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Abstract

Residential care workers are facing recruitment and retention challenges across British Columbia (BC). This study identifies inadequate work conditions and their contribution to labour force participation and turnover. The methodology for this project includes interviews with residential care workers, advocates, agencies, family members, and BCGEU representatives. Findings show low wages and under-qualified staff to be deterrents for recruitment and retention. The research suggests that community social service stakeholders can work collaboratively to improve the current situation. Based on the research findings, I recommend that BC adopt the following options: an anti-stigma campaign, professional development and a negotiated contract to include a wage increase, casual employee benefits, and a flexible work schedule. The scope of this study is limited relative to the global labour shortage trend, and therefore, further research in other provinces is encouraged to augment our understanding of recruitment and retention issues.

Keywords: residential care workers – BC; recruitment; retention; labour force participation; turnover rate; community social services – BC.
Executive Summary

This study is a qualitative exploration into the barriers surrounding recruitment and retention within BC’s community social service sector. The policy problem this study addresses is the alarming rate residential care workers are quitting their job and the multi-faceted challenges employers are experiencing finding new replacements. The purpose of this study is to develop policy alternatives that address the implications of a labour shortage on workers and the clients they serve. Therefore, this research has two policy objectives, the first is to increase residential care worker labour force participation rate and the second is to decrease residential care worker turnover.

Labour shortages are of concern for the community social service sector because in the next 2 decades demographic trends will show a growing retiring population and not enough workers to fill the vacancies. While there are a number of sectors facing recruitment and retention challenges in Canada and BC, I choose to focus on residential care workers because there is little to no research literature on this particular occupation in BC and because they assist one of society’s most vulnerable groups, adults with developmental disabilities.

This study utilizes three major sources of information: 21 key informant interviews, secondary data case studies from Alberta, Nova Scotia and the Untied States and 4 key stakeholder interviews. I conducted key informant interviews with BC residential care workers, BCGEU representatives, advocates and agencies, and parents. The key stakeholder interviews were conducted with a CLBC representative, a BCGEU representative, a hiring agency representative and a residential care worker.

Key informant interviews revealed a number of themes. The unique findings per interview group can be summarized as follows:
One-half of residential care workers interviewed reported dissatisfaction with their management. Their displeasure stemmed from their lack of input in client care decision-making, their complaints about violence not being dealt with in a timely manner, feeling disrespected by management, expecting to perform duties out of their job description and being fed up with the politics of administration.

Advocates and agencies expressed concern that fierce competition in wages and the high cost of living in BC had influenced workers to view the community social service sector as an undesirable sector to work in.

BCGEU voiced concern about the rise in residential care worker related injuries. Union representatives believed that fewer staff resulted in a decrease of productivity and an increase in work-related injury.

Parents did not experience high rates of turnover, however this finding was based on 2 families. On the contrary, parents were satisfied they had found long-term committed staff for their child, but they did express concern over the wages paid to RCWs.

The common findings can be summarized as follows:

Candidates applying for vacancies were generally under-qualified for the position. Respondents believed certain applicants had no interest in the field, had not attained specialized education or experience, and as a result were not committed to helping the clients.

Interviews showed casual employees and new hires had the highest turnover relative to part-time and full-time workers. There were several reasons for this: new hires did not feel invested in their job and saw it as a stepping-stone for the “next best thing” and casuals did not receive benefits and flexible hours of work.

Wages were contributing to high turnover. The wage discrepancy between community social services and other health related occupations had contributed to employees seeking jobs in other comparable health related occupations that paid on average more.
The quality of care for clients had been compromised because of recruitment and retention challenges. Agencies were hiring under qualified employees who had no training to deal with persons with disabilities, which disrupted the client’s environment.

Based on these key findings, I considered a number of options and I am recommending that the province of BC adopt policy alternative IV, an anti-stigma media campaign, policy alternative II, training for professional development, in conjunction with policy alternative I, amendments to the collective agreement. These recommendations are based on key stakeholder interviews that have led me to conclude that these options increase residential care worker labour participation and reduce turnover.
Dedication

To Mom and Dad, I am grateful for your endless support both emotionally and financially for my pursuit of education. Dad, without you I would not be here writing this now, thanks for encouraging me to pursue higher education. To my husband Harp, I love you so much!

I thank you for your patience and support over the years.
Acknowledgements

I offer my most sincere gratitude to Dr. Olena Hankivsky for her support and guidance through the entire process. I have learned so much from you, and I cannot express enough appreciation. You gave me encouragement, direction, and confidence when it was most needed. I also wish to thank Jonathan Kesselman for his informative comments and suggestions for the final draft.

I would like to offer my sincere thanks to Carol Adams, Chris Mullen, and Mary Rowles at BCGEU for their professional expertise. I cannot thank you enough for introducing me to this topic and for supporting my continued education of policy development.

My heartfelt appreciation goes out to the individuals who participated in this study. To everyone involved and working in the community social services sector in BC, I commend and thank you for all your hard work and valuable input.

In addition, I am indebted to my many student colleagues for providing a stimulating and fun environment in which to learn and grow. To Jasmine Crane, I would have never made it this far without your reassurance and confidence in my work.

Finally, I would like to thank my family: Mom, Dad, Harman, Loveleen, and Harp, I thank you for giving me the support to succeed.
# Table of Contents

Approval.......................................................................................................................... ii
Abstract ......................................................................................................................... iii
Executive Summary ...................................................................................................... iv
Dedication....................................................................................................................... vii
Acknowledgements....................................................................................................... viii
Table of Contents.......................................................................................................... ix
List of Figures ............................................................................................................... xi
List of Tables ................................................................................................................. xii
Glossary of Acronyms .................................................................................................... xiii

1: Introduction.............................................................................................................. 1
   1.1 Policy Problem........................................................................................................ 2
   1.2 Policy Objectives.................................................................................................... 4
   1.3 Organization of Framework .................................................................................. 4

2: Background............................................................................................................... 6
   2.1 History of De-institutionalization to Community Living BC................................. 6
   2.2 BC and Canadian Statistics .................................................................................. 7
   2.3 Changing Demographics...................................................................................... 8
   2.4 Residential Care Workers..................................................................................... 9
       2.4.1 Component 3 and Component 4 Residential Care Workers ......................... 10

3: Literature Review .................................................................................................... 13
   3.1 Community Social Services’ Survey Findings...................................................... 13
       3.1.1 Employee Status and Turnover .................................................................... 15
       3.1.2 Wages........................................................................................................... 16
   3.2 Evidence from Other Jurisdictions...................................................................... 17
       3.2.1 Solutions to Recruitment and Retention Challenges..................................... 19
       3.2.2 Direct and Indirect Costs Associated with Recruitment and Retention Challenges .................................................. 20

4: Methodology ............................................................................................................ 23
   4.1 Research Design.................................................................................................... 23
   4.2 Key Informant Interviews...................................................................................... 23
   4.3 Case Study Data.................................................................................................... 24
   4.4 Statistics............................................................................................................... 25
   4.5 Key Stakeholder Interviews................................................................................. 26
List of Figures

Figure 1: Anti-Stigma Media Marketing Plan.................................................................53
Figure 2: Collaborative Efforts......................................................................................54
List of Tables

Table 1: Wage by Job Category .........................................................................................11
Table 2. Residential Care Worker Wage Grid.................................................................16
Table 3: Case Study Matrix .............................................................................................41
Table 4: Criteria for the Assessment of Policy Alternatives ........................................58
Table 5. Collective Agreement Assessment ....................................................................60
Table 6. Professional Development Assessment ............................................................63
Table 7. Central Hiring Agency Assessment ....................................................................65
Table 8. Media Campaign Assessment ...........................................................................67
Table 9: Policy Alternative Summary .............................................................................70
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>AASCF</td>
<td>Alberta Association of Services for Children and Families</td>
</tr>
<tr>
<td>BCGEU</td>
<td>British Columbia Government Employees’ and Services Union</td>
</tr>
<tr>
<td>CCSEA</td>
<td>Community Social Service Employers’ Association</td>
</tr>
<tr>
<td>CLBC</td>
<td>Community Living British Columbia</td>
</tr>
<tr>
<td>ESL</td>
<td>English-as-a-Second Language</td>
</tr>
<tr>
<td>LFPR</td>
<td>Labour Force Participation Rate</td>
</tr>
<tr>
<td>LPNs</td>
<td>Licenced Practitioner Nurse</td>
</tr>
<tr>
<td>RCWs</td>
<td>Residential Care Worker</td>
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<tr>
<td>RNs</td>
<td>Registered Nurse</td>
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1: Introduction

Recruitment and retention of workers are global challenges affecting sectors such as construction, education, and health. These challenges will become more critical with time for industrialized nations as aging population demographics continue to reduce the relative size of the working-age population worldwide. Canada, in particular, will be experiencing this global phenomenon because it has one of the youngest populations among industrialized nations (Statistics Canada, 2005). Over the next 2 decades, Canada’s baby boomers will be retiring, accelerating the trend of fewer, younger Canadians filling the employment void (Lefkow, 2005). In British Columbia, issues of recruitment and retention have been brought to the forefront by the Community Social Service Employers’ Association (CSSEA), an organization that provides human resources and labour relations services for non-profit societies and corporations. CCSEA had identified recruitment and retention challenges facing BC’s community social service sector, particularly residential care workers. The BC context will be instructive in describing the micro issue of recruitment and retention to a national and international level.

The central policy problem addressed in this study is the alarming rate of residential care workers quitting their jobs and the multi-faceted challenges employers are experiencing finding new replacements. Residential care workers (RCWs) assist clients with developmental disabilities to live successfully in a home-care setting (CSSEA, 2003). Developmental disabilities, defined as “measured intellectual functioning of approximately 70 IQ or lower with onset before age 18, are experienced by approximately 1% of British Columbians (Ministry of Health Services, 2007). Community social service recruitment and retention challenges are a pressing policy problem for the government for several reasons: it affects one of the most vulnerable groups in society, the developmentally challenged, it has the potential to negatively impact labour participation of
family members of clients, and it reflects on the labour challenges facing the entire BC health sector.

This study contributes to previous literature on recruitment and retention for health care workers. Many studies have been solely devoted to recruitment and retention strategies and have recommended policies to target the shortage. However, many of the initiatives and studies have focused on occupations such as nurses and physicians with little attention paid to the residential care workers. The motivation for focusing on residential care workers stems from previous research identifying recruitment and retention to be a major issue in BC and from the absence of research in this area.

This study’s objectives are twofold: to understand the dynamics of recruitment and retention issues facing the community social services sector, and to recommend informed policy options based on the findings. I hypothesize that low wages, high burnout from a demanding job, and lack of management respect are major contributors to recruitment and retention challenges. My research then develops and evaluates feasible policy options to address these factors. Through the use of qualitative data, my research finds that increased wages, career development, and career awareness will render positive results for residential care workers and clients receiving care. The interviews gave a voice to residential care workers and provided the research a perspective, different from management and government viewpoints. These findings are congruent with previous studies and help to identify multi-pronged policy alternatives to be implemented with different timelines.

1.1 Policy Problem

Across Canadian sectors such as health care, education and construction, the increase in life expectancy and decrease in birth rates have resulted in the growth of an aging population with the absence of a sizeable labour market to replace it. Data shows that there are fewer younger
people entering the working-age population to replace individuals in the age group retiring (Statistics Canada, 2001). This problem has impacted the community social service sector and can be seen through the high turnover rate at 19% (Key representative from CCSEA). This labour shortage is in part due to unsuccessful attempts by employers to attract potential employees and by the difficulties surrounding maintaining and enticing employees to continue with their current employment placements.

This labour shortage has many policy implications that directly influence the clients who are receiving care. One of the implications is that adults who have developmental disabilities will have a smaller pool of workers to supply them with assistance and services. Arguably, the smaller worker to client ratio equates to a decrease in one-on-one time that the client would receive. Conversely, the more one-on-one time the client receives, the more access to health services they will receive (Stone, 2004). One-on-one time allows for more access to health benefits because the worker can focus on one client’s needs and services at a time. This provides the client with the attention and awareness they need to prevent incidents that might harm themselves or others. When there is a lower ratio between the workers to clients, clients experience a higher rate of dissatisfaction. Ultimately, the less one-on-one time in this situation results in clients unable to engage in desired activities. As a result, workers are not available to chaperone some of the clients’ requests. Client dissatisfaction may be expressed through unruly behaviour. Failed recruitment and retention may also result in the closure of group homes, the over congestion of group homes, and the displacement of individuals from group homes to their family member’s home. In cases where the client does not have any family, they may end up on the streets. Group closures would mean residential care workers are out of a job, clients lose their friends, and families will have to re-adjust their lives in order to accommodate their family member.
1.2 Policy Objectives

The policy objective is twofold: (1) to increase residential care worker labour force participation, which is the increase in the number of residential care workers from the previous year and (2) to reduce the turnover rate currently experienced in the residential care worker sector, which would in turn improve the level of quality of client care through the continuity and greater average experience of workers. Furthermore, the goal of this study is to take the key functions of human resources management—recruitment, selection, supervision, training and development, and wages and benefits and find a cost efficient balance between meeting the needs of residential care workers while maintaining services to clients.

1.3 Organization of Framework

The objective of this study can be achieved through an analysis of informed recommendations by key informant interviews and case studies, each with the intention to guide the development of recruitment and retention strategies that are deemed appropriate and targeted towards residential care workers in BC. These key informant interviews provide the biggest source of information for this research and involve the following comprehensive list of primary contributors: residential care workers, British Columbia Government Employees and Services Union (BCGEU) representatives, community living advocates and agencies, and family members of persons with developmental disabilities. Next, this is supplemented with secondary research from case studies from Alberta, Nova Scotia, and the United States. The supplementary data provides insight into the recruitment and retention challenges facing RCWs in BC, and the impact this has on the clients receiving care. Ultimately, I produced policy alternatives based on the analysis of the data to the current status quo, and concluded with recommendations for next.

