# What Did We Know About the Workforce Before the Pandemic?

A National Perspective using NCI Staff Stability data

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# Staff Stability 2019: The Basics

- The Staff Stability Survey is an on-line survey of provider agencies supporting adults with IDD in residential, employment, day services and other in-home or community inclusion programs

- The survey captures information about wages, benefits, and turnover of the direct care professional workforce, hired by agencies.

  - In general, survey is voluntary

- Participating States: **26 and Washington D.C.**

- **3,604** providers represented in NCI Average

# Types of Services Provided

**Residential Supports**

Supports provided to a person in a home or apartment that is owned and/or operated by the provider.

56%

**In-home Supports**

Provider does not own and/or operate the home in which the person lives.

65%

**Non-residential Supports**

Supports provided outside an individual's home.

65%

# Turnover and Vacancy Rates

- Turnover rate for Direct Support Professionals (DSPs) was:
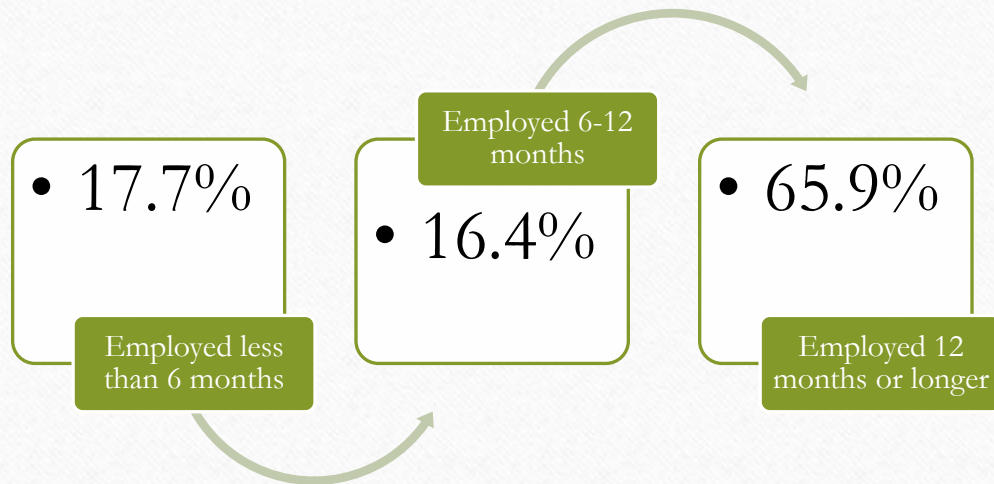
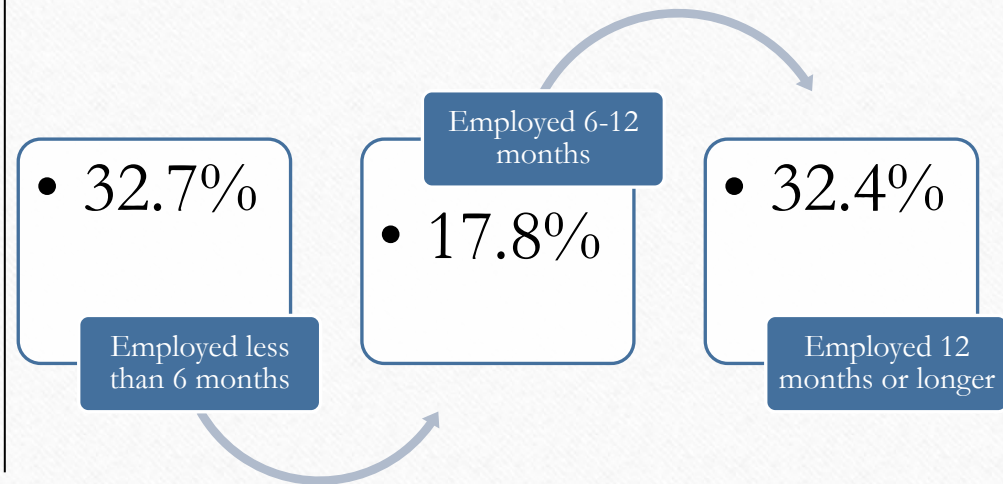**42.8%**

| Full-Time Vacancy Rate | Part-Time Vacancy Rate |
|:---:|:---:|
| **8.5%** | **11.2%** |

