	<i>\$9.15</i>	\$8.95
Rubin, Park, and Braddock	1998	IL	Residential	\$7.36	\$10.65	—
Fullagar et al.	1998	KS	Both	\$7.30	<i>\$11.20</i>	—
The Marketing Solutions Co.	2001	MI	Residential	—	<i>\$15.57</i>	\$8.44
The Marketing Solutions Co.	2001	MI	Vocational	—	—	\$8.65
Hewitt, Larson, and Lakin	2000	MN	Residential	\$8.81	<i>\$15.51</i>	—
Hewitt, Larson, and Lakin	2000	MN	Vocational	\$9.80	\$14.06	—
Test, Solow, and Flowers	1999	NC	Both	—	<i>\$9.30</i>	\$9.24
Scioto Group	2001	OH	Both	—	<i>\$13.41</i>	\$9.60
Legislative Budget and Finance Committee	1999	PA	Both	\$8.13	<i>\$14.11</i>	—
Utah Association of Community Services	2001	UT	Both	\$8.44	<i>\$8.54</i>	—
Division of Developmental Disabilities	2001	WA	Residential	\$9.76	\$13.25	—
M. Mulliken Consulting	2003	WI	Residential	\$8.81	<i>\$14.32</i>	—
M. Mulliken Consulting	2003	WI	Vocational	\$9.93	—	—
Heinlein	2001	WY	Residential	\$7.38	<i>\$10.00</i>	—
Larson, Coucouvanis, and Prouty	2003	USA	Residential	—	\$12.33	—

^aNumbers in italics are public residential institution averages taken from Larson, Coucouvanis, and Prouty (2003), with data from 1998 or 2000 reported, depending on which is closer to the study date.

Key: —, data not reported.

have an impact on the outcomes of interest in this book (e.g., turnover, vacancy rates). However, although changing public policy to increase wages for DSPs can help, many other things can help as well. The remaining chapters in this book describe strategies such as improved recognition (see Chapter 9), realistic job previews (see Chapter 3), and selection (see Chapter 4), and interventions that have research support to suggest that they can help reduce turnover and vacancy rates.

Inadequate Benefits

The type of benefits available to DSPs is also a problem. Most but not all organizations offer health care benefits to some DSPs. The percentage of employers offering health care

Table 1.6. Poverty level and hourly wages for full-time employees in a family of four with two children

Year	Poverty level	Hourly wage
2004	\$18,850	\$9.06
2003	\$18,400	\$8.85
2002	\$18,100	\$8.70
2001	\$17,650	\$8.49
2000	\$17,050	\$8.20
1999	\$16,700	\$8.03
1998	\$16,450	\$7.91
1997	\$16,050	\$7.72

Source: U.S. Department of Health and Human Services, 2004.

benefits ranged from a low of 30% in California to a high of 98% in Minnesota (see Table 1.7). Often, only the benefits required by statute are offered to part-time DSPs. There is, however, an important caveat in interpreting these numbers. In the Minnesota study, although 98% of employers offered health care to some employees, only 58% of DSPs were eligible to receive those benefits (Larson, Lakin, & Bruininks, 1998). That is because in many organizations only full-time DSPs are eligible for benefits, whereas many DSPs work part-time (e.g., 43.9% in Minnesota, according to Hewitt, Larson, & Lakin, 2000).

High Turnover Rates

The primary reason for concern about wages for DSPs is that, as mentioned previously, lower wages have consistently been shown to be associated with higher staff turnover (Braddock & Mitchell, 1992; Hewitt, Larson, & Lakin, 2000; Lakin, 1981; Larson, Lakin, & Bruininks, 1998). Staff turnover rates have consistently averaged between 45% and 70% since the mid-1970s in community residential settings for individuals with intellectual disabilities (Braddock & Mitchell, 1992; George & Baumeister, 1981; Lakin, Bruininks, Hill, & Hauber, 1982; Larson & Lakin, 1992; Larson, Lakin, & Bruininks, 1998). Studies since 1998 have estimated that turnover in community vocational settings averaged between 33% and 86%; in residential settings averaged between 43% and 84%; and in studies of both residential and vocational set-

Table 1.7. Percentage of organizations offering benefits to at least some direct support professionals (DSPs)