My research will begin by defining the policy problem and reviewing background information on the history of deinstitutionalization to Community Living BC, Component 3 and 4.
members, and the changing demographics in BC and Canada. A literature review provides a clearer view of the causes, consequences, and solutions to recruitment and retention, and how each of these impacts future labour populations, individuals receiving care, and their family members. Following the literature review, I describe the qualitative methodology used to collect data. The chosen methodologies are the grounded theory approach and an analysis of case studies. In this study, there were a total of 21 interviews with residential care workers, BCGEU representatives, community living advocates and agencies, and families of persons with developmental disabilities. The following section will analyze case studies from Alberta, Nova Scotia and the United States and provide results of the interviews to determine the degree to which recruitment and retention is a challenge in BC and proposes alternatives that aim to address possible solutions. Based on the results, I propose and analyze these policy options through the measurements of standard criteria. The policy options are intended to provide benefits to community social services, the residential care workers that they employ and individuals receiving care. It is important that the policy options target both workers and clients to provide a balance that is crucial to ensure that both parties affected by recruitment and retention are addressed. Finally, the paper concludes with recommendations that will improve the community social service sector and other sectors across BC and Canada while seeking to increase their labour force participation and decrease their turnover.
2: Background

2.1 History of De-institutionalization to Community Living BC

Historically, individuals with developmental disabilities have been subjected to institutionalized and segregated care (BCACL, 2007). Deinstitutionalization was introduced in Canada in the late 1960s and 1970s from Scandinavian countries. Between 1960 and 1980, all the provinces instituted some element of psychiatric-service deinstitutionalization (Sealy & Whitehead, 2004). This process involved the removal of adults with developmental disabilities from mental institutions and the placement of these individuals into the community. The goal across Canada, as evidenced by the policy of many provinces, was to cut costs and to improve developmental possibilities and quality of life for the individual (Sealy & Whitehead, 2004). In the early 1980s, BC began the process of removing clients from mental institutions by closing the province’s large institutions and by 1998, the resources from these institutions were given to the regional health authorities (BCACL, 2007 & Thompson Rivers University, 2007). The transfer of resources to health authorities, stakeholders and other ministries was to support the development of comprehensive, integrated regional mental health care system (BC’s Mental Health Plan, 1998). Implementation of the Mental Health Initiative began in 1992, with an infusion of $53 million to fund improvements in community services (BC’s Mental Health Plan, 1998). In fall 2001, the BC government reviewed its programs and services for adults with developmental disabilities and invited interested parties to provide submissions on the future direction of policy in this area (CLBC, 2007).

The submissions made by family members of individuals with a developmental disability and their advocates emphasized the need for change. The feedback indicated that the current system in charge of caring for these adults was rigid, overly bureaucratic, and unsustainable in the
long-term (CLBC, 2007). The survey was followed by Minister Gordon Hogg’s appointment of a 25-person Community Living Transition Steering Committee to assist in defining the transition from government to community-based governance for community-living services. This committee recommended the creation of a crown agency named Community Living BC (CLBC) that would be responsible for delivering support and services to people with developmental disabilities. Prior to CLBC, children and adults with developmental disabilities fell under the jurisdiction of the Ministry of Child and Family Development (MCFD). When the crown agency was created in July 2005, transfer of all services from the MCFD to CLBC officially started. Therefore funding went from the BC government to CLBC, who then divided the monies to agencies. The agencies, through negotiations with employers associations and unions, would divvy the money between client services and operation costs.

Community Living BC provides residential services through programs such as group homes, family model homes, and day programs to individuals with developmental disabilities and their families in British Columbia. CLBC’s mission is to respond to the life-long needs and goals of individuals and families by recognizing their abilities and contributions, sharing leadership with communities, and funding supports that honour individual choice (CLBC, 2007). As of December 31, 2006, CLBC had opened files for 10,216 adults with developmental disabilities, and of these adults, 5293 were living in a group or family model home and receiving day support services (CLBC, 2007). Group homes continue to dominate the standard model of care because residential care workers provide a safe, monitored environment 24 hours a day.

2.2 BC and Canadian Statistics

In 2006, approximately 232,200 people worked in the BC health care and social assistance sector, making it the province’s fourth largest industry after the goods and services producing sector and trade, representing over 9% of BC’s total workforce (BC Stats, 2006). During this year, 35,600 employees in the health care and social assistance sector worked in
nursing and residential care facilities (BC Stats, 2006). Statistics have shown that people working in health care are likely to have a 60% higher rate of absenteeism than any other industry sector, representing millions of dollars in lost wages, overtime, and replacement costs (Health Care Human Resources Sector Council, 2003d). These workers are also more likely to work in part-time or casual positions than other Canadian workers. For example, approximately 55% are employed full-time, 30% have part-time work, and 15% are employed on a casual basis (Health Care Human Resources Sector Council, 2003d). This is further defined in continuing care, a system of delivery that includes both long-term care (residential and community) and professional or paraprofessional home-care (Health Care Human Resources Sector Council, 2005). In continuing care, including residential care workers, full-time employment accounts for only 42% of employment, whereas part-time accounts for 30% and casual-time is 28%. This indicates that almost one-third of health care workers are casual. This is crucial in understanding the statistical relationship between BC's casual residential care workers and turnover rates, which will be explained further in the literature review section.

2.3 Changing Demographics

Multiple studies have been devoted to researching the dynamics of Canada's changing demography. According to Speigel (2006), Canada is experiencing a wave of retirement from all occupations. The low number of graduates from health studies and the number of health retirees create an imminent human resource deficit. The current trend is driving constant movement and redistribution of healthcare human resources. The redistribution is credited to residential care workers applying for licenced practitioner nurse (LPNs) positions and the LPNs are in turn training to become registered nurses (RNs). Employees in this sector are climbing up the career ladder for the next best job.

Canada's population is aging fast and senior citizens will outnumber children in about a decade (Statistics Canada, 2005). The number of people aged 80 and over is expected to increase
an additional 43% from 2001 to 2011 (Statistics Canada, 2005). The parents of clients with disabilities are aging like the rest of society and as a result are no longer able to provide the care their child requires. This can explain the increase in residential services received by the developmental disability population. According to Statistics Canada, in 2005, 1,118 more adult residents were receiving residential services than the year before (Statistics Canada, 2005). Another explanation for the increase of developmental residents receiving care is that more cases are being diagnosed. Advanced technology can detect the early signs of a developmental disability at birth, allowing for earlier treatment and as a result, babies are living well past childhood into adulthood. Consequently, at the age of 18 more individuals with disabilities are moved into adult residential care services.

2.4 Residential Care Workers

One of the main difficulties in researching residential care workers is the varying occupational names given to their profession across Canada and the United States. Some common titles are residence care aid, direct care worker, home care provider, and residence worker. For the purpose of this capstone, I will refer to them as residential care workers because this is how they are acknowledged in the Community Living Services Collective Agreement. The Community Living Services Collective Agreement is a provincially negotiated bargaining contract in BC for residential care workers. It is negotiated by union representatives and the Community Social Service Employers’ Association. Residential care workers ensure that clients’ physical, emotional, social, educational, and medical needs are met in the community and their home environment. They can attain formal training via local community colleges. The Home Support/Resident Care Attendant certification provides students (future RCWs) formal classroom instruction on client care, laboratory instructions and hands on experience at group homes. However, the need for certification depends on what hiring qualifications the agency is looking for. One of the most commonly used home care settings is the group home. A group home is a
residential dwelling for one or more persons with disabilities living in a house in a community while receiving full-time services (UBC, 2006).

2.4.1 Component 3 and Component 4 Residential Care Workers

Residential care workers in BC’s community social service sector suffer from two levels of remuneration that create unjust inequities. Component 3 and 4 workers have relatively similar job responsibilities but receive differential pay. Wage differentials have resulted in the departure of residential care workers from the lower level. RCWs left their positions to seek better wage compensation by seeking out Component 4 or alternative employment opportunities. Negotiations between employers and unions have failed to rectify this gap. Table 1 shows the most recent Community Living Services Collective Agreement starting wage rate for Component 3 residential care worker to be $14.93 an hour. The most recent Community Health Collective Agreement established the Component 4 residential care worker starting wage at $17.68/hour. Table 1 demonstrates that residential care workers fall far below the average wage of a BC employee, who makes on average $22.06/hour and the health care worker (nurses) who makes $25.65/hour (Statistics Canada, 2007).
Table 1: Wage by Job Category

<table>
<thead>
<tr>
<th>Job Category</th>
<th>2007 Median Hourly Wage</th>
<th>Annual Wage, 40 hrs/week</th>
<th>Annual Wage, 25 hrs/wk</th>
</tr>
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<tbody>
<tr>
<td>Component 3 Residential Care Worker Entry Level</td>
<td>$14.93</td>
<td>$31,054</td>
<td>$19,409</td>
</tr>
<tr>
<td>Maximum Wage Entry Level</td>
<td>$17.56</td>
<td>$36,525</td>
<td>$22,828</td>
</tr>
<tr>
<td>Component 4 Residential Care Worker Entry Level</td>
<td>$17.68</td>
<td>$36,774</td>
<td>$22,984</td>
</tr>
<tr>
<td>Maximum Wage Entry Level</td>
<td>$19.33</td>
<td>$40,206</td>
<td>$25,129</td>
</tr>
<tr>
<td>Average BC Employee (age 25-54)</td>
<td>$22.06</td>
<td>$45,885</td>
<td>$28,678</td>
</tr>
<tr>
<td>BC Health Care Worker (GP, RN)</td>
<td>$25.65</td>
<td>$53,353</td>
<td>$33,345</td>
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</table>


In BC, the associations representing health care aides in facilities and residential care workers in the community are different; the result is differential wages and access to training opportunities and other benefits. Equity is important in explaining low wages with residential care workers. According to the BCGEU website, a Component 3 residential care worker works for non-profit societies, corporations, and social services for the developmentally challenged. A Component 4 residential care worker works in the following environments: home support, facilities, drug and alcohol treatment centres, adult day care, and mental health group homes. Also worth noting is that both component workers have similar job responsibilities with the only
difference being the source of their funding. Component 3 members receive funding from CLBC and Component 4 members receive funding from the Ministry of Health. However, for this paper, I focus primarily on Component 3 residential care workers because they receive the lowest wage when compared to that of Component 4 members, and BC health care workers.
3: Literature Review

"In its simplest form, recruitment is about marketing a healthy career and work setting, while retention is about building and maintaining relationships as part of one’s career. It’s all about understanding, communicating, and delivering on values." (Connelly, 2004).

Ultimately, the goal of this literature review is to provide the reader with a basic understanding of the core issues facing recruitment and retention, while focusing on the objectives of this research. Recruitment and retention are complex, multidimensional issues with a vast range of causes and consequences. Studies to date have focused on professions such as nurses and physicians, while little attention has been given to residential care workers (Speigel, 2006). However, a few noteworthy studies provide the foundation for this capstone investigation and are detailed below. First, a recent study conducted by CCSEA will be examined in this literature review to provide some of the up-to-date statistical findings for recruitment and retention facing the community social service sector in BC at this time. The following section provides a brief review of relevant studies that have focused on recruitment and retention issues in Alberta, Nova Scotia, and the United States.

3.1 Community Social Services’ Survey Findings

In 2007, the CCSEA conducted an internal study of recruitment and retention challenges facing community social service employees in BC. A survey instrument was designed and sent out to 299 member agencies to gain statistical information. A total of 141 agencies responded to this survey. For this paper, I assume that the statistics gathered by CSSEA are indicative of all
community social service Component 3 workers because of a statistically valid response rate of 47%. The survey indicated that:

- Community social service occupations are predominantly occupied by females. More females (74%) are employed in the sector than males (26%). This is also common across most health related occupations because women are seen as “motherly care givers” and are assumed to be naturally inclined to this line of work and on the other hand, men are seen as “male in need of care” and are skeptical to join the field.

- 98% of employees fell into the 25-56+ age group, and less than 2% of community social service workers are under the age of 25. This implies high school and post-secondary graduates have minimal interest in this line of work.

- Economic factors were the most common reason people left their agency and accounted for one-third of departures (31.9%). Of those leaving for economic reasons, over one-third (38%) left for more hours, better shifts or health and welfare benefits. These factors were repeatedly mentioned in studies as being leading reasons for recruitment and retention challenges.

- The key reasons given for recruitment and retention challenges are economic conditions (50%), shortage of qualified staff (77%) and wage rates in the sector (80%). These reasons will be explored in greater detail in the descriptive results section of this paper.

- Respondents wanted the sector to concentrate key strategic efforts on educational programs (61%). This statistic will be relevant when exploring policy options.

- Community social services, including Component 3 members have a 19% annual turnover rate. Component 4 is also experiencing difficulty in terms of retention. For example, the Health Employers Association of BC has raised concern over their inability to recruit and retain new staff. This was made apparent in their request that agencies fill out a Difficult to Fill Vacancy Survey (DTFVS). The purpose of the survey was to gather data on all difficult
to fill vacancies in the health system. A difficult to fill vacancy was defined as a job that remained unfilled after 3 months of active recruitment.

3.1.1 Employee Status and Turnover

As cited in the above section, the average turnover for the community social service sector is 19%. Employee turnover is the ratio comparison of the number of employees a company must replace in a given time period to the average number of total employees. Significantly, turnover rates were 3 times higher for casual employees than part- or full-time employees. Casuals employees are defined as staff who are employed on an "on call" basis to cover absences of a regular employee or augment staff during peak periods where regular employees have not requested topped up hours (BCGEU Community Living Services Collective Agreement, 2006). Full-time employees experienced the lowest turnover in comparison to part-time employees. In addition, there was particularly high turnover, 40%, among casual male staff (Key representative from CCSEA).

CCSEA internal report states that BC’s casual residential care workers experience the highest rate of turnover at 29.6%. Regular part-time comes in second place with 11.4% turnover and regular full-time employees experience the lowest rate of turnover at 7.4%. A significant problem exists with the retention of casual employees, in particular male casual staff. Male turnover can be explained by the fact that this occupation is predominantly female occupied because we live in a gendered society where “care giving” is thought to be women’s work and thus there exists a stigma associated with men doing “care giving” type of labour. This stigma may possibly create an uncomfortable environment for men. Other casual employees generally leave their positions for flexible work schedules and to secure health and welfare benefits (Key representative from CCSEA). On the other hand, part- time residential care workers can access a range of benefits from paid sick days, enrolment in retirement savings plans and health and medical benefits. Work schedule and employee health and welfare benefits are warranted by their
employee status, whether they are full-time, part-time regular, or casual. Full-time and part-time employees receive the most benefits ranging from consistent work hours, paid vacation and maternity leave and casuals receive the least.

### 3.1.2 Wages

The hourly wage for a full time Component 3 residential care worker is determined by the hours they have worked. Table 2 explains the residential care worker wage grid in effect from April 1, 2007 to April 1, 2008. The table shows that a step increase, determined by the number of hours worked, resulted in a subsequent pay raise. For example, if an employee had worked over 2001 hours, they were eligible for a wage increase from $14.93 to $15.81. The maximum wage cutoff for the year is $17.56. In order for the employee to receive $17.56, they would have to work over 6001 hours, which is approximately 3 years of full-time work.