# Length of Tenure

## Among DSPs who were employed as of 12/31/19…

- 17.7%
  - Employed less than 6 months

- Employed 6-12 months
- 16.4%

- 65.9%
  - Employed 12 months or longer

## Among DSPs who separated from employment in 2019…

- 32.7%
  - Employed less than 6 months

- Employed 6-12 months
- 17.8%

- 32.4%
  - Employed 12 months or longer

# Wages and Benefits

Median hourly wage across all service types, agencies
- $12.00

Agency offers paid time off
- 69.5%

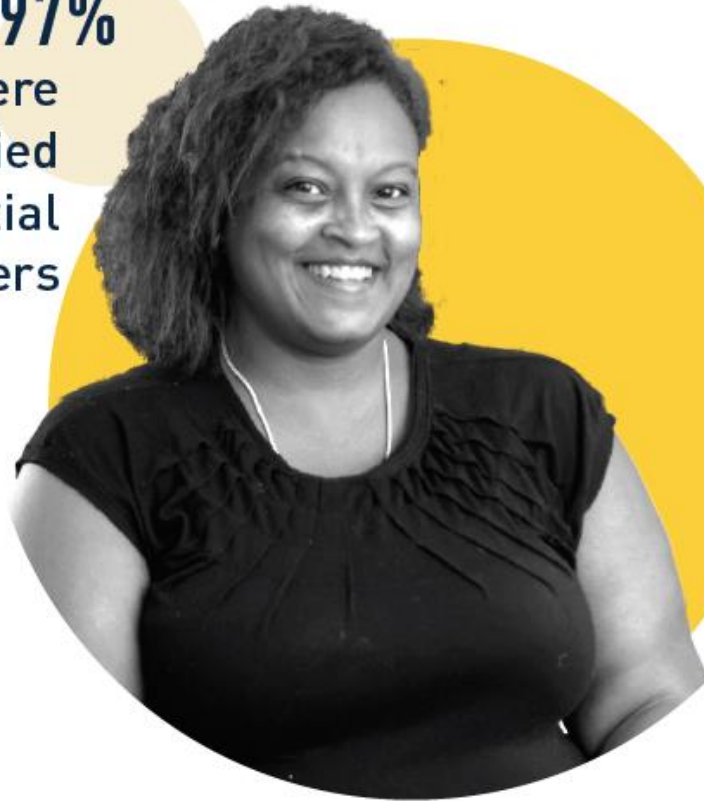Agency offers health insurance to some or all DSPs
- 57.1% NCI

# Institute on Community Integration (UMN)

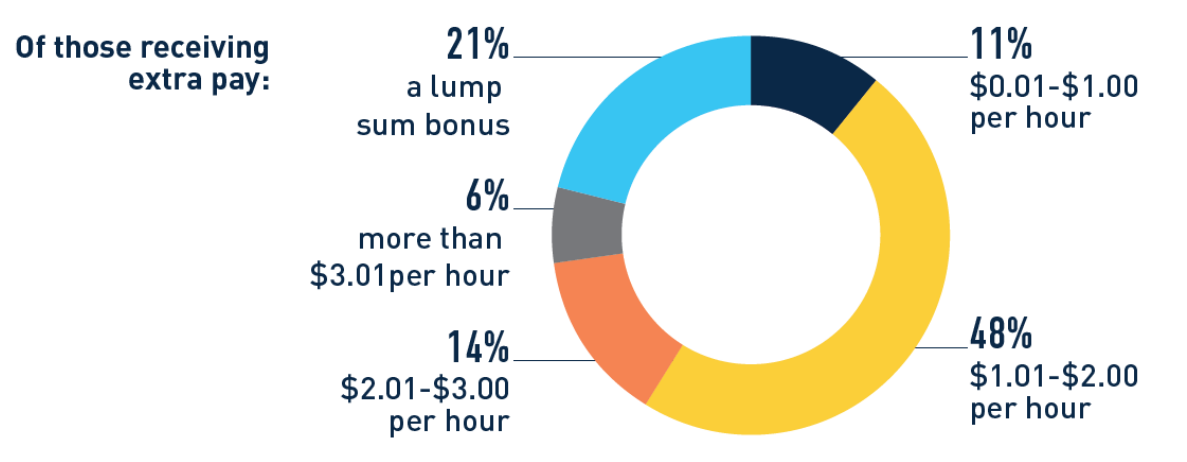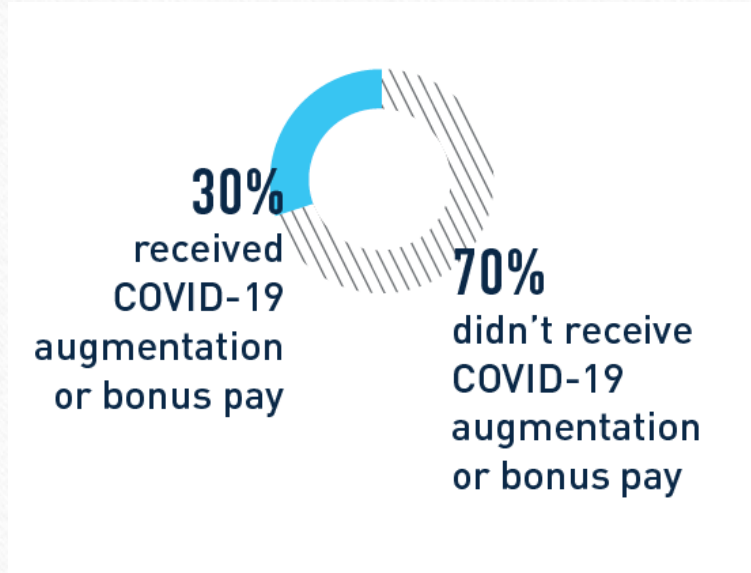Six Month Survey of Direct Support Professionals During the Pandemic