Study	Year data collected	State or area	Health	Dental	Retirement	Education	Life	Vision	PTO
Johnston	1998	AK	83%	70%	61%	43%	65%	39%	78%
California State Auditor	1999	CA	30%	26%	21%	—	18%	14%	30% ^v
Rubin, Park, and Braddock	1998	IL	92%	68%	81%	44%	—	—	—
Fullagar et al.	1998	KS	93%	—	68%	12%	—	—	68% ^v
The Marketing Solutions Co.	2001	MI	96%	—	—	—	—	—	—
Larson, Lakin, and Bruininks	1998	MN	98%	82%	78%	32%	89%	—	72%
Test, Solow, and Flowers	1999	NC	77%	63%	64%	2%	9%	2%	73%
Scioto Group	2001	OH	96%	80%	—	54%	92%	49%	—
Oklahoma Department of Human Services, Developmental Disabilities Services Division	2000	OK	53%	28%	37%	—	80%	28%	87%
M. Mulliken Consulting	2003	WI	87%	—	79%	70%	—	—	—
Braddock and Mitchell	1992	USA	97%	64%	57%	58%	—	—	—

Key: PTO, paid time off (includes sick, vacation, and holiday, except ^v connotes vacation only); —, data not reported.

tings, averaged between 30% and 66% (see Table 1.8). It is important to recognize that a national turnover study has not been conducted in community settings since 1990. The average turnover rate in the studies reported in Table 1.8 was 52.7%. The data may have been calculated using a variety of formulas, however, making direct comparisons somewhat risky.

In addition to the problems associated with recruitment challenges, turnover is problematic because it reduces continuity in the lives of individuals supported and because of the high cost associated with replacing a leaving employee. Although turnover rates have remained fairly steady over time, recruitment and retention challenges have reached a crisis level because recruiting replacement employees has become so difficult.

Training Challenges

There never seems to be adequate time or money to train DSPs. For the most part, training has not been driven by the individual needs of DSPs and the people they support. Instead, training has been driven by regulations that were developed to identify

Table 1.8. Direct support professional (DSP) turnover in residential and vocational organizations

Study	Year data Collected	State	Organization type	Management	Turnover
Johnston	1998	AK	Both	Private	66%
California State Auditor	1999	CA	Both	Private	50%
Effective Compensation, Inc.	2001	CO	Residential	Private	52%
Effective Compensation, Inc.	2001	CO	Vocational	Both	51%
Rubin, Park, and Braddock	1998	IL	Residential	Private	43%
Fullagar et al.	1998	KS	Both	Private	61%
The Marketing Solutions Co.	2001	MI	Residential	Both	65%
Hewitt, Larson, and Lakin	2000	MN	Residential	Both	44%
Hewitt, Larson, and Lakin	2000	MN	Vocational	Both	33%
Test, Solow, and Flowers	1999	NC	Both	Both	41%
NYSARC	2000	NY	Both	—	30%
Barry Associates	1999	OH	Both	Private	47%
Heneman and Schutt	2001	OH	Both	Private	38%
Oklahoma Department of Human Services, Developmental Disabilities Services Division	2000	OK	Residential	—	66%
Legislative Budget and Finance Committee	1999	PA	Both	Private	42%
Utah Association of Community Services	2001	UT	Both	Private	58%
Division of Developmental Disabilities	2001	WA	Residential	Private	54%
M. Mulliken Consulting	2003	WI	Residential	Private	84%
M. Mulliken Consulting	2003	WI	Vocational	Private	86%
Heinlein	2001	WY	Residential	Private	52%
ANCOR	2001	USA	Residential	Private	43%
Average					52.7%

Key: —, data not reported.

the minimal level of training required of a DSP. To be effective in their work, DSPs need far more training than prescribed by regulations. Yet, provider organizations consistently identify training as a challenge. Without providing adequate training, it is unrealistic to expect DSPs to be competent or to expect them to consider the job a career.

Although there are clear advantages to training DSPs, there are many barriers to providing effective training. Training is costly. Adequate resources for training are rarely built into budgets for community support services. Training requires people to leave their daily responsibilities long enough to attend training. In the context of decentralized 24-hour supports, bringing DSPs together for training has become more difficult. Given the continually changing roles and responsibilities of DSPs, locating or developing high-quality training materials presents an ongoing challenge that has not always been successfully addressed.