**Table 2. Residential Care Worker Wage Grid**

<table>
<thead>
<tr>
<th>Step</th>
<th>Hours Worked</th>
<th>Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-2000</td>
<td>$14.93</td>
</tr>
<tr>
<td>2</td>
<td>2001-4000</td>
<td>$15.81</td>
</tr>
<tr>
<td>3</td>
<td>4001-6000</td>
<td>$16.68</td>
</tr>
<tr>
<td>4</td>
<td>6001 onward</td>
<td>$17.56</td>
</tr>
</tbody>
</table>


According to a study conducted by Spetz and Given (2003) economics play a key role in wages and labour shortages. Wage changes can bring supply and demand into balance and thus rectify shortages. They predicted an increase in wages would end labour shortage in the health sector in the future. Therefore, in the BC context, residential care worker supply should increase as wages increase. However, other researchers argue that this new labour shortage experienced across the market is different from those in the past because a large number of baby boomers are forecasted to retire over the next twenty years, and there is not a sufficient inflow of younger workers to replace them. Therefore, solutions to the problem will require broader interventions.
3.2 Evidence from Other Jurisdictions

Some studies have focused on recruitment and retention challenges facing residential care workers and health care workers in Alberta, Nova Scotia, and the United States. In particular, Alberta’s inclusion in this study stemmed from its geographic proximity and similar economic framework to BC. Both provinces can be defined as resource rich, and each is dealing with a low unemployment rate and labour shortage. Nova Scotia was integrated into this study because it demonstrated a comprehensive and macrocosmic example of higher-level strategies currently being employed for this pressing policy problem. As such, the examination of Nova Scotia’s recruitment policies for all health care professionals proves itself informative for a focused assessment of residential care workers in BC. Lastly, the United States study was included because it uncovered many similarities and differences in recruitment and retention challenges between 37 American states. Each of these studies will demonstrate what is currently known about recruitment and retention and will provide the basis of the contribution of the study presented here.

The following studies provide this study with a solid informational foundation for understanding the root causes of recruitment and retention challenges: the Alberta Association of Services for Children and Families’ (AASCF) (2006), Stone (2004) and Scanlon (2001). Together they have identified wages, inadequate benefits, hours worked, lack of supervision, and career development, to be significant barriers to successful recruitment and retention. Through the analyses put forward by previous studies and key informant interviews, my study will show these barriers to be recurring factors in recruitment and retention challenges.

AASCF (2006) and Scanlon (2001) concluded that salary and compensation, the increased threat of physical violence from clients at work, and long hours and heavy workload to be main causes of retention issues. These factors were further fuelled by the current low unemployment rate and the increasing competition by employers for workers. Stone (2004) added
that the low national unemployment rate, higher paying jobs with better working conditions had opened job opportunities for women, who had traditionally dominated jobs in healthcare. Women were now seeking opportunities elsewhere that did not require physically demanding work. Often, women in health related work were required to move the patients in and out of beds, endure long hours of standing and walking, and in many instances manage disoriented or uncooperative clients. These are just some examples put forward to explain why residential care workers were dissatisfied with their job.

In a survey conducted in the United States, residential care workers were shown to have the highest rate of depression compared to any other occupation (National Survey on Drug Use and Health, 2007). The study’s author asserted that the phenomenon could be explained by the following factors: modest entry requirements, low pay, high physical and emotional demands, and lack of advancement opportunities (US Department of Labor, 2007). These findings support the earlier work of Stone (2004) who argued that inadequate benefits and lack of management support play a crucial part in recruitment and retention challenges. Other factors such as negative public image (e.g., a poorly trained woman with few skills, receiving low pay for unpleasant work, and with little hope for advancement) have discouraged individuals from seeking or remaining in this occupation. Stone (2004) argued that workers did not feel valued by their employers and, particularly, their immediate supervisors.

Scanlon’s (2001) transnational study on nurses in the USA focused on factors contributing to current and anticipated shortages. His study, consisting of 37 US states, found that nurses experienced decreased job satisfaction from increased pressure to accomplish work, the need to work overtime, and stress-related illness. The study found nurses were leaving this field of work because they wanted a less stressful and physically demanding job, they were concerned about schedules and hours, and wanted higher wages. Scanlon (2001) identified other environmental and job design factors that directly affected recruitment and retention in health care related occupations. These included adequacy of training, methods for managing workload
and schedules, opportunities for career advancement, respect from management, organizational recognition, workload and staffing levels and clarity of their roles.

The research findings of this capstone confirm the findings of earlier studies, which identified the key factors of recruitment and retention barriers to be low wages, inadequate benefits, hours worked, lack of supervision, and career development. Through key informant interviews, this study will confirm these factors to be potentially harmful obstacles to recruit qualified staff and maintain current staff.

3.2.1 Solutions to Recruitment and Retention Challenges

Particular elements of Speigel (2006), Scanlon (2001) and Stone (2004) have contributed to the literature by providing informed solutions for recruitment and retention challenges. Speigel’s (2006) study provides the most effective solutions by recognizing that recruitment and retention initiatives and strategies are wholly interrelated and cannot be considered separately. Speigel recommended that benefits for work/life balance, professional development and a creative work schedule were necessary to attain successful recruitment and retention. He suggested a cooperative, allied human resource strategy focused on community involvement, and by examining education, training, and certificate programs. Similar to Speigel (2006), Scanlon (2001) suggested improving recruitment and retention under three major themes: (1) improving wages and benefits (2) developing additional training and opportunities for career advancement and (3) additional employee supports, including improved work environments, job skills, and social supports. Likewise, Stone (2004) recommended a wage increase, health benefits, career development and financial incentives.

A number of the studies placed special emphasis on financial incentives as a means to attract potential recruits. Speigel (2006) supported financial incentives and funding programs to support recruitment and retention activities while Stone (2004) contended that financial rewards were important to worker satisfaction, motivation, and retention. Further, Stone (2004) argued
that the province should spend money on developing and testing new strategies for expanding the potential pool, which included exposing young students and elderly retirees to the possibility of obtaining quality jobs. She also found that workers were more satisfied and more likely to remain on the job if they felt personally responsible for their work and received ongoing feedback from their supervisors.

Stone (2004) and Speigel (2006) each found that good personal relationships between management and workers and between the worker and the client were essential for successful retention. Speigel’s (2006) study recommended that workplace programs, which support employee engagement, helped create an environment conducive to finding and keeping skilled, motivated, and engaged employees. These programs included workplace integration, quality of work life initiatives, professional development and career advancement opportunities, work and life balance, employee recognition, involvement, and empowerment, reviews of job structures and work policies, and management education.

Recommendations made by these studies and suggestions by key informant interviews will be adopted in this research when creating policy alternatives that meet the policy objectives. The studies mentioned above will guide this capstone through their similarity in nature to the policy problem, objectives and research design of this study. These studies have explored current trends in employment and the changing demographic nature of our society. They have provided valuable information on the causes, consequences, and solutions for recruitment and retention.

3.2.2 Direct and Indirect Costs Associated with Recruitment and Retention Challenges

The cost of replacing a residential care worker is high in Canada. The studies conducted by Speigel (2006), Li (2004), Stone (2004) and Scanlon (2001) made a lasting observation on financial and non-financial costs associated with this policy problem. According to Speigel (2006), employee turnover includes direct costs such as recruiting, orienting, and training the new
and employee. Turnover costs also include the administrative costs associated with the termination and replacement. Other direct costs include the costs incurred for exit interviews, costs associated with separation/severance pay, and any increase in unemployment compensation. Indirect costs, however, are typically more difficult to measure. Indirect costs include items such as loss of knowledge and expertise and the possibility of decreased customer satisfaction. Indirect costs associated with turnover include an initial reduction in the efficiency of new staff and a decrease in residential care worker morale and group productivity. Other indirect costs include the cost of attracting new applicants, conducting entrance interviews, testing and pre-employment administrative expenses. The costs associated with recruitment and retention are not limited to employers but also extend to workers and clients receiving care.

According to a study conducted by Li (2004), clients also suffer from the repercussions of turnover. In the study, clients reported that it was crucial that staff be trained to deal with and understand people with specific disabilities in order for them to live successfully in the community. According to Li (2004), adults with developmental disabilities feel it is essential that agencies do whatever is in their power to help people with disabilities. She argued that governments could assist in finding staff who understood the clients, who wanted to work for them, and were willing to stick by them. Clients observed that new hires were less experienced and less trained than previous employees were. Scanlon (2001) and Stone (2004) agreed that the reduced availability and frequent replacement of residential care workers affected the clients’ physical and mental functioning. Studies suggested that problems associated with attracting and retaining residential care workers translated into poorer quality and unsafe care, major disruptions in the continuity of care, and reduced access to care.

Argued by Stone (2004), high turnover can disrupt the continuity of the client’s care, especially if the new hire lacks experience and knowledge of individual clients. Staff shortage can also place a burden on workers who remain on the job. As such, when turnover leads to staff shortages, residential care workers have the potential to suffer harm because of the increased
number of clients the remaining staff must care for. The lower the worker to client ratio means shorter periods of direct one on one care per client. According to Stone (2004), staff shortages limited the worker’s personal interaction with their clients, which resulted in increased rates of injury and accidents. The studies demonstrate that high turnover and long vacancy periods were costly for not only providers but also for consumers, their families, and workers. They have identified direct and indirect costs associated with the exit of an employee and the cost incurred because of the pressing need to fill a vacancy. My research will incorporate these factors when measuring economic and social costs associated with recruitment and retention during the assessment of the policy alternatives.
4: Methodology

4.1 Research Design

This study utilizes 2 major sources for obtaining qualitative data: primary key informant interviews and secondary data from case studies. 21 key informant interviews were conducted with 10 residential care workers, 3 BCGEU representatives, 6 advocates and hiring agencies and 2 family members of persons with developmental disabilities in BC. This research uses the case study and grounded theory approach to analyze data. The case study approach consists of a detailed inquiry into a small number of related studies using multiple sources of information. This approach is important and informative to this study because it extends experiences and adds strength to what is already known through previous research about recruitment and retention. In this study, I looked at cases from Alberta, Nova Scotia, and the United States. The grounded theory approach takes common themes present in data and generalizes them into theories (Robson, 2005). In this study, the data are derived from key informant interviews. The primary objective of the grounded theory approach is to expand upon an explanation of a phenomenon by identifying the key elements of that phenomenon, and then categorizing the relationships of those elements to the context and process of the experiment (Fossey et al. 2002). The advantage of using a grounded theory approach for this study is it allows for a detailed study of a micro issue, recruitment and retention challenges facing RCWs in BC, to be applied to a larger reality of a labour shortage across sectors in Canada.

4.2 Key Informant Interviews

Participants were recruited from previous contacts through BCGEU and by a snowball effect. Over the summer of 2007, I worked at BCGEU on a vision document on the challenges
facing CLBC. The vision document identified recruitment and retention to be a major upcoming issue in BC. This discovery led to the current study. For this study, the key informant’s name and data are confidential and will be discarded after 2 years. The interviews were conducted over the phone and digitally recorded to ensure accuracy.

The primary data for this study was derived through semi-structured, open-ended interviews and a small number of demographic survey questions (see Appendix 1). After collecting interview data from key informants, I implemented a process of open coding which involved coding the data for major categories of information. From this coding, I was able to identify core themes and begin the process of analyzing the data. Survey questions for this study were formulated from the AASCF (2006) study; their questions hit key elements that represented the policy objectives to be met in this study. The semi-structured format allowed participants the opportunity to share their experiences freely without the presence of authoritative figures, which was important for generating candid answers. Interviews were chosen to produce data because they are an effective method to locate major and minor themes and to ensure validity in data collected. Furthermore, interviews were chosen to generate an understanding of how recruitment and retention impacts frontline workers and the clients receiving care. The information generated by this research complements existing quantitative information from CCSEA’s internal study by confirming the findings that community social service workers are experiencing high turnover.

4.3 Case Study Data

As previously discussed in the literature review, 3 primary case studies were integrated into this study in order to examine similarities and differences in past precedents of similar research topics. Each case study looked at a different group of service providers: the Alberta study looked at employees (social workers) who delivered direct services to children and families, the Nova Scotia study surveyed allied health occupations (i.e. residential care workers, social workers) licensed practical nurses and nurse practitioners, and in the United States study nurses
and nurse aids were researched. These studies were used primarily because of their similarity to this research’s policy problem and methodology.

The Nova Scotia study was used to supplement the findings from this research. Speigel (2006) conducted a series of interviews with labour, management government, and continuing care perspectives in Nova Scotia. Building upon the completed work by Speigel (2006), I took this study a step further by interviewing residential care workers, union representatives, family members of individuals receiving care, advocates and agencies for this research. These stakeholders were chosen to gain personal insight into the challenges facing the sector. The Alberta study was used to produce this research’s interview survey questions. I built upon the Alberta survey by asking residential care workers questions that would reflect on the positive aspects of their job, and not just the negative. For example, residential care workers were asked: what made you decide to go into this field? The United States study was used to compare similarities and differences between nursing and residential care recruitment and retention challenges. From Scanlon (2001), I extracted the ways in which they used solutions such as wage increases and career development to combat recruitment and retention challenges. In particular, the Nova Scotia and United States studies were used in conjunction with qualitative interview data to develop suitable policy alternatives.

4.4 Statistics

In order to apply this study to a BC context, secondary data statistics were collected on the number of workers in the sector, demographics on age, and the average wage. Information was gathered from existing statistics collected by BC Statistics and an internal CCSEA survey. The CCSEA survey was provided by a key CCSEA representative for statistical data purposes only. The projected demand and employment trends were made available through the BC Work Futures website and the wage grid scheme was made available via the Community Living Collective Agreement, April 1, 2006 - March 31, 2010.
4.5 Key Stakeholder Interviews

Key stakeholder interviews were conducted after policy alternatives were developed. Four semi-structured interviews with CLBC, BCGEU, a residential care worker and a hiring agency took place in order to test the policy alternatives and gain feedback on the strengths and weaknesses of each. The interviews were conducted to determine what these experts deemed to be the most feasible of these policy options based on the criteria that I presented to them. The questions presented to these stakeholders were set in a style of conversational exchange in order to facilitate the free flow of information. I also provided each interviewee an opportunity to suggest alternative policy options that were not proposed to them. After the interviews I extracted key quotes that reflected the evaluation given to each alternative.
5: Descriptive Results

The following analysis was built upon the grounded theory approach. I interpreted the interview transcripts by grouping common themes and topics from all groups collectively and each group individually. This approach involved identifying similarities and differences in the experiences of each group. Furthermore, the supporting demographic questions were open-coded. In order to present the findings in a way that represents the authenticity of the responses of key informants, direct quotes were frequently used to allow the reader to connect to the evidence. There was a limitation in the interview material, as some informants gave partial answers and due to time constraints it was difficult to do follow up supplementary information. In the next section, the analysis of key informants is presented to demonstrate the major themes that emerged from each key informant group. The section following will analyze common themes extracted from all groups. (Direct quotes are presented in italics.)