November 2020

**97%** were classified as essential workers

**75%** feel their work is appreciated by their organization

# Wages

**$13.92** mean hourly wage for DSPs before pandemic

(this wage is higher than expected or typical based on previous studies [NCI,2020])

**30%** received COVID-19 augmentation or bonus pay

**70%** didn't receive COVID-19 augmentation or bonus pay

**Of those receiving extra pay:**

**21%** a lump sum bonus

**6%** more than $3.01 per hour

**14%** $2.01-$3.00 per hour

**11%** $0.01-$1.00 per hour

**48%** $1.01-$2.00 per hour

# Schedules and Staffing

| | |
|---|---|
| work more hours per week | 44% |
| work the same hours per week | 24% |
| work less hours per week | 12% |
| work different shifts | 35% |
| work in different settings | 28% |
| additional responsibilities/different roles | 43% |
| furloughed/laid off/unemployed/facility closed | 6% |
| working remotely/telehealth now | 12% |
| lived in residence | 3% |

# Schedules and Staffing

The locations in which I work have been adequately staffed

**55%**

If staff where I work display symptoms of COVID-19, they are guaranteed paid time off

**51%**

# Safety Measures

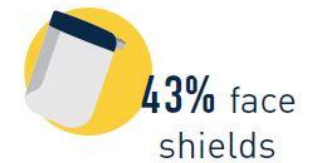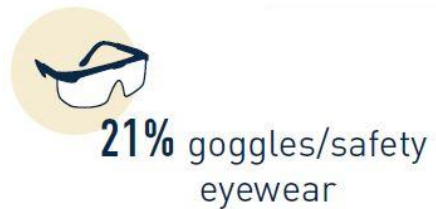I have had an adequate supply of PPE to keep myself and the people that I supervise safe