Training for DSPs is often not competency based and is not transportable from one employer to another. Furthermore, most training is based on seat time (the amount of time a DSP is physically present in a training session) rather than on demonstration of competence in actual work settings. A 1990 national study reported that private community residential service providers required an average of 36.6 hours of classroom training and 36.9 hours of on-the-job training for new DSPs (Braddock & Mitchell, 1992). Included in that training are topics such as CPR, medication administration, and review of policies and procedures. However, because training is not typically competency based and typically does not yield a recognized credential, if a DSP takes a job with a new company or in a new state, he or she has to repeat the same basic training that he or she may have already mastered.

Unfortunately, unlike recruitment and retention, data on training challenges are much more limited. One study in Minnesota examined the extent to which DSPs felt they were proficient in various skills (Hewitt, Larson, & Lakin, 2000). In that study 135 DSPs reported they felt most proficient in respecting people with disabilities, understanding rights of people with disabilities, preventing abuse and neglect, and ensuring consumer safety. They reported feeling least proficient in organizational participation (quality assurance, budgets, committees); vocational, educational, and career supports; education training and self-development for staff; advocating for people with disabilities and community human services; and networking (community access, facilitating friendships). Overall, 92% agreed or strongly agreed that the orientation and training they had received prepared them to complete most of their job duties and 59% agreed or strongly agreed that the orientation and training program used by their employer was excellent. A study in North Carolina (Test, Flowers, Hewitt, & Solow, 2004) found that administrators thought that DSPs needed training in documentation, communication, and crises intervention. DSPs, however, reported that they wanted training on crisis intervention, education, self-development, and advocacy.

While the characteristics of and challenges faced by DSPs are very important for organizations that are struggling with recruitment, retention, and training, DSPs are not the only important group. Understanding the characteristics and needs of FLSs is also important in addressing recruitment, retention, and training challenges.

In the Spotlight: University of Wyoming, Wyoming Institute for Disabilities

Only a few states, including Wyoming, have a formal system for collecting and publishing updated statistics on DSP wages, turnover, vacancy rates, and related topics. In 2000, the Wyoming State Legislature asked for a study of wages and salaries of non-professional direct care personnel to analyze the qualifications needed by those individuals, and to examine the cost of increasing wages to a competitive level. The Wyoming Department of Health contracted with the University of Wyoming, Wyoming Institute for Disabilities, to conduct this study. The study included four components: an investigation of the context, a survey of former certified nursing assistants, a survey of direct support staff who left their positions between January and June 2001, and a survey of agencies providing health care surveys (Heinlein, 2001). The study's final report, published in 2001, noted that there were 673 DSP vacancies daily for all Wyoming Department of Health providers. The study found that turnover averaged 52% for DSPs serving adults receiving supports funded by the Medicaid Home and Community-Based Services Waiver program.

In the 2002 legislative session, the executive summary of this report (<http://ddd.state.wy.us/>; scroll down in the main window and click "Direct Care Staff Wage Survey Executive Summary") was used successfully by the Wyoming Department of Health, individuals with disabilities, parents, professionals, advocates, and others to support the need for a substantial wage increase for DSPs. The 2002 legislature passed a bill authorizing expenditure of an additional \$19.8 million over 2 years for wages and benefits for DSPs who support adults receiving supports under the Medicaid Home and Community-Based Services Waiver program. The money was distributed through individual budgets for adults receiving services. The requirement for organizations that receive the money is that the starting hourly wage for DSPs will be no lower than \$8.00 and that the average wage for all DSPs will be \$10.23. This compares with a \$6.79 average starting wage and a \$7.38 average wage for these same providers before the increase.

The state is committed to an ongoing program of data collection to learn how the wage increase was implemented. The next round of data collection will be 6 months after the increase is instituted. This data collection is just one of several efforts in Wyoming to improve recruitment, retention, and training for DSPs. A preliminary summary of the effect of this initiative showed that as the average wage for DSPs increased from \$7.38 in 2001 to \$10.32 in 2002, the turnover rate decreased from 52% to 37%. The state is also implementing a statewide training program based on the College of Direct Support (see Chapter 7) and a statewide recruitment campaign similar to the one Massachusetts implemented (see Chapter 2).

Who Are Front-Line Supervisors?

FLSs are people whose primary responsibility is the supervision and support of DSPs. These supervisors may perform some direct support tasks, but they spend less than 50% of their hours working in direct support roles. This book focuses on helping organizations address the challenge of finding, keeping, and training DSPs, and supervisors play a key role to that end.