5.1 Interviews – Unique Findings

5.1.1 Residential Care Workers

This research consisted of 10 interviews with BC residential care workers, 2 of whom were supervisors. Through demographic survey questions the following information was collected: of the 10 interviewees 7 were women and 3 were men; moreover, this was consistent with the approximate female to male employee demographic commonly found within the residential care sector (75% female and 25% male) (Key informant from CCSEA). The length of employment tenure ranged from 1 to 30 years, and the educational background of the participants varied as some individuals reported past educational experience in business, social services, geography, history, psychology, and human services. The average age of a worker was 38 years
old. The average hourly wage of the group interviewed was $18.63 per hour. According to Table 1: Wage by Job Category, $18.63 is relatively higher than both Component 3 and Component 4 employees. This could be explained by the fact that 7 of the 10 interviewees had worked in the industry for more than 7 years, bringing the average wage up. However, it is important to note that $18.63 is significantly lower than both the average wage of health care occupations in BC and the average wage of a BC employee. Other demographic findings from the interviews revealed that, on average, approximately 4 staff members per workplace simultaneously held a job other than at the group home. This percentage coincided with the fact that the majority of these workers were classified as casual staff.

One-half of residential care workers interviewed reported dissatisfaction with their management. Their displeasure included the following reasons: their lack of input in client care decision-making, their complaints about violence not being dealt with in a timely manner, feeling disrespected by management, expecting to perform duties out of their job description and being fed up with the politics of administration. One of the most common reasons for worker discontent was their lack of inclusion in the decision making process for their clients. The dissatisfaction stemmed from previous cutbacks to CLBC from the BC government. Due to budgetary constraints, CLBC had requested eligible clients be removed from their group home to residential settings that were less expensive to operate. Residential care workers expressed a clear desire to provide CLBC representatives with their views, prior to the client evictions, on whether the client was capable of such a significant change in their surroundings.

When asked about the negative aspect of their job, one worker said they were concerned over the lack of input in client decision making:

"...For working with clients for 8 hour a day it doesn't feel like we are a part of the main decision making process. You witness what is happening everyday... (Our) input is not being put in."

Another worker spoke of her concern over the decision making process:
Managers and organizations need to recognize that front line workers need to be included into the decision making process from the start... it frustrates (the) worker that they have no say in that (decision). Our opinion and knowledge is not valued."

In addition to feeling left out of client care decision making, interviewees were disappointed by the management’s approach in dealing with violence at the workplace. Workers commented that clients would have violent episodes and take the rage out on the employees.

"I’m tired of being told to "f*** off by clients or hit by them and having no recourse. If someone were to be hit in public you can file a complaint and charge them."

This particular worker complained that if she was hit in public, she could file a complaint and charge the assailant, but because the client had developmental disabilities, she was told by her employer to “suck it up.” Being told by a supervisor that hitting and swearing was a part of the job left this worker feeling disrespected.

Inadequate respect from management was mentioned repeatedly in interviews. Employees’ criticized their employers for not showing them respect, while at the same time, expecting them to undertake duties outside of their job description. One employee complained:

“We are expected to be at their (managers) beck and call...this makes it difficult with family and work.”

She explained responsibilities such as paperwork and other clerical duties that were managerial duties fell on the employee. These duties required employees to spend more time than necessary to complete their tasks and management’s duties. This made work and family life balance difficult to achieve.

One interviewee was dissatisfied with the politics of administration. She complained that unions and agencies were constantly blaming one other for employee dissatisfaction:

“Disagreement between union and agencies (over) hours and wages... Union says it’s up to the agency what they pay, they (agency) can raise it, but the agency is trying to keep the budget down so they don’t.”

This particular worker felt the union and agency’s disagreements over wages and hours worked was disrespectful to workers. The union’s argument was that the agency had its own prerogative for what they deemed appropriate to pay their workers. The agencies, on the other
hand, argued that they could not afford to increase wages if they were to maintain their operating budget.

5.1.2 Advocates and Agencies

A total of 6 community living advocates and hiring agencies were interviewed for this project. The advocates and agencies spoke of how fierce competition in wages and the high cost of living in BC had influenced workers to seek alternative employment opportunities outside of the community social service sector. In the words of one respondent:

"In Calgary, Tim Horton is paying $18 an hour. People need to make a lot of money to live in Vancouver."

BC employers have tried fresh ideas to stay competitive after rumors that many different sectors, including the service sector, were offering very competitive wages. Moreover, the average housing price in 2007 in BC was $454,945, up 14% from a year earlier, further encouraging BC employers to try innovative ideas to persuade staff to live in BC (Mooy, 2007). These facts have made attracting new employees difficult.

In addition, employers are expected to lower their standards in hiring because fierce wage competition and the expensive cost of living have created a market shortage of qualified staff. Agencies explained how hiring expectations have lowered over the years. In the past, employers looked for staff that had direct educational training to in community social services. As one agency explained, this has now shifted:

"Let's start with expectations, before we looked for staff that had psychology, developmental social work education. Now (we) minimize education requirements, (we're) looking for competencies verses straight education."

Employers have substantially minimized their educational requirements because only a small number of qualified candidates were responding to job advertisements. This trend has directed agencies to become innovative. In particular, one agency has attempted to tap into a new market - newly immigrated Canadians. This specific agency advertised in specialty papers in
order to reach the immigrant population. However, a small number of the immigrants that responded to these advertisements had difficulty communicating in English. In order to cater to this group, this particular agency:

"Changed (our) style of interviews to accommodate English as a second language and customize our presentation of interviews to make sure we can tap that (market)."

In order to obtain the skill and knowledge of new immigrants, some employers have sacrificed the communication qualification required for successful rapport between worker and client. Employers are starting to overlook the English element in order to fill vacancies. Since the majority of clients receiving care are from white families and are born in Canada, communication is an important element in residential care work. It is essential that workers are capable of effectively understanding and speaking to clients who possess very low levels of communication. Miscommunication has the potential to create situations that may have fatal consequences.

To find qualified staff that would prevent potential crisis situations, one advocacy group formed a recruitment committee. The committee, comprised of workers from several departments, met every 6-8 weeks to brainstorm ideas. Their overarching goal was the following:

"To be a leader with ideas...we must try to stay ahead of the game." Some examples of brainstormed ideas were to hire immigrants, to conduct job fairs, to encourage practicum students to work for them and to network with local high schools. Other agencies supported the creation of campaigns to de-stigmatize disabilities. Campaigns were thought to be effective means of reducing misperceptions about disabilities that create potential barriers to recruitment. One agency has even thought of re-branding the sector in order to professionalize its image, as evidenced by the following quote: "The sector can put together a marketing brand... people have a negative aspect of the sector because of lay offs, etc...we can improve image and social marketing brand."
5.1.3 BCGEU Representatives

In total, 3 BCGEU representatives were interviewed for this project. The interviewees admitted there was a rise in residential care worker related injuries. Two factors that augmented work related injuries were the worker-to-client ratio and the lack of professional training. Of the two, the lack of professional training is a more pressing factor because if adequate training were provided, employees would be better equipped to deal with smaller worker to client ratios.

Residential care workers have the highest rate of workplace injury (Alamgir & Cvitkovich & Yu & Yassi, 2005). RCWs are most vulnerable to injury because they receive little training for handling clients. For example, they do not receive training in lifting, transferring, and repositioning clients. Since residential care workers do not receive formal training like nurses, they are more likely to sustain work related injuries while supporting their clients with daily living activities such as assistance with personal hygiene, dressing, eating, and mobility. When asked what she would recommend for change, one BCGEU representative said, “Investment in the cost for training...this (would) result in better working conditions for health care workers.”

Canada is not the only country where direct care workers experience high rates of injury; the United States does as well. The United States has one of the highest direct care worker workplace injury rates of any occupation, outnumbering workers in the construction industry and all private workplaces (Wright, 2005). The concern with work related injury is it aggravates the relative difficulty of attracting new employees.

One BCGEU representative asserted that fewer staff resulted in staff having to multi-task, which in turn, resulted in higher work related injuries. Due to understaffing, often one worker would often be required to look after five clients at any given time, increasing the risk of manual handling. The Community Living Services Collective Agreement does not specify a worker to client ratio, allowing for potential dangerous situations. According to a study conducted by the US government, a 1:3 staff/client ratio is desirable (US Government, 2002).
One union representative said: "The injury rates are skyrocketing." Injury rates are on the rise not only because of the complexity of manual labour but because there are less staff doing more work. "For workers (there is) higher injury rates, (workers are) doing more with less people. The needs of clients are increasingly more complex." Some examples of manual labour, which may result in work-related injury, are providing assistance getting in and out of bed or the shower.

5.1.4 Parents

There were two parents interviewed for this research, and therefore the findings below do not reflect the viewpoint of all parents receiving services for their child. Nevertheless, both parents expressed their satisfaction with the employee(s) chaperoning their child.

One parent said:

"I am fortunate with my child... Our worker has been with us for the last 3 years and has made a commitment with us for the next 3 years."

Another parent agreed that she was fortunate to not experience turnover with the staff that had been with her child for many years. Nevertheless, she did cite difficulty hiring experienced staff to replace the staff that had quit:

"As a parent, hiring a residential care worker for my son is increasingly more difficult... Putting in an advertisement... you get ludicrous answers. It's a huge problem."

Parents experiencing low turnover with their child's residential care worker contradict the statements made during interviews with residential care workers, advocates, agencies and BCGEU representatives. During the interviews RCWs, BCGEU, advocates and agencies complained that:

"We have very high staff turnover. Many reasons for this, one is our community. We do not have experienced pool so that is why we have a high burnout rate. People being hired off the streets, not liking the job and leaving it."

"Nature of work contributes to burnout rate, some people work 24 hour shifts, graveyard and then the next day morning shift."
“My overall impression is it (residential care work) is very difficult work and does not attract long time employees. Work does not pay enough to support.”

There are several explanations for this, the first of these being that clients often live with their parents at home and not in a group home. The group home environment is different from the family home model. The residential care worker in a group home is responsible for multiple residents and does not have one on-one time with the client, whereas in a family home the worker stays focused on one client at a time. The family home environment could mean less stress, less workload, more desirable hours, and limited managerial interference, making it a more desirable work environment. The second explanation is that some workers remain dedicated to their job. Workers have shown not only for their job, but also for the client, and family. This particular employee is more likely to stay in his/her position than a new employee because they have invested with the family. This was evident when one residential care worker said she continued to work in the sector because: “I enjoy helping the people I work with and building relationships.”

Though turnover was low, parents did complain that employee wages were too low. Parents expressed concern that low wages, in the end, might persuade their child’s worker to quit.

“If they (RCWs) do leave, they have good reason too. Salaries are cut so low that now young people do not see it as a job worth going into. Not an important job...when you a start $14 an hour.”

One parent believed that it was:

“Very important they (CCSEA) improve wages and benefits. Make it (RCW) become a career choice ... if they (CCSEA) drive the wages into the basement people cannot survive on the wages. It lowers the qualification and the desire to stay at the job.”

5.2 Common Themes

5.2.1 Recruitment Challenge: Under-qualified Applicants

All groups interviewed identified recruitment as a current challenge facing the community social service sector. One of their main fears was that employees were being hired “off the street” and without the appropriate education or experience to deal with developmental
disabilities. Currently, there is no fixed standard for hiring residential care workers. Agencies do not have an “across the board” standard and as a result there is variance between workers and agencies. For example, one hiring agency may be looking for a candidate who has experience working with people with developmental disabilities and who possesses a relevant educational background, on the other hand another agency may hire someone simply because they were referred by another employee. One agency complained that they have been left with no choice but to hire staff with inadequate qualifications:

“People who 4-5 years ago that would not have been given a chance are now being hired because we are in such need, which then compromises the level of care we are providing. It puts more emphasis on us to train them to a certain standard.”

After the hiring process was complete, this particular agency would place the new hire through a sophisticated training program to bring the new hire up to the agency’s standards. Training was offered through first aid, communications, and non-violent crisis intervention classes. This process was timely and expensive to implement.

One advocate complained that new students graduating from high school, with no experience in this line of work, were applying for the positions. The advocate commented that he had knowledgeable insight in this line of work because of his applicable educational background, but he worried that many people join this sector without knowing what it entails from them:

“A lot of people enter (this field) without knowing what’s going on... My special needs background was essential. People without that knowledge... I can see how it would be challenging... Easy transition for me because I had that (community social service) background.”

This respondent believed certain applicants had no interest in the field, had not attained specialized education or experience, and as a result were not committed to helping the clients. As a solution, he proposed hiring only social service graduates. By hiring social service graduates, only applicants with a keen interest and some appropriate background knowledge would be hired.
5.2.2 Retention Challenge: High Turnover

Below are some examples of common complaints from the respondents about turnover:

- Residential care workers described their job as low paying, tiring, and highly stressful. They stated that these characteristics resulted in high burnout.

  "If you’re working with people with mental illness and disabilities you have to have a lot of patience, long days, don’t get breaks. It’s just tiring."

- RCWs complained of a lack of a work-life balance.

- RCWs did not receive obligatory vacation time or sick days because their group home was too understaffed to accommodate days off:

  "People are working too much so they are burnt out and are not working at full capacity... some people work at least 48 hours a week if not more."

  Interviews showed casual employees and new hires to have the highest turnover relative to part-time and full-time workers. There were several reasons for this: new hires did not feel invested in their job and saw it as a stepping-stone for the “next best thing” and casuals did not receive benefits and flexible hours of work. Since the new hires were not required to have formal training, specialized education or experience, it can be hypothesized that they were less committed to the job. Residential care workers commented that:

  "Most casuals have permanent position elsewhere and only do back up for us."

  "...Casuals get more sporadic work, so they find something (job) else that pays more."

  Some workers left their positions because they did not possess the patience to deal with clients and they did not hold formal experience or training to deal with people who suffered from developmental disabilities. One worker made the following observation:

  "I see the services going downhill, less and less experience, people without proper training."

  The majority of residential care workers interviewed believe new hires see their jobs as resume builders, not requiring any long-term commitment.

  "Jobs are disposable because people go through the interview, orientation and work one day and then they quit."
When a new hire would quit their job, they did not feel any remorse or loss because their next job was more likely to pay more money, provide better benefits and a flexible work schedule. As one advocate commented:

"People who are looking for jobs... there is huge job market to choose from... so they are more chooey."

Moreover, while employees criticized their job, they also remained committed to serving their clients. Primary data illustrated most dedicated employees stayed at their job for the following reasons:

- They enjoy caring for people.
- They feel a sense of accomplishment when they see personal growth in clients.
- They take pleasure in helping others.
- They are invested in their job and are bound by the bond between themselves and the clients.