**81%**
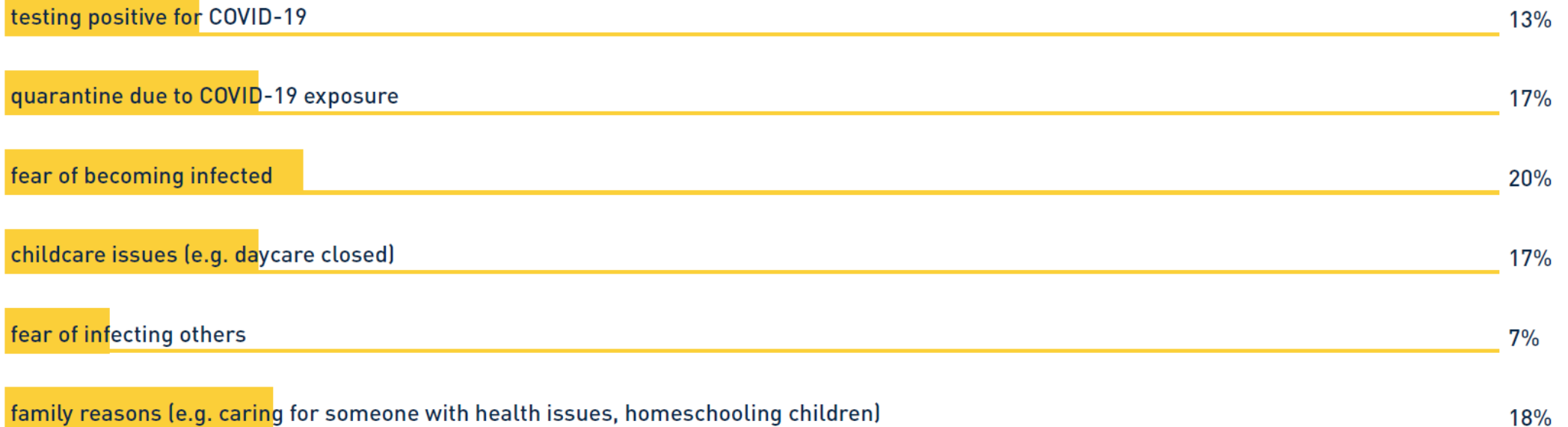
I participated in a training on how to safely use PPE

**75%**

I have had resources about COVID-19 available to me

**90%**

# Safety Measures



79% gloves

36% purchased fabric face masks

63% disposable or paper face masks

21% goggles/safety eyewear

27% homemade face masks

36% medical-grade face masks (N95)

34% gowns

2% neck gaiters

43% face shields

# Reasons for Leaving DSP Position

testing positive for COVID-19 — 13%

quarantine due to COVID-19 exposure — 17%

fear of becoming infected — 20%

childcare issues (e.g. daycare closed) — 17%

fear of infecting others — 7%

family reasons (e.g. caring for someone with health issues, homeschooling children) — 18%