Front-Line Supervisor Roles and Responsibilities

The competencies needed by FLSs have been described in *The Minnesota Frontline Supervisor Competencies and Performance Indicators* (Hewitt et al., 1998; see Figure 1 in the Introduction), which are based on a comprehensive job analysis that identified the spe-

cific knowledge, skills, and attitudes (KSAs) required of FLSs. These competencies and performance indicators were initially developed to reflect the roles of supervisors in Minnesota. Data collection for a national validation of these competencies was completed in 2003. Preliminary, not-yet-published analyses confirm that all of the competency areas and the vast majority of the competency statements are relevant to FLSs throughout the country, whereas a handful are relevant only in some organizations (Doljanac, Larson, Hewitt, & Salmi, 2004).

The number of FLSs working in community support organizations for individuals with disabilities is unknown. One Minnesota study, however, found that in community residential settings, there was one FLS for every 6.8 DSPs, and in vocational settings there was one FLS for every 7.3 DSPs (Hewitt, Larson, & Lakin, 2000). If these numbers were applied to the estimates of the number of DSPs reported earlier in this chapter, there would be an estimated 75,589 FLSs in community residential settings and 12,400–17,000 FLSs in community vocational settings in the United States. These figures are extremely tentative because they are estimates based on estimates. Still, until a better data source becomes available, they are the best we have.

Demographic Characteristics

Very little has been published describing the demographic characteristics of FLSs in community human services settings. One study conducted in 1994 found that in Minnesota, 84% of residential FLSs were women (Larson, Lakin, & Bruininks, 1998). Their average age was 33.6 years. They had provided supports to individuals with disabilities for an average of 9.3 years and had been in their current assignment for an average of 28.8 months. Supervisors had an average of 15.7 years of education.

Challenges in Supporting Front-Line Supervisors

While there is not as much information about FLSs as there is about DSPs, a few studies have provided information about wages and turnover rates for FLSs. Studies in five states have reported wage information for supervisors in community programs. Studies reported average starting wages ranging from \$10.64 to \$11.80 per hour, with average wages ranging from \$11.21 to \$15.48 per hour (see Table 1.9). In a national study of large state institutions supporting individuals with intellectual or developmental

Table 1.9. Hourly wages for front-line supervisors (FLSs)

Study	State	Wage year	Setting	Average starting wage	Average wage
Hewitt, Larson, and Lakin	MN	2000	Residential	\$10.83	\$12.17
Hewitt, Larson, and Lakin	MN	2000	Vocational	\$11.80	\$13.08
The Marketing Solutions Co.	MI	2001	Both	\$10.64	\$12.01
Scioto Group	OH	2000	Both	\$11.61	\$14.16
Legislative Budget and Finance Committee	PA	1999	Both	\$10.90	\$11.21
Division of Developmental Disabilities	WA	2001	Residential	—	\$11.77
M. Mulliken Consulting	WI	2003	Residential	—	\$11.24
M. Mulliken Consulting	WI	2003	Vocational	—	\$15.48

Key: —, data not reported.

disabilities, average hourly starting wages for FLSs were \$13.60 and average hourly wages were \$16.07 in 2002 (Larson et al., 2003).

Studies in five states have reported turnover and/or vacancy rates for FLSs. Turnover for supervisors in vocational settings ranged from 8% to 16%, with turnover in residential settings or in a combination of residential and vocational settings ranging from 14% to 34% per year (see Table 1.10). Vacancy rates for FLSs ranged from 3% in Washington State to 8% in Pennsylvania. Although these rates are substantially lower than the turnover and vacancy rates reported for DSPs, they are still high enough to cause alarm. One study found that DSP turnover was significantly higher in homes that had newer FLSs (Larson, Lakin, & Bruininks, 1998).

FLSs play a critical role in addressing recruitment, retention, and training challenges. Not only do they often implement the interventions designed to address these workforce challenges, but also what they do has a direct impact on recruitment, retention, and training outcomes. A study by the Gallup organization found that in 2,500 business units with 105,000 employees, five factors were related to retention:

- Do I know what is expected of me at work?
- Do I have the materials and equipment I need to do my work right?
- Do I have the opportunity to do what I do best every day?
- Does my supervisor, or someone at work, seem to care about me as a person?
- At work, do my opinions count? (Buckingham & Coffman, 1999, p. 33)

These are all factors that can be influenced by the behavior of the FLS. Another study found that problems with supervisors, along with conflicts with co-workers and wages, were one of the three top reasons people wanted to leave their direct support positions (Larson, Lakin, & Bruininks, 1998). That same study found that supervisors who reported that treating their employees fairly was important had significantly lower turnover than those who did not choose that as a top priority. Clearly what supervisors say and do makes a difference. The good news is that this is a challenge that can be addressed. This book is designed to assist supervisors and managers to improve the way they do their jobs so that recruitment, retention, and training challenges can be overcome.