5.2.3 Wages

The workers’ interviewed blamed low wages to be the barrier to hiring and retaining staff. They believed advertisements in newspapers went unanswered because people were searching for less stressful jobs that paid more. For example, one interviewee claimed:

"A lot of employees in Dawson Creek (are) losing staff...so they are increasing wages for even dishwashers... Why would people first start off at $14 an hour (as RCWs) when you can wash dishes for $15 an hour?"

The starting wage of a residential care worker is $14.93, the starting wage of a Dawson Creek dishwasher is $15 an hour. In this situation, the dishwasher position seems a more attractive alternative since the job is non-stressful. Many sectors, like services, can afford to pay competitive wages because they are in booming economy. However, the RCWs wage is not high enough to compete in a prosperous economy.
As of 2007, the average BC health occupation, a category that includes occupations concerned with providing health care services directly to patients and occupations that provide direct support to professional and technical health care staff wage was $25.11 (Statistics Canada, 2007). The wage discrepancy between community social services and other health related occupations has contributed to employees seeking jobs in other comparable health related occupations that pay on average more.

It can be argued that health occupations (i.e. nurses) possess a higher education than residential care workers and therefore they receive higher pay. However, it is important to note that a significant number of residential care workers have at least some post-secondary education, if not a university degree. One interviewee felt that the wage paid to some current residential care workers did not reflect their educational achievement. He explained:

“When we look at the education report card, over 80% of RCWs have post secondary education. We (RCWs) perform duties like nurses: trained insulin shots, take blood, and feeding techniques. (We) lose a lot of good workers to the (other) health fields.”

As discussed earlier, parity issues arise around the wage differential between Component 3 and Component 4 members. Yet, the key informant interviews raised a larger issue, the disparity between residential care workers and other health related occupations, such as LPNs and RNs. Several interviewees commented that pay and benefit inequities existed because health care workers had a higher profile with professional educational facilities, leaving Component 3 and 4 members feeling compromised and under-represented as a career option. One agency representative said:

“Nurses are getting paid $30 plus an hour with 2 years of education, many of our staff (RCWs) have at least 4 years of education... and get $17 an hour... This is extremely frustrating because... Health is getting most of the dollar and paying their staff better.”

The result of such inequities is workers leaving their positions to work in sectors that pay more.
5.2.4 Client Care

Clients require consistency and dependability in their everyday life. According to Li (2004), clients are best behaved when they can count on their surroundings to be stable. Instability can result in an increase in their medication and unruly behaviour. In Li’s (2004) study, clients complained that if agencies had under qualified employees, who were not trained to deal with persons with disabilities, it would result in their instability. For example, one residential care worker shared his frightening story:

"A client died because the worker was not qualified for this field. He (worker) had his own disability, he was bipolar. He could not sense hot or cold, so he (accidentally) burned a person while giving them a bath."

This worker believed that staff consistency and client care were simple concepts: if agencies were successful in maintaining low turnover, then the clients had good lives. Because of high turnover, clients were acting unruly.

"...when there is a lot change in the house, clients act out and don’t know how to express their feelings...when their (clients) routine is disrupted they act out throughout the day."

Li (2004) found clients felt lost and angry when employees quit. When the employee left, clients felt they had lost a companion. The clients complained that they did not see the point in warming up to a new staff member because once the staff member quit, they (client) would have to start all over with the next staff member. This cycle left clients feeling violated and acting disorderly (Li, 2004). Unfortunately, because client’s communication skills are low, they have difficulty expressing their feelings. When the client’s routine is disrupted, via the replacement of staff, clients tend to express themselves by acting unruly throughout the day. Some clients revealed that if staffing was not sufficient, it would lead clients to commit deeds that would get them into trouble, such as gambling, buying lottery tickets, and fighting (Li, 2004). One worker commented:

"Lack of stability is negative for clients, their needs are very much in consistency, and dependability... they have fewer issues when they can count on their environment and things are stable."
5.3  Case Studies

The Alberta, Nova Scotia, and United States case studies were discussed in detail earlier in this study. Table 3 summarizes the following findings of each study: what workers did not like about their job, the impact recruitment and retention challenges had on client services, and the initiatives suggested to address the recruitment and retention challenges.
## Table 3: Case Study Matrix

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Alberta</th>
<th>Nova Scotia</th>
<th>United States</th>
</tr>
</thead>
</table>
| **Job Complaints/Why staff left their job** | > Salary and compensation  
> Poor job security  
> Too much turnover creates high-risk environment  
> Increased threat of physical violence from client  
> Long hours and heavy workload  
> Working 2 jobs is affecting family life  
> Returning to school to upgrade education for a higher paying job | > Retirement  
> New position with better schedule and higher wage  
> Opportunity elsewhere  
> Returning back to school  
> Heavy workload and long hours  
> Scheduling issues  
> Lack of career advancement  
> Unable to access non-casual position | > Increased pressure to accomplish work  
> Overtime  
> Stress related illness  
> Physically demanding job  
> Schedules and hours  
> Low wages and fewer benefits  
> Difficult work conditions  
> Lack of respect from administrators  
> Unclear job responsibilities |
| **Impact on services.** | > 65.4% of respondents had concerns that standards of care were compromised because of recruitment and retention challenges  
> Recruit, train, and provide orientation to new employees is a full time position  
> Relationships are often difficult to maintain and build when introducing new staff.  
> Staff working at full capacity | The Nova Scotia Health Recruitment & Retention Study did not put forward recruitment and retention’s impact on services. | > Higher direct provider costs (i.e. recruitment, selection, training, overtime)  
> Indirect costs (i.e. reduction in efficiency of new staff, decrease in nurse aid morale)  
> Disrupt continuity of patient care  
> Nursing home residents suffer harm because increased number of patients and decreasing staff |
| **Initiatives to address recruitment and retention.** | Alberta Association of Services for Children and Families’ Recruitment and Retention Survey did not put forward initiatives | > Creative work schedule  
> Workplace integration strategies | > Improve wages and benefits  
> Develop additional training and opportunities for career |
| to address recruitment and retention. | ➢ Employee health and safety  
➢ Employee involvement  
➢ Professional development | advancement  
➢ Additional employee supports, including improved work environment, job skills, social supports |
6: Policy Alternatives

“If you look at the five functions of human resources management (recruitment, selection, supervision, training and development, and wages and benefits), recruitment and retention are sort of the bookends. The front end and the back end. But if you do the middle pieces really well, you don't have an issue. And, in fact, those pieces become your recruitment tools. Those are the tools you have to target your outcome of excellence in recruitment and retention.” (Speigel, 2006).

The quote above describes an informant’s perception of the five functions of successful human resources management: recruitment, selection, supervision, training and development and wages and benefits. However, recruitment and retention are challenges that cannot be solved from the five functions mentioned above because public and private industries cannot control the changing demographic trends facing industrialized nations. These challenges, however, can be achieved through a collaborative effort of key stakeholders. These five functions of successful human resources management can play an influential role in the development of policy alternatives that minimize the impact of turnover and increase labour force participation.

This section examines a number of policy alternatives that can be used to improve the recruitment and retention challenges facing residential care workers in BC. Interviews with key informants revealed the following: RCWs were dissatisfied with wages, casual employees had the highest rate of turnover, there were overwhelming numbers of under qualified employees, and client care was often compromised and parents are experiencing low turnover. Some key informant interviews revealed that joint collaboration between stakeholders is necessary to solve
recruitment and retention issues. Therefore, the policy options are a reflection of these key observations and findings. Each of the policy alternatives may be seen as both increasing the labour force participation of residential care workers and decreasing the turnover rate. These objectives are interrelated because they describe the long-term economic performance of an occupation. In order for the policy alternatives to be implemented, they require an additional increase in CLBC’s annual budget. Through a one-time monetary increase to the budget, CLBC can invest in sound policies that will reduce costs across agencies and improve workplace efficiency in the long-run.

6.1 Policy Alternative I – Collective Agreement

Goal: To improve wages, hours, and casual staff benefits.

Residential care workers, advocates, agencies, BCGEU representatives and parents interviewed agree that wages need to increase to be in line with Component 4 workers. A wage increase would increase Component 3 labour force participation because workers would receive a wage that reflects the demanding duties of their job. It is important that the BC government realize that wages act as a barrier so they need to ensure that the community social service sector does not remain a low-wage ghetto. With a higher degree of parity between sectors, employees will be able to choose positions based on the areas they ‘want’ to work in as opposed to the ones that pay more, contributing to a higher rate of job satisfaction. Wage parity will establish a more integrated health care system by equalizing the employment standards between the community social service and health care sector. The starting wage of a Component 3 residential care worker in 2007 was $14.93 per hour, but residential care workers interviewed had an average wage of $18.63 per hour. This can be explained by the fact that 70% of interviewees had been in their position for more than 7 years, raising the average. The starting wage of a Component 4 residential care member in 2007 was $17.68, in order for Component 3 to remain competitive, in
today's dollar terms, their wage must increase by 18% with a 2% wage increase to account for inflation per year thereafter.

However, while wage differentials may influence recruitment and retention, wage increases are not the only solution for resolving the workforce shortages. Work conditions are just as important for recruiting and retaining personnel (Alamgir, 2007). One of the central arguments of this literature is that wage increases taken alone may not substantially affect an agencies' outcomes, though combining them with other benefits will likely yield substantial gains in terms of greater productivity and reduced labour turnover (Morissette & Miguel, 2003).

Workers not only complained about wages, but also complained about the following job characteristics: long hours, heavy case loads, lack of respect, and potential dangers to their own health and safety from their workplace (ASPE, 2003). To address these concerns, informants believed that wages, health and dental benefits for casual staff and a flexible work schedule could potentially attract more candidates into this line of work. These benefits act as a motivation for new hires to stay in their positions because they address the workers financial needs and improve workplace safety and respect. It is recommended that BCGEU negotiate an enhanced collective agreement in 2010 bargaining. A new contract would make amendments to the wage grid, include health and dental benefits for casual staff, and provide a flexible work schedule for full-time, part-time, and casual staff.

Ontario is one example of a provincial government's positive initiative to increase wages for community social services. In 2007, Ontario’s budget provided a multi-year agency base budget, and wage and salary increases in the developmental social services sector (Despatie & Letherby, 2007). Agencies got $22.2 million for base funding, which will increase by 2% annually for 4 years. In addition, agencies got $20 million for targeted wage gap funding to address the lowest paid employees in the sector (Despatie & Letherby, 2007). The base and wage gap funding will continue to grow to $181 million in 2010/11 (Despatie & Letherby, 2007). By boosting funding for the developmental services sector agencies will have the opportunity to plan...
for the long-term, people with developmental disabilities and their families will be assured that the support they need will be available to them and social services workers will get paid a higher wage.

In addition to full-time and part-time workers receiving more benefits, this option should be extended to include casual staff. The Community Living Services Collective Agreement defines casual employees as employed on an "on call" basis to cover absences of a regular employee or augment staff during peak periods where regular employees have not requested topped up hours. The collective agreement has limited the following benefits for casual status: layoff and recall, flextime, holidays, annual vacations, sick leave, special and other leaves, technological change, health and welfare benefits and registered retirement savings. Interviews and data show casual employees had the highest turnover compared to full and part-time staff. Casual staff was inclined to leave their positions for flexible work schedules, regular full-time work, and to secure health and welfare benefits (CCSEA, 2007). The lack of access to benefits, particularly health insurance, was identified as a barrier to effective recruitment and retention (Stone, 2004). One method of maintaining casual staff is to provide them with health and dental benefits. It is recommended that the 2010 collective agreement provide casual employees the same medical and dental benefits given to regular employees.

In addition to medical and health benefits, a flexible work schedule would yield positive results. Flexible work schedules allow employees to create a personalized schedule to balance work with other activities and responsibilities (Speigel, 2006). Many RCWs interviewed were unhappy with shift work. For example, if one employee was working a 3 pm-11 pm shift they were not allowed to switch their shift with an employee working the 7 am-3 pm shift, even if both employees agreed to the change. Management had the only say in whether a switch was acceptable. In many cases, management would hesitate to agree upon a shift change because it would require them to do more paperwork. One worker complained that as long as the shift change was mutually agreed upon by both employees, and did not disrupt the daily routine of the
household, the switch should be permissible. Employees expressed concern that by not amending the work schedule, management was illustrating their power. As a result, the 2010 collective agreement should include a clause that allows mutually agreed upon shift switches, as long as they do not interfere with the daily routine of the household and do not carry a higher cost to the employer.

6.2 Policy Alternative II – Professional Development

Goal: To improve the training and development of staff.

Professional development refers to the skills required for maintaining a specific career path or to general skills offered through continuing education (Institute of Physics, 2008). Working in a position where career advancement is bleak can leave a worker feeling trapped. Consequently, it is crucial that career advancement be encouraged by agencies. On-the-job training is important if workers are expected to retain high levels of skill. Residential care workers require adequate training to effectively provide care to residents with developmental disabilities and agencies are recommended to develop a career structure and succession plan that would assist in providing clear career opportunities for all stages of their working life (ASPE, 2003). For this policy alternative I will be promoting the following components of professional development: “soft skill” training, English-as-a-Second-Language (ESL) training, career advancement and management training.

Career development is essential in retaining staff because it provides staff cause to remain committed to the agency. Through professional development, staff can achieve the skills and experience that will enhance their ability to work independently with patients and be remotely supervised in home settings. At the agencies’ expense, with support from the Ministry of Advanced Education, employees should be provided with ongoing training at local community colleges. Classes should promote “soft skill” elements to cover decision-making, problem solving, communication, and teamwork (ASPE, 2003). Other classes could refresh workers with
how to dispense medication, handle stress, violence, and prevent work place injury. Classes, when necessary, should be deemed mandatory.

In addition to “soft skill” training, many employers have branched out to actively hire new immigrants. New immigrants are hired on their educational background and experience. However, in some cases there is a language barrier that hinders the communication between staff and client. In order to qualify immigrants as potential staff, agencies are recommended to provide English-as-a-Second Language training. By expanding ESL training to new immigrants, agencies can increase their effectiveness. Hiring managers can determine the worker’s need for class eligibility through English skill testing. When it is deemed necessary, management should make English class attendance mandatory.

Another avenue for professional development is lifelong learning. Residential care agencies should encourage residential care workers to participate in lifelong learning by helping them prepare to become residential care aid supervisors, licences practitioner nurse’s, registered nurses and other health related occupations. Management should encourage the development of their employees by providing them the opportunity to take classes or programs. According to Article 25 “Career Development” of the Community Living Services Collective Agreement, agencies will bear full cost, no cost or partial costs of tuition for employees wishing to enrol courses for career development and if the employees choose to leave within the 6 months of taking the class the employee must reimburse the employer for all costs incurred by them. This clause should be amended to read that “all classes determined related to career development in a health related field should be paid in full by the employer, and if the employee chooses to leave within 18 months of taking the class, the employee must reimburse the employer for all costs incurred by them.” The duration of stay has been extended from 6 to 18 months to prevent employees from abusing the system. This amendment will allow the employer to utilize their employees for a longer period of time. The BC government could assist employers with the costs
associated with continuing education. The government can provide funding for the creation of new training classes, more health related seats, loan reduction, and tuition costs.