# Social Distancing

DSP perceptions of social distancing practices of people supported

14% poor
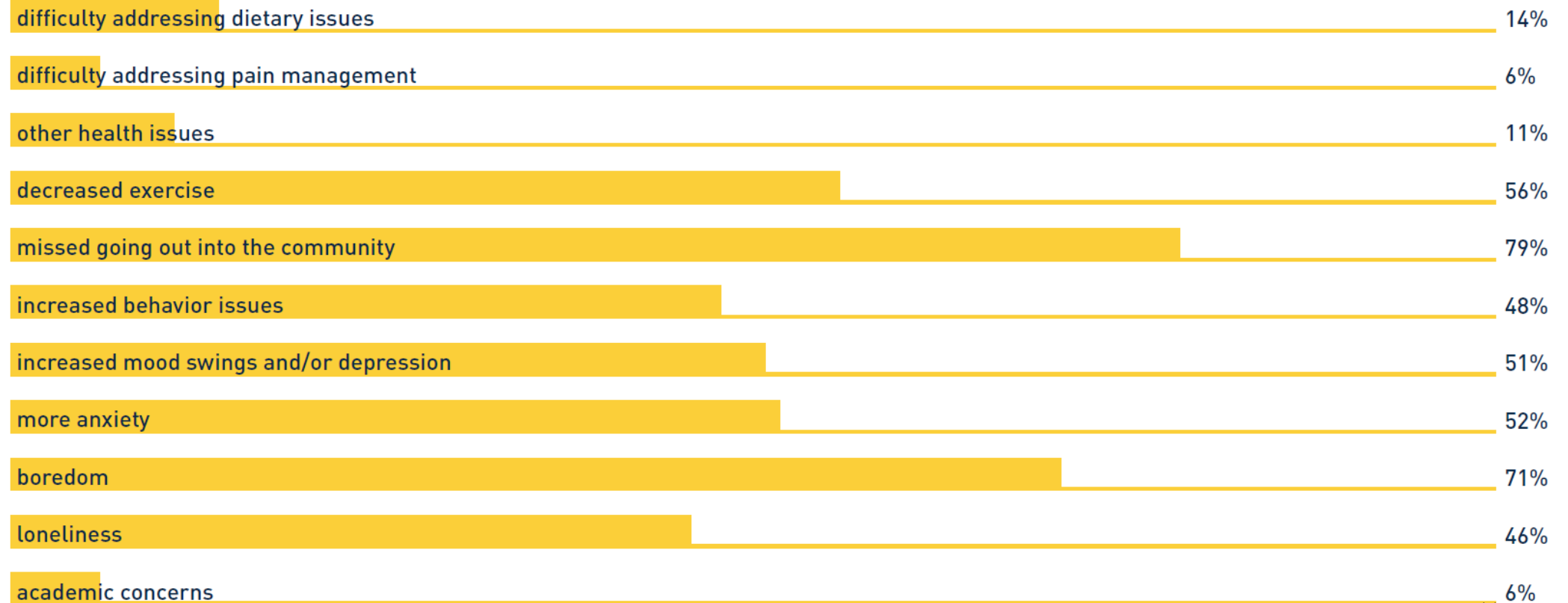
21% excellent

28% fair

37% good

We have had the space and ability to practice social distancing

76%

I have had information to offer to the people to whom I provide support that was conducive to their learning styles

78%

# Impact on Participants

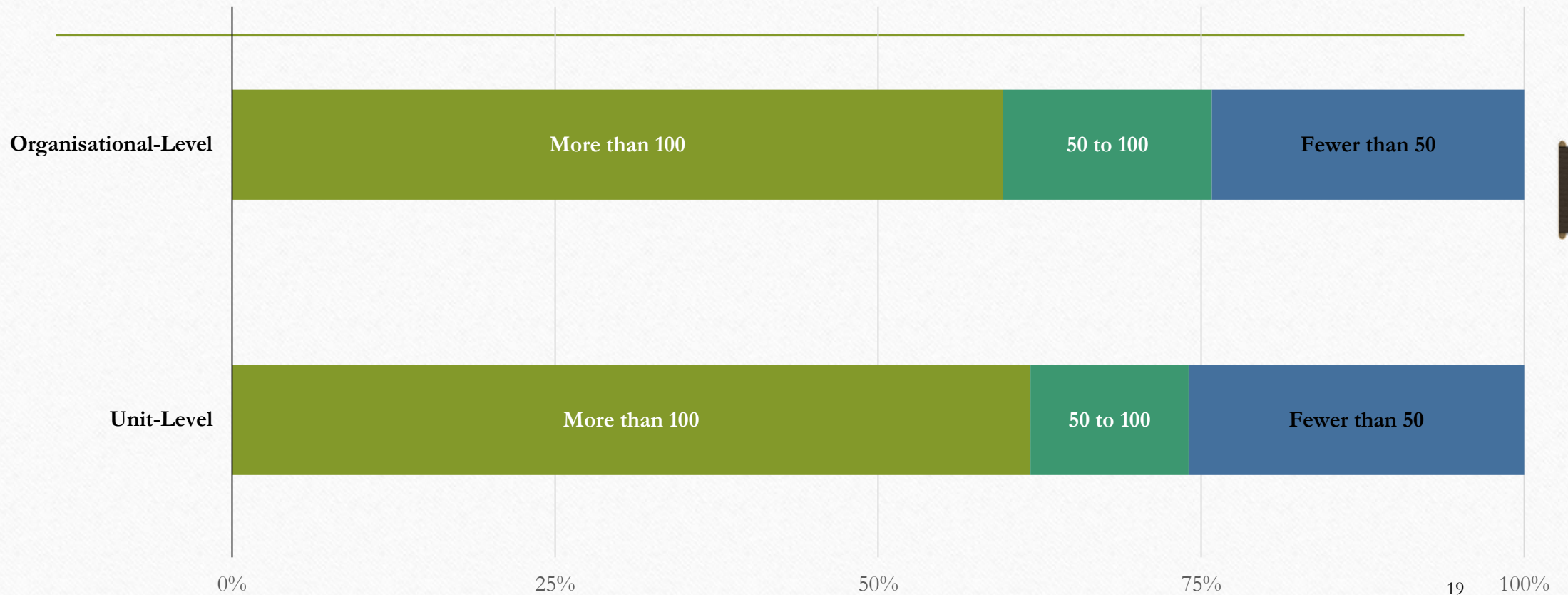| | |
|---|---|
| difficulty addressing dietary issues | 14% |
| difficulty addressing pain management | 6% |
| other health issues | 11% |
| decreased exercise | 56% |
| missed going out into the community | 79% |
| increased behavior issues | 48% |
| increased mood swings and/or depression | 51% |
| more anxiety | 52% |
| boredom | 71% |
| loneliness | 46% |
| academic concerns | 6% |