Table 1.10. Turnover and vacancy rates for front-line supervisors (FLSs)

Authors	Year data collected	State	Organization type	Turnover	Vacancy rate
California State Auditor	1999	CA	Residential	14%	—
Effective Compensation, Inc.	2001	CO	Both	34%	6%
Ernst & Young	1991	CT	Residential	22%	—
Ernst & Young	1991	CT	Vocational	8%	—
The Marketing Solutions Co.	2001	MI	Both	22%	—
Larson, Hewitt, and Anderson	1999	MN	Both	—	4%
Hewitt, Larson, and Lakin	2000	MN	Residential	28%	—
Hewitt, Larson, and Lakin	2000	MN	Vocational	16%	—
Legislative Budget and Finance Committee	1999	PA	Both	24%	8%
Division of Developmental Disabilities	2001	WA	Residential	25%	3%

Key: —, data not reported.

QUESTIONS TO PONDER

1. How can you use the facts presented in this chapter regarding the changing demographics of the U.S. population to support the need to change the recruitment, selection, hiring, training, and retention strategies used in your organization?
2. How do DSP and FLS wages in your organization compare with average wages for those positions in your state? If average wage data for your state were not reported in this chapter, how could you get this information?
3. Does your organization offer paid leave (vacation, sick days, holidays) to all employees regardless of whether they are full or part time?
4. What workforce facts and figures do you want to learn more about for your state or organization? (Chapter 13 explains how to compute turnover and vacancy rates for your organization.)
5. What surprised you most in this chapter? What will you do to learn more?

CONCLUSION

This chapter provides an overview of research on the characteristics and current challenges for both DSPs and FLSs. A substantial amount of research has been conducted describing the characteristics and workforce outcomes for DSPs and FLSs, but much more is needed. One key need is to update research showing wage, turnover, and vacancy rates and the relationships among these factors in community support settings as they evolve and change to monitor progress and identify emerging needs. Federal and state policy makers not only need to commit the resources to address the challenges of recruitment, retention, and training but also need to routinely gather information about the status and impact of efforts to improve outcomes in those areas.

Recruitment, retention, and training challenges are common to most organizations that provide supports and services to individuals with disabilities. We hope that this chapter helps put these challenges into perspective. The data can be used as a reference point against which the challenges of individual organizations can be compared. This might show that an organization's experience is rather typical. Or, perhaps it might show that in certain areas the organization had substantially more difficulty than did the organizations described in this chapter. Whatever challenges an organization faces, the remainder of this book focuses on specific research-based strategies that can be used to address those challenges.

RESOURCES

Bureau of Labor Statistics (BLS) (<http://www.bls.gov/>)

The BLS web site provides up-to-date national and state data and some local data on wages, employment levels, unemployment rates, and background information for more than 700 occupations.

U.S. Census Bureau (<http://www.census.gov/>)

The U.S. Census Bureau web site provides population estimates and projections, income and poverty statistics, and housing information for the United States, individual states, and local

communities. Best known for the decennial census, the U.S. Census Bureau also uses a systematic program of annual and periodic surveys to collect and disseminate information describing the U.S. population.

Larson, S.A., Lakin, K.C., & Bruininks, R.H. (1998). *Staff recruitment and retention: Study results and intervention strategies*. Washington, DC: American Association on Mental Retardation.

This monograph describes the results of a 3-year longitudinal study of newly hired DSPs in Minnesota. It also contains a comprehensive literature review of previous research on the problems of turnover and the interventions that can ameliorate those problems.

Prouty, R.W., Smith, G., & Lakin, K.C. (2004). *Residential services for persons with developmental disabilities: Status and trends through 2003*. Minneapolis: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living. (Also available on-line [click under RISP 2003]: <http://rtc.umn.edu/risp/index.html>)

This report is part of a series of annual reports that describe residential services for people with developmental disabilities. Every year, state developmental disabilities directors are surveyed regarding how many people are receiving various services. Every other year, a special survey is sent to all state institutions serving individuals with intellectual or developmental disabilities. That survey gathers wage and turnover information for each state for DSPs and FLSs. Other research findings from the University of Minnesota related to DSP and FLS characteristics and needs can be found at <http://rtc.umn.edu/wddsp>.