The Ministry of Advanced Education and CLBC could also be encouraged to produce more seats for specialized education programs for residential care workers and to increase its annual budget to reflect this. In 2007, BC invested almost $9 million in residential care training for new student spaces, loan reduction, and enhanced training for residential care aides and home support workers at BC public post-secondary institutions (Ministry of Advanced Education, 2007). In 2007, they invested $1.68 million in 213 new student spaces, which were split among eight post-secondary institutions (Ministry of Advanced Education, 2007). The remaining $6.8 million went to loan reductions for a 2-year pilot project. Some stakeholders may argue that this particular one-time funding is sufficient to see improvements in this sector, but they fail to see that there are other important costs and factors to be considered, for example the cost of operating a group home is on the rise (due to the increase in the cost of living in BC) and more clients are requiring residential care services. These factors explain that costs are on the rise and more funding is required than this one-time window of opportunity. This is a relatively small step and the BC government must continue to increase funds yearly to render positive long-term results.

Post-secondary institutions can assist in reducing turnover by accepting students who meet a certain criteria for standards. For example, Kwantlen University College has set admission requirements to include the following:

- Two supportive employment references or letters of recommendation from persons in a responsible position (excluding family)
- A criminal record search completed within three months prior to enrolling in the program
- Immunizations consistent with the requirements of clinical agencies
- Food Safe Level I course
- In addition, a valid First-Aid Certificate and CPR level C*

Furthermore, students at Kwantlen University College are required to demonstrate the ability to perform a variety of cognitive, emotional, and psychomotor skills safely and
knowledgeably. These standards for enrollment make the screening process for agencies much easier by eliminating those students who do not possess these attributes.

In addition, the screening process for qualified applicants can be made simpler by providing management with the training to recognize a skilled applicant. Management training would accomplish the following: identifying what attitudes and values recruits should hold, and what behaviours indicate these values and beliefs (Li, 2004). Holding managers accountable for retention has been found to be a successful retention strategy (Murphy, 2000).

6.3 Policy Alternative III – Central Hiring Agency

Goal: To improve the hiring selection process.

Taking into consideration interviewees’ concerns over under qualified staff being hired, policy alternative III proposes the development of a central hiring agency. A central hiring agency would be in charge of coordinating all agency hires. Since human resources are an essential tool for the successful recruitment of qualified employees, this option would be encouraging only the recruitment of employees with educational background and experience working with adults with developmental disabilities. It is recommended that a central agency, acting as a contractor, screen all applicants and identify those competent for the job. This would require a joint effort on behalf of the following stakeholders: CLBC, the BC government, CCSEA and agencies. When an agency is looking to fill a vacancy they would notify the central hiring agency that would in turn post the position on their website and accept applicants. After a screening process, competent applications would be forwarded to the individual agencies. The agency would then continue with the interview process and decide which applicants were eligible for the position. This process would screen out non-qualified staff. Qualified applicants who do not get a particular position can be placed back into the original pool to be considered for future vacancies.
6.4 Policy Alternative IV – Anti-Stigma Media Campaign

Goal: To increase awareness in this sector.

The trouble with health care related occupations are they are viewed as bona fide “babysitters’ who clean, feed, wipe and wash people. It is important, through a collaborative effort, to de-stigmatize adults with developmental disabilities while professionalizing the role of residential care workers. This can be accomplished through an anti-stigma marketing campaign. The campaign would focus on promoting RCWs as a life long career. However, before this is achieved it is important to eliminate the stigma associated with developmental disabilities.

Stigma is not just a matter of using the wrong word or action; it is about disrespect. Stigma is the use of negative labels to identify a person living with developmental disabilities. Negative labels in turn create barriers of discrimination (US Department of Health and Human Services, n.d.). Not only does stigma discourage individuals and their families from getting the help they need but it also discourages potential employees from applying for positions in this sector. A negative connotation associated with developmental disabilities can prevent students/adults from entering a line of work requiring frequent contact with adults with developmental disabilities.

CLBC has made an effort through media campaigns to generate awareness that people with developmental disabilities should be respected and have access to equal opportunities in society. In addition, more active media coverage on the reality of developmental disabilities, as opposed to the sensationalism and stigmatism of it, would be beneficial (Kirby, 2006). Only by changing the public perception, removing the social stigma and understanding more about developmental disabilities can society make an effort to improve the care provided to adults with developmental disabilities (Kirby, 2006). The media is one outlet for achieving this.

Without doubt, the media is an effective channel for distributing information about community social services jobs, in particular jobs helping adults with developmental disabilities. Through media campaigns (TV, radio, newspapers) the public can be introduced to adults with
developmental disabilities. The goal would be four-fold: the first goal is to reduce stereotypes associated with adults with developmental disabilities, the second is to increase interest in this field, the third is to create awareness of possible career choices, and the fourth is to attract more males into the predominately-female occupied profession to challenge the stereotype that this is a women’s job. Mass media campaigns are often utilized because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in preventing stigma (Cohen & Wu & Farley, 2005).

In addition, it is important to create a formal media-marketing plan that has clear objectives, targets specific groups, and strategize to combat stigma and promote residential care workers as a profession. It is recommended that media marketing be conducted at a provincial and local, community level and be a joint venture between unions, CLBC, CCSEA, agencies, advocates and the BC government. Joint ventures are encouraged to reduce multiple costs. Figure 1 suggests some anti-stigma strategies that could be undertaken by stakeholders.
Anti-Stigma Media Marketing Plan

**Objective:** To reduce stigma, through media outlets, associated with developmental disabilities, and increase the awareness that residential care work is a career path for both men and women.

**Targets:** Media should reach new graduates (high school or post secondary), the male population, new retirees, and new immigrants with related work experience.

**Strategies for De-Stigmatization:**

1) Set up kiosks at career fairs in high schools, community colleges and community events (i.e. Vancouver Sun Run, 2010 Olympic Games) across communities and the province. Kiosks should have male and female workers present to share their positive experiences working with adults with developmental disabilities. The male workers would be used to challenge the stereotype that this is a women’s job.

2) Air mainstream and targeted television, radio, and newspaper advertisements. Advertisements must have both male and female actors. Advertise anti-stigma posters, pins, brochures at post secondary schools and on public transit.

3) Launch a central website that promotes residential care work.

4) Identify and tap into new workers among older workers, workers laid off by other industries, male workers, and immigrants through niche newspapers, senior centres, and employment offices.

### 6.5 Collaborative Effort

Interview responses suggest that the community social service sector needs an overall allied, collaborative framework to support recruitment and retention. The policy alternatives are not mutually exclusive and could be implemented in conjunction with one another to achieve optimum results. Figure 2 displays examples of key stakeholders that can work jointly to achieve
the desired outcome of increasing labour force participation, decreasing turnover while maintaining quality care for clients. The following collaborative efforts are recommended for each alternative:

- Policy Alternative I requires a joint effort by the union, CCSEA, agencies and the BC government.
- Policy Alternative II requires a joint effort by the BC government (Ministry of Advanced Education), unions, post-secondary institutions, and agencies.
- Policy Alternative III requires a joint effort by CLBC, BC government, CCSEA, and agencies.
- Policy Alternative IV requires a joint effort by unions, CLBC, CCSEA, agencies, advocates and the BC government.

*Figure 2: Collaborative Efforts*
7: Criteria and Measurements

The following five criteria comprise the basis for this analysis:

1. Budgetary Cost
2. Effectiveness
3. Stakeholder Feasibility
4. Equity
5. Administrative Feasibility

7.1 Budgetary Cost

Budgetary cost is critical when considering a public policy option. This criterion helps to determine the impacts of each option on the BC government, CLBC, CCSEA and agencies. The budgetary cost criterion examines the direct cost of each alternative, while also assessing the feasibility in light of budget constraints. Each alternative is assessed for cost effectiveness, both in terms of implementation and administration. Budgetary cost is weighted more heavily than equity, stakeholder feasibility and administrative feasibility, because it will be important in the evaluation process to justify any costly alternative to the public since it is their tax revenue dollars that fund CLBC. Direct costs are derived from key stakeholder observations and similar policy models adopted in comparable jurisdictions and relative to the status quo.

7.2 Effectiveness

In this paper, effectiveness carries more weight than equity, stakeholder feasibility and administrative feasibility because it is the measure of the ability of an alternative to achieve its policy objective. To be considered effective, the policy option is ranked highly if it is effective in increasing the labour force participation rate of residential care workers and decreasing the turnover rate without threatening the well-being of clients receiving care. It is not considered effective if it worsens the residential care worker position and that of adults with developmental
disabilities. This criterion is assessed by remarks made by key stakeholders and by statistics of comparable jurisdictions to see whether their participation rate has increased or decreased after implementing the policy option and whether their turnover rate has increased or decreased.

7.3 Stakeholder Feasibility

Stakeholder feasibility examines the practical aspects of implementing each alternative. Stakeholders are individuals who possess a direct interest in the services being provided. This criterion addresses the extent to which each policy will receive support from key stakeholders. It measures the impact of each alternative on the following stakeholders: BC government, CLBC, BCGEU, CCSEA, hiring agencies, residential care workers, and the families of clients. This criterion is measured by key stakeholder assessment and by looking at past precedents in comparable jurisdictions to examine the level of difficulty experienced in implementing the policy option.

7.4 Equity

Equity is a fundamental criterion given the vulnerable nature of the workers and the clients they serve. This criterion assesses the fairness distribution between union members and all other residential care workers and clients. For this study, union members will be Component 3 members, all other residential care workers will be non-union members, and clients will be adults with developmental disabilities living in a CLBC group home. It is important that the policy option does not favour one group over another, therefore, in order to be considered equitable, the proposed alternative must be equally effective to both union and non-union workers and clients receiving care. This can be explained by examining whether residential care workers and clients are benefiting or not from each alternative. This criterion is assessed through interviews with key stakeholders.
7.5 Administrative Feasibility

Administrative feasibility measures how complex the policy option is to implement. To be considered administratively feasible the policy option is ranked highly if it can be implemented within the existing administrative framework and the policy option is ranked lowly if the policy requires the development of new administrative systems or tools. This criterion is measured by comments made by key stakeholder interviews and by looking at comparable jurisdictions to assess their level of difficulty trying to implement the policy option.

Table 4 summarizes the 5 criteria and the measures used to assess each alternative. A ranking system of 1 through 5 has been utilized and my policy alternatives are evaluated on how well they meet the criteria: 1 meaning least feasible, 3 meaning moderately feasible, and 5 meaning most feasible; scorings of 2 and 4 are used for intermediate ratings. The measurements are based on a range of sources: key informant interviews with residential care workers, BCGEU representatives, family members, advocates, agencies, and case studies. By assigning point values to each measure, I am able to compare the options in a systematic way.
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Definition</th>
<th>Measurement</th>
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| **Budgetary Cost**     | What is the cost in dollars to implement the policy?                                                                                                                                                      | 1 - Policy option requires additional funding from the province (excluding the budget) to implement.  
3 – CLBC’s current budget can afford to implement policy.  
5 - Policy option is cheaper to implement then the status quo, i.e. CLBC has surplus.                                                  |
| **Effectiveness**      | Will the policy increase labour force participation rates (LFPR) for residential care workers? Will the policy decrease turnover rates for residential care workers?                                                 | 1 - Policy option will decrease LFPR and increase turnover rates.  
3 Policy option increases LFPR, but does not influence turnover and vice versa.  
5 - Policy option will simultaneously increase LFPR and decrease turnover rates.                                                        |
| **Stakeholder Feasibility** | How acceptable is the policy to the BC government, CLBC, BCGEU, CCSEA, agencies, RCWs and families of clients?                                                                                             | 1 - All stakeholders reject policy option.  
3 - Majority of stakeholders (4 of 7) accept the policy option.  
5 – All stakeholders accept policy option.                                                                                               |
| **Equity**             | To what extent does the policy eliminate disparities between union members and all other RCWs? And improve client care?                                                                               | 1 - The policy option places union, all other RCWs and clients at a disadvantage.  
3 The policy may place the union members, all other RCWs or clients at a small disadvantage while working to improve the other.  
5 - The policy option benefits union, all other RCWs and clients.                                                                           |
| **Administrative Ease** | How complex is the policy to implement?                                                                                                                                                                   | 1 –The policy requires the development of new administrative systems or tools.  
3 - The policy requires a small amount of administrative changes.  
5 The policy can be implemented within the existing administrative framework.                                                                  |
8: Assessment of Policy Alternatives

This section provides the assessment of the proposed policy alternatives. Criteria outlined in the previous section are used to evaluate the options under consideration. A matrix is applied to evaluate each option against the others. Evaluation of each option is done with information complied from key stakeholder interviews, statistical data and case study literature.

8.1 Consultation with Key Stakeholders

Four key stakeholders were interviewed for the assessment process. The stakeholders selected were: (1) Brian Salisbury, CLBC Director of Strategic Planning (2) Chris Mullen, BCGEU Component 3 Bargaining Member (3) Marc Lawrence, Human Resources Coordinator for a community living association and (4) Tara, a residential care worker. Theses key informants represent a variety of stakeholder groups, including the crown agency responsible for community social service operations, union interests, a hiring agency and a residential care worker. Comments made by stakeholders are written in italics.
### 8.2 Policy Alternative Evaluation

#### 8.2.1 Evaluation of Alternative I: Collective Agreement

**Table 5. Collective Agreement Assessment**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budgetary Cost</strong></td>
<td>The 18%-20% increase required to match Component 4 wages to Component 3 members would cost the BC government $5720 per year for an entry-level full time worker. It would cost $3681 per year for a maximum entry-level full time worker. Health and dental benefits would also be an expensive increase to the annual budget. The average monthly cost of dental and health benefits, by Sun Life Financial for an employee aged 30-44, is $86.02 per month or $1032.24 per annum. Total costs equal $6752.24 extra per annum for an entry-level full time employee. For a maximum entry-level full time employee the total cost is $4713.24. Statistics are only available for the number of full time community social service workers, therefore the monetary cost to implement this option is a reflection of 5076 full time workers. The total cost of providing 5076, full time entry-level employees with a wage increase, and dental and medical benefits is approximately $24,274,370.24, making this option expensive to implement.</td>
<td>1</td>
</tr>
</tbody>
</table>
| **Stakeholder Comments** | Chris Mullen: *This option is looking at big costs. Increasing the wages of residential workers to reach parity would be very expensive to implement.*  
Marc Lawrence: *CLEC is realistically cutting back in many places, though the BC government has a surplus.*  
Tara: *This option is economically possible since contracts have high costs and still operate, so wages could also be higher. The fact that my agency could afford to increase the starting wage to a Step 2 tells me they can afford to increase wages.* |       |
| **Effectiveness**  | Using logistic regression analysis over a 52-month period, a San Francisco study found that the annual retention rate of home care providers increased from 39% to 74% following significant wage and benefit increases (Howes, 2005). Also, the author found that a $1 increase in the wage rate would increase retention by 17 percentage points. The author showed that by adding health insurance, retention rates increased by 21 percentage points (Howes, 2005).  
This case study hypothesizes that a wage increase, and health and   | 5     |
Dental benefits will reduce turnover. Key stakeholders believe there is a positive correlation between the increase in wages, benefits, and flexibility in hours to low turnover.

**Stakeholder Comments**

Chris Mullen: *There needs to be incentives to retain staff. The current collective agreement includes a pension plan, which will be in effect in 2010, so we will not know if it reduces turnover rates until then. We can hypothesize that the pension plan will have a positive effect on retention.*

Marc Lawrence: *The effectiveness of a wage increase would depend on the size of the wage increase. If it were substantial, for example 10-15% increase, then it would have a good impact on retention and recruitment.*

Tara: *In terms of wages, this option would entice more people to work in this field. In terms of casual benefits, this option would entice them to stay.*

Brian Salisbury: *Increasing wages would provide a greater opportunity to attract staff that is more qualified. However, what point (wage) do you have to reach to get more people in? There is so much competition in this economy, so more money is not a bad idea, I am just not very optimistic.*

**Stakeholder Feasibility**

- The BC Government is most likely to reject this policy option because it would require a substantial budgetary increase for CLBC. Government has asked certain ministries in the past to reduce their costs by 35%, so it most likely not supportive of such increases.
- CLBC is likely to accept this policy option because they are committed to provide workers and families with more support via flexible hours, etc.
- BCGEU would accept this option because their goal is to negotiate for the best interest of the workers.
- CCSEA is aware of the wage disparity among Component 3 and Component 4 workers and are thus likely to accept this option if funding was available.
- Agencies would accept this option if their budget increased because it makes their employees better off and more likely to stay committed.
- RCWs would be in strong favour of a wage increase.
- Families are likely to agree to a wage increase as long as services to clients were not jeopardized. Parents in the United Kingdom legislated to have the right to request flexible working arrangements for their staff (Speigel, 2006).

**Stakeholder Comments**

Chris Mullen: *Nobody would not support this option.*

Marc Lawrence: *Yes, this option is feasible if done at a collective*
<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tara</td>
<td>My agency would support this option because in the past they have asked BCGEU if they could increase the starting wage to start at a Step 2. Managers will agree to flexible hours if it does not infringe on seniority or disrupt the house schedule.</td>
</tr>
<tr>
<td>Brian Salisbury</td>
<td>CLBC would likely be supportive an increase in wages, but they do not control wages, CCSEA does. CLBC may support an improvement with the collective agreement because if you have happier staff and more consistent staff who stay for a longer period of time, you will increase the quality of staff.</td>
</tr>
</tbody>
</table>

| Equity      | This policy option places union members at an advantage over all other workers since all other workers cannot negotiate higher wages. However, union members are not-for profit agencies and subsequently receive lower pay than non-union members that are for-profit. A budget increase for community social services would increase both union and all other RCWs wages, making both better off. This policy has the potential to place clients at a disadvantage because if the BC government increases funding, the extra funding might be entirely invested in wages increases and not into client care. |
| Stakeholder | Brian Salisbury: I think that most employees who work for non-profit societies are unionized. Many private agencies are not unionized. Non-unions have, I think, on average about a 10% wage gap with unions. But I believe it would make sense for the government to give both union and non-union a budgetary increase. |

| Administrative Feasibility | This policy option can be implemented within the existing administrative framework. A collective agreement does exist and requires successful bargaining to succeed. This policy would only require text to be changed for the next round of negotiations in 2010. |
| Stakeholder | Chris Mullen: This option is not administratively complicated. An increase in wages would only require adjusting the salary band. Brian Salisbury: This option is more of a technical change in the collective agreement rather than an administrative change. |
### Evaluation of Alternative II: Professional Development

#### Table 6. Professional Development Assessment

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budgetary Cost</strong></td>
<td>This policy option is moderately expensive to implement. In 2007, the Ministry of Advanced Education provided one time funding of approximately $9 million. This money was invested in residential care training for new student spaces, loan reduction, and enhanced training for residential care aides and home support workers at B.C. public post-secondary institutions.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Stakeholder Comments</strong></td>
<td>Chris: The cost of programs/courses for a future career would be high. The cost for training classes would be expensive because when you provide them training you have to replace the worker. That means you are paying 2 people on the same day to do the same job. However the benefit to the client from an experienced staff member overwhelms the cost that agency would endure. Marc Lawrence: Would like to have an increased training budget. Tara: I do not feel this option is very feasible because of budgetary concerns. There is a certain amount of money for staff wage, groceries, activities etc, that there leaves little room for training classes. Brian Salisbury: This policy option is not currently feasible because there are many people waiting to get services and the issue is there is not sufficient overall budget to enable agencies to provide additional studies for their employees.</td>
<td></td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>Case studies have shown there is a positive relationship between career development and the retention of staff. The general assumption is that there exists a set of “high performance” work practices which, under certain conditions, will improve employees’ well-being and lead them to be more productive, thereby causing both an increase in labour productivity and a reduction in labour turnover (Morissette &amp; Miguel, 2003). Professional development is likely to increase labour force participation rates because employees are receptive to careers that encourage career development.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Stakeholder Comments</strong></td>
<td>Chris Mullen: This option would decrease retention because it is important to maintain the workers’ pride. They take a great deal of pride in their work and serving their clients. This option would greater professionalize the sector. Even McDonald’s restaurants have better training program for their staff. Marc Lawrence: Career development is a big retention tool if you are willing to invest in them. We provide employees with loans, it</td>
<td></td>
</tr>
</tbody>
</table>
makes them feel valued by the organization. It increases their intentions for the sector.

Tara: I do not feel this option will slow down turnover but it can act as an incentive for new hires to better their education through the job. This option will not keep people from pursuing their career goals elsewhere. For example if an employee trains to be a LPNs, they are most likely to add to turnover by leaving.

Brian Salisbury: Providing people the opportunity to learn and grow is always a good incentive to support recruitment and retention.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>This policy option is likely to be acceptable by the majority of stakeholders because they recognize the importance of career growth. However, there may be concern over funding being directed solely to career advancement and not for client services.</td>
<td></td>
</tr>
</tbody>
</table>

- The BC government may not support this option because they might believe that the $9 million investment into education and loans for residential care workers was enough.
- CLBC is likely to support career growth if the province funds both education and services for clients.
- BCGEU is likely to support career development because they negotiate in the best interests of members.
- CCSEA is likely to support this policy option because in a survey conducted by them, over 61% of their respondents wanted the sector to concentrate key strategic efforts on educational programs.
- Agencies are likely to accept this policy option because it would further enhance the abilities of their staff.
- RCWs workers would support this policy option because it allows for career growth.
- Families are likely to support this option because they want competent workers looking after their family members.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Mullen: I believe CCSEA, CLBC have greater cooperation and communication to push this agenda forward. They will support what they feel is best for their clients. I do not see the province supporting it for financial reasons. They cut 20-25% of budget from certain ministries so I do not seem them putting additional money back into this sectors. I believe there will be resistance by hiring agencies to support programs/courses for other career avenues out of fear employees would leave to pursue those careers.</td>
<td></td>
</tr>
<tr>
<td>Mike Lawrence: I believe my agency would support career development.</td>
<td></td>
</tr>
<tr>
<td>Tara: Management will not support this option because they will not put out so much money and get nothing in return by educating</td>
<td></td>
</tr>
</tbody>
</table>
staff. Management will fear that staff will leave after the training for outside jobs. The only way they might accept this option is if they make employees sign a contract binding them to work \( X \) number of years after receiving funding to pursue other career options. Sometimes management does not allow employees to attend one day of training unless it is required for certification.

Brian Salisbury: It depends on what the government is prepared to pay for. Staff has probably received less training in the past decade than they did in the previous decade. It is a good idea, but the government, in the face of many competing public demands for scarce resources, will struggle to decide if money should go toward services for people or workers.

**Equity**

This policy option can apply to union members and all other RCWs. The government’s increase in seats reserved for residential care aid classes and loan reductions are open to all students in BC. This option will benefit clients because if staff is competent the clients receive quality care and assistance.

<table>
<thead>
<tr>
<th>Administrative Feasibility</th>
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<tbody>
<tr>
<td>This policy option has an existing administrative framework in BC post secondary institutes. Institutes such as Kwantlen University College and Douglas College offer programs for students wanting to become residential care workers. Work related injury prevention material, presentations, and classes are available through WorkSafe BC. Agencies can contact a WorkSafe BC speaker to come to the work place and teach employees about work place safety. For management training, private institutes, for example the Supervisisory and Management Training Institute, offer training workshops for successful interpersonal interactions with staff.</td>
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</table>

### 8.2.3 Evaluation of Alternative III: Central Hiring Agency

Table 7. Central Hiring Agency Assessment

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budgetary Cost</strong></td>
<td>This policy option will be moderately expensive to implement. Financial costs include infrastructure, technology, and website design and the collaboration of 299 member and associate agencies and staff. If this were to be a joint venture, costs would be cheaper because they could be divided among all agencies.</td>
<td></td>
</tr>
<tr>
<td><strong>Stakeholder Comments</strong></td>
<td>Chris Mullen: This option is an additional cost to the already existing human resource departments per agency. The real attraction is the savings in the long run over retention costs. The Healthcare Labour Adjustment Agency was a familiar idea but had</td>
<td>3</td>
</tr>
</tbody>
</table>
Marc Lawrence: *We do not have money for this policy option.*

Brian Salisbury: *I do not think this policy option would be affordable. The government will not spend money on developing another bureaucratic structure. I question its benefits.*

### Effectiveness

The Public Service Commission of Canada is a non-partisanship hiring centre for federal jobs. Policy option III was based on this system. All federal departments post job vacancies on the central website, applicants are then screened and interviewed by each department human resource. According to the Public Service Commission of Canada in 2007, they received more than 1 million applications in response to almost 5,700 advertisements. Staffing activity increased by 11%, involving more than 110,000 staffing actions (Public Service Commission, 2007). The Commission has successful increased matching vacancies to labour force participation.

This option is likely to increase LFPR and is hypothesized to reduce turnover because qualified staff usually suggests experienced staff that possess traits that show commitment to the job.

Chris Mullen: *Do not know how effective this option would be in terms of recruitment. There are about 240 human resource departments, this option would duplicate resources already into play.*

Tara: *Providing management with human resources training would eliminate biased hiring. It would reduce management’s personal opinions getting in the way of being objective. Many managers do not have management skills and do not know how to hire qualified staff.*

### Stakeholder Comments

- **CLBC** will not accept this policy option for financial and administrative reasons.
- **BCGEU** is likely to be indifferent to the option. This option will not cost them a penny and does not directly influence the members they represent.
- **CCSEA** is most likely not to be in favour of an expensive bureaucratic structure.
- Agencies are likely to reject this option because it interferes with their autonomy in hiring.
- **Existing RCWs** are likely to accept this option because it would mean they would be working with staff that is capable of performing their duties which makes their work easier.
- Financially families might be hesitant to see funds diverted to a bureaucratic structure. They would rather see the money put towards services for their family member(s).
Chris Mullen: Agencies would not agree because they would lose their sense of autonomy if they gave their hiring duties to a central agency.

Tara: Agencies would accept this option because they spend so much money on recruitment. They would believe that having a centralized pool would make access to qualified staff easier.

Agencies would accept this option as an additional backup source for hires, still allowing agencies the freedom to use other avenues to hire if necessary.

The hiring agency would be open to job vacancies from both bargaining and non bargaining agencies. Therefore, avoiding disparity between the 2 entities. Clients would benefit from this policy option because it would identify the most qualified staff, preventing incompetent workers from being hired.

This policy option requires the development of a new administrative system and tools such as a human resources department, infrastructure, and a collaborative website program.

Chris Mullen: This option is doable since a similar agency, Healthcare Labour Adjustment Agency, operated successfully.

8.2.4 Evaluation of Alternative IV: Anti-Stigma Media Campaign

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Budgetary Cost</td>
<td>This policy option will be expensive to implement if orchestrated independently. A joint venture by CLBC, CCSEA, BCGEU, and agencies is strongly recommended to cut costs. Agencies in nearby jurisdictions are recommended to advertise jointly at a local community level to cut costs. Media advertisements are costly, as they can range from $200,000 for a prime-time 30 second commercial to $90 for a radio clip (IESBDC, n.d.)</td>
<td>4</td>
</tr>
<tr>
<td>Stakeholder Comments</td>
<td>Chris Mullen: TV commercials, print ads, and radio are expensive from the union point of view, however costs can be shared. Marc Lawrence: My agency spends $4000-5000 per year on print and internet advertisement. Brian Salisbury: In order for this option to be affordable there needs to be group effort and partnerships with community college.</td>
<td></td>
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</tbody>
</table>
Marketing is a key tool used to increase awareness among citizens. Citizens will encounter one or more forms of advertisements throughout their day. By launching a marketing campaign, this sector has a higher chance of increasing the labour force participation rates. According to a Rural Center for AIDS/STD Prevention existing evidence suggests that HIV/AIDS prevention media campaigns have increased knowledge and raised awareness of HIV/AIDS. Since the impacts have tended to be small-to-moderate in size and short-term in nature, there needs to be a continuing campaign presence. It is unknown if this option will directly reduce turnover.

Marc Lawrence: *Agency conducts the following forms of advertising: internet (Workopolis), print media, internal recruitment strategy, monetary reward program, relationships with local university/colleges, try to get first year nursing programs students to train at group homes. Best form of recruitment for our agency is university/college students working at the group home.*

Tara: *Targeting high school kids through presentations and career fairs is effective to reduce stigma. One high school had implemented a peer tutor program to help teenagers with disabilities. The program, which required “normal” teenagers to tutor special needs teenagers, was successful in decreasing stigma and reducing segregation.*

Brian Salisbury: *From the data I have read, people have retained the message CLBC was sending in its commercials.*

CLBC would accept this policy option because in 2007 they launched a media campaign, via TV commercials on local stations to de-stigmatize views associated with adults with developmental disabilities.

CCSEA would accept this policy option because they will be launching an advertising campaign in 2008.

BCGEU would accept this policy option because they have agreed to launch a one year media campaign in 2008.

Agencies would accept this policy option because it will increase the number of applications received.

RCWs would be indifferent to this option.

Families would appreciate anti-stigma campaigns targeted to reduce stigma associated with their loved ones.

Chris Mullen: *This option would be attractive to everyone who is involved.*

Tara: *Agency would accept this option because they can see the*
<table>
<thead>
<tr>
<th>Equity</th>
<th>This policy option is beneficial to union members, and all other RCWs, and clients. By reducing the stereotypes associated with developmental disabilities, workers will receive warranted respect for the difficult job they perform. Media coverage will also reflect positively on clients receiving care. It will encourage the public to use respectful language, to emphasize abilities, not limitations and encourage telling someone if they express a stigmatizing attitude (US Department of Health and Human Services, n.d.).</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder Comments</td>
<td>Chris Mullen: <em>Public education through marketing will do good things for clients and workers.</em></td>
<td></td>
</tr>
<tr>
<td>Administrative Feasibility</td>
<td>This policy option can be implemented within the existing framework. Campaigns underway by key stakeholders demonstrate that current systems and tools exist to apply this option.</td>
<td>5</td>
</tr>
<tr>
<td>Stakeholder Comments</td>
<td>Chris Mullen: <em>CCSEA have implemented a campaign that is geared at what workers do and why they love their job. BCGEU, led by Director Mary Rowles has embarked on a media campaign whose goal is to raise awareness.</em></td>
<td></td>
</tr>
</tbody>
</table>
### 8.3 Policy Option Totals

Table 9 summarizes the scores of each policy alternative with respect to each criterion and provides the aggregate scores.

Table 9: Policy Alternative Summary

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Economic Feasibility</strong></td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Stakeholder Feasibility</strong></td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Administrative Feasibility</strong></td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Score</strong> (Maximum Value = 25)</td>
<td>18</td>
<td>20</td>
<td>14</td>
<td>21</td>
</tr>
</tbody>
</table>
9: Policy Recommendations

In analyzing the policy options, it is clear that no single policy option will effectively address the key issues identified in this study. The need for multiple strategies is not surprising given the complex nature of recruitment and retention described in AASCF (2006), Scanlon (2001), and Speigel (2006) and countless others. These authors emphasized the importance of the key functions of human resources management: selection, supervision, training and development, and wages and benefits (Speigel, 2006). Furthermore, the goal of this study is to take the key functions of human resources management and find a balance between meeting the needs of residential care workers while maintaining services to clients.

Based on the preceding analysis, I recommend that the province of BC adopt policy alternative IV, an anti-stigma media campaign, and policy alternative II, professional development, in conjunction with policy alternative I, amendments to the collective agreement. Table 9 shows the analysis of each option based on 5 standard criteria. Policy Alternative IV attained the highest score of 21/25 based on the policy's ability to reduce stigma associated with working with adults with developmental disabilities. Policy alternative II attained a score of 20/25, based on its ability to encourage professional development through courses and programs at post-secondary institutes. Policy alternative I, the collective agreement, yielded a score of 18/25, and policy alternative III, central hiring agency scored the lowest at 14/25. During the policy assessment stage, I conducted key stakeholder interviews that have led me to conclude that policy alternatives I, II, IV are recommended to increase residential care worker labour participation and reduce turnover. The recommended policy alternatives will be divided into short-term and long-term policy goals.
9.1.1 Recommendation 1: Anti-Stigma Media Campaign

Time Frame: Immediate

Policy Alternative IV promotes an anti-stigma media campaign whose goal is four-fold: to reduce stereotypes associated with adults with developmental disabilities, to increase interest in this field, to create awareness of possible career choices, and to integrate more male workers into this line of work. With this option, the public’s perception of adults with disabilities as productive citizens would be improved. This option should be implemented immediately and continued in the long-run for optimum results.

The anti-stigma media campaign is a desirable option because of its relatively low cost and its acceptance by stakeholders. Of the four options, this option was the least expensive to implement partly due to recommendations by stakeholders that advertisements be joint ventures so the costs are shared. In terms of stakeholder feasibility, this option ranked a perfect 5/5 because all persons and agencies with a key interest in this sector agreed that a marketing campaign would be beneficial to promote awareness. This option was given a score of 2/5 in terms of effectiveness because it showed promising signs of reducing stigma. The US HIV/AIDS media campaign was used to assess this alternative’s ability to decrease the public’s negative attitudes towards persons with developmental disabilities. Much like this proposed option, the US had mass media campaigns at the regional and local levels via radio, television and print advertisements (Rural Center for AIDS/STD Prevention, 2007). In summary, the evidence suggested promising signs that the HIV/AIDS prevention media campaign had reduced stigma. However, the effect was small-to-moderate in size and short-term in nature, meaning people’s attitudes changed only slightly and for a short period (Rural Center for AIDS/STD Prevention, 2007). This suggests the need for further continuing campaign presence.
9.1.2 Recommendation 2: Professional Development

Time Frame: Immediate/Short Term

If the BC government were to provide one time additional funding to CLBC, I recommend it go solely towards policy alternative II, professional development. Professional development will yield more positive results per dollar invested compared to alternative I and IV. In the long-run policy alternative I would be costly to implement and policy alternative IV does not generate an adequate effectiveness level.

Policy Alternative II promotes career development as a successful key to retention. Providing residential care workers and management the option to attain a higher level of education, via courses and programs, is deemed beneficial to both the workers and clients receiving care. This option allows workers to receive the opportunity for expanding within their current role and allows for growth in other health related occupations such as nursing. Ample training, at no cost to workers, encourages work growth and provides staff with the necessary tools to provide clients with the best possible service. Management training also provides management with the skills needed to screen successful candidates, to understand the boundaries between management and workers, to encourage team building, and to learn effective ways to coach and support staff.

This policy option should be implemented immediately and continue throughout the short term. In 2007, the Ministry of Advanced Education provided one-time funding, approximately $9 million, for new seats, and student loan reductions. This has opened a policy window for immediate and short-term action. This option is desirable because of its moderate budgetary cost, effectiveness, and stakeholder acceptance. In terms of cost, this option would be cheaper to implement compared to the Collective agreement because the resources, and funding are already available. In terms of effectiveness, case studies have shown that career development will improve employees’ well-being and lead them to be more productive, thereby causing both an increase in labour productivity and a reduction in labour turnover (Morissette & Miguel, 2003).
terms of stakeholder feasibility, all stakeholders mutually agreed this policy would reduce turnover.

9.1.3 Recommendation 3: Collective Agreement

Time Frame: Long Term

I recommend policy alternative I, amendments to the 2010 Community Living Services Collective Agreement, to be a long-term goal for the community social services sector. Increasing wages, benefits to casuals and allowing a more flexible work schedule is likely to increase labour force participation and reduce turnover. Policy alternative I had the highest ranking for effectiveness, which was given substantial weight over the other criteria. A San Francisco study showed a statistically positive correlation between increased wages, benefits and retention further emphasizing the need for this option (Howes, 2005).

Key informants highlighted the relationship between employee job satisfaction and client services. In summary, the happier an employee the better service they will provide to clients. It is hypothesized that employees that have a sense of control over their work environment will lead to better overall work satisfaction and reduce work related depression. Employees will be more motivated to do their jobs well if they have ownership of their work. Given enough freedom and power to carry out their tasks, employees will feel they "own" the result (Syptak & Marsland & Ulmer, 1999).

9.1.4 Rejected Alternative

Policy alternative III, central hiring agency, has been rejected. The results of this project did not support the creation of a central hiring agency. Although in had a moderate score on the criterion that was weighted more, effectiveness and budgetary cost, it was rejected on the basis that it scored relatively low on stakeholder feasibility and administrative feasibility. There are several reasons for the rejection of this option:
➢ This option would not go far in approval from the BC government because the government would want to minimize the number of bureaucratic structures in place.

➢ Agencies are likely to reject this option because they want to maintain their independence in hiring capabilities.

➢ There are currently no administrative tools or systems for this option to be implemented immediately.
10: Conclusion

Recruitment and retention challenges are global issues that will become more critical with time for industrialized nations as aging population demographics continue to become a detriment to the sustainability of public and private sectors worldwide. This study takes a look at BC’s recruitment and retention issues facing the community social service sector. These challenges are a pressing policy problem for policy makers because not only do they impact one of the most vulnerable groups in society, the developmentally challenged, they illustrate the types of labour challenges that are facing the entire BC health related sector.

The central policy problem this study addresses is the alarming rate at which community social service residential care workers are quitting their jobs and the multi-faceted challenges employers are experiencing finding replacements. At this time, BC’s community social service sector does little to address the challenges facing agencies, residential care workers, and clients. Therefore, the objective of this study is to increase labour force participation and reduce turnover while maintaining quality services for clients.

Previous studies on recruitment and retention challenges suggest that successful recruitment and retention can be achieved through increased wages and benefits, training and development, selection and marketing. This study adds to previous research by confirming that if employers apply these factors, improved recruitment and retention can be achieved. In order to gain insight into the community social service sector, interviews were conducted with the following key informants: 10 residential care workers, 3 BCGEU representatives, 6 advocacy groups, and 2 parents from BC. I supplemented this information with case studies from Alberta, Nova Scotia, and the United States because of their similarity in policy objectives.
My findings confirm the hypothesis that in BC, low wages, high burnout from a demanding job, and lack of respect from management are major contributors to recruitment and retention challenges. This study has identified five major themes expressed by informants: 1) recruitment is a challenge facing the sector, 2) applicants applying for vacancies are generally under qualified, 3) the sector is experiencing high turnover, 4) employees are underpaid, and 5) the quality of care for clients is compromised because of recruitment and retention. There were also unique findings in each informant group interviewed. Residential care workers expressed dissatisfaction with management. The displeasure varied from their lack of input in client care decision making, complaints not being dealt with in a timely manner, and workers being expected to carry out managerial duties. Advocates and agencies pointed out that fierce competition in wages and the high cost of living in BC had influenced workers to view the community social service sector as an undesirable sector to work in. This has motivated agencies to look at alternative recruitment strategies. BCGEU voiced concern about the rise in residential care worker related injuries. Union representatives believed that fewer staff resulted in a decrease of productivity. A surprising finding was that parents did not experience high rates of turnover, but this was based on just two families interviewed. Parents were satisfied they had found long-term committed staff for their child, but they did express concern over the wages paid to RCWs.

Using key informant interviews and case study data, I identified innovative options that might better allow agencies to find qualified staff who stay committed to their job. A window for opportunity exists right now for the application of these alternatives because stakeholders have recognized the urgency for change. Based on my analysis, I have recommended 3 of the 4 alternatives: in the immediate period, I recommend policy alternative IV, an anti-stigma media campaign and policy alternative II professional development. In the long term I recommend policy alternative I, modifying the collective agreement to include wage increases, casual benefits and a flexible work schedule. I do not recommend policy alternative III, a central hiring agency, because of its lack of stakeholder acceptance and its difficulty in administrating.
10.1 Research Limitations

Like most empirical research, this study has a number of limitations. Since this study is based on the grounded theory approach there is room for biased assessment. Interviews and analysis were completed by one person, increasing the possibility of researcher bias in both data collection (interview styles) and results (interpretation). Another weakness of the interview material is incomplete interview answers. There are a limited number of interviews to begin with, and to receive partial answers further compromised the data. Due to time a constraint, it was difficult to initiate follow up supplementary information. Other limitations included the difficulty collecting statistical data on labour participation and turnover rates for residential care workers in BC because BC statistics tend to group nursing and residential care workers in one category, making it difficult to get exact statistics on one particular group. Another barrier associated with gathering statistics was compiling a figure for bargaining unit, and non-bargaining unit employees and for-profit society and not-for-profit society employees.

10.2 Future Directions

The current research was a pilot study that provided a glimpse into the labour shortage facing residential care workers in BC. It is recommended that researchers among all health related occupations in BC make a collaborative effort with the Ministry of Health to launch a provincial inquiry into this shortage. The inquiry will be used to generate awareness and plausible policy options that will target recruitment and retention challenges facing the health sector. The scope of this study was quite small in comparison to the Canadian market as a whole, and therefore further research in other provinces will add significantly to the recruitment and retention literature. Last, further research would be desirable on the implications of the recommended policy changes.
Appendix
Demographic Survey and Interview Questions

Residential Care Worker Demographic Questions:

1. Your Age
2. Gender
3. Where do you live
4. How long have you been working as a RCWS?
5. What is your educational background?
6. What is your hourly wage? Benefits? Pension?

Residential Care Worker:

1. What are the number of current positions in the group home, and the number of vacancies?
2. How many staff do you know of who work at two or more jobs?
3. Do you know why they work more than one job?
4. How many staff has left over the last six months?
5. Why is the staff leaving their jobs?
6. What made you decide to go into this field?
7. What are the positives things about your job?
8. What are the negative things about your job?
9. Do you feel recruitment and retention is a concern with RCWS? Why or why not?
10. What do you think is the current impact on services due to the difficulty of recruiting and retaining staff?
11. What do you think will be the impact on services in the future if things do not change with the difficulty of recruiting and retaining staff?
12. If you could recommend 3 things to improve the challenge of recruitment and retention today, what would you recommend?
13. What steps need to be taken now to address the problem?
14. What can the government do to attract more young people in this line of work?

BCGEU Representative:

1. Do you feel recruitment and retention is a concern with RCWS? Why or why not?
2. What do you think is the current impact on services due to the difficulty of recruiting and retaining staff?
3. What do you think will be the impact on services in the future if things do not change with the difficulty of recruiting and retaining staff?
4. If you could recommend 3 things to improve the challenge of recruitment and retention today, what would you recommend?
5. What can the government do to attract more young people in this line of work?

Advocacy Group Member:

1. Do you feel recruitment and retention is a concern with RCWS? Why or why not?
2. What do you think is the current impact on services due to the difficulty of recruiting and retaining staff?
3. What do you think will be the impact on services in the future if things do not change with the difficulty of recruiting and retaining staff?
4. If you could recommend 3 things to improve the challenge of recruitment and retention today, what would you recommend?
5. What can the government do to attract more young people in this line of work?

**Family Member:**

1. Do you feel recruitment and retention is a concern with RCWS? Why or why not?
2. What do you think is the current impact on services for clients receiving care due to the difficulty of recruiting and retaining staff?
3. What do you think will be the impact on services for clients receiving care in the future if things do not change with the difficulty of recruiting and retaining staff?
4. If you could recommend 3 things to improve the challenge of recruitment and retention today, what would you recommend?
5. What can the government do to attract more young people in this line of work?
Bibliography


**Interviews**