# International Survey of Paid Caregivers
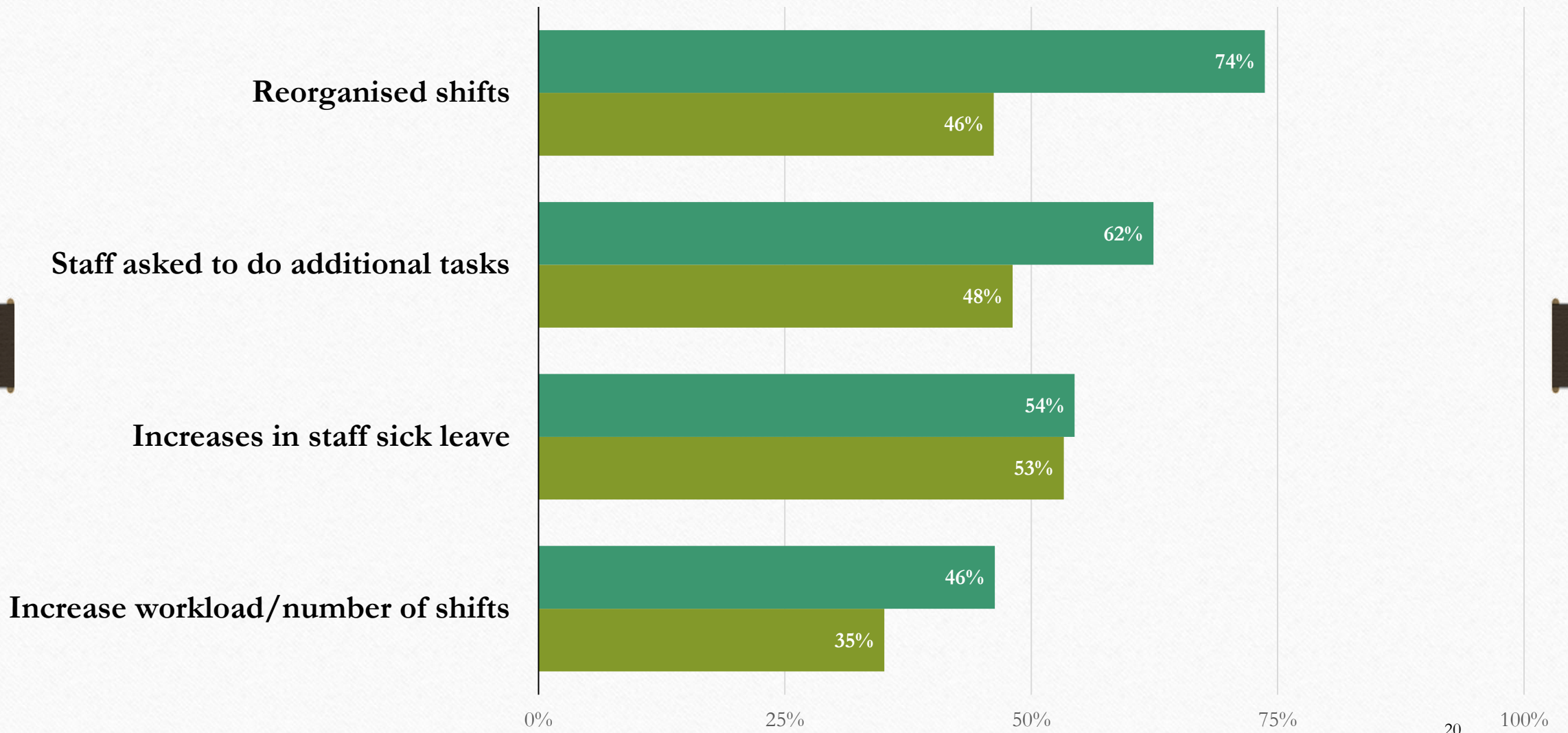
# Background

- **Who**: **1842** staff members
  - **513** organisational respondents
  - **1329** unit-level respondents
- **What**: Online anonymous survey
- **When**: August and September 2020
- **Where**: Australia, Canada, Hong Kong, India, Ireland, Israel, Italy, the Netherlands, Norway, Sweden, the UK and the US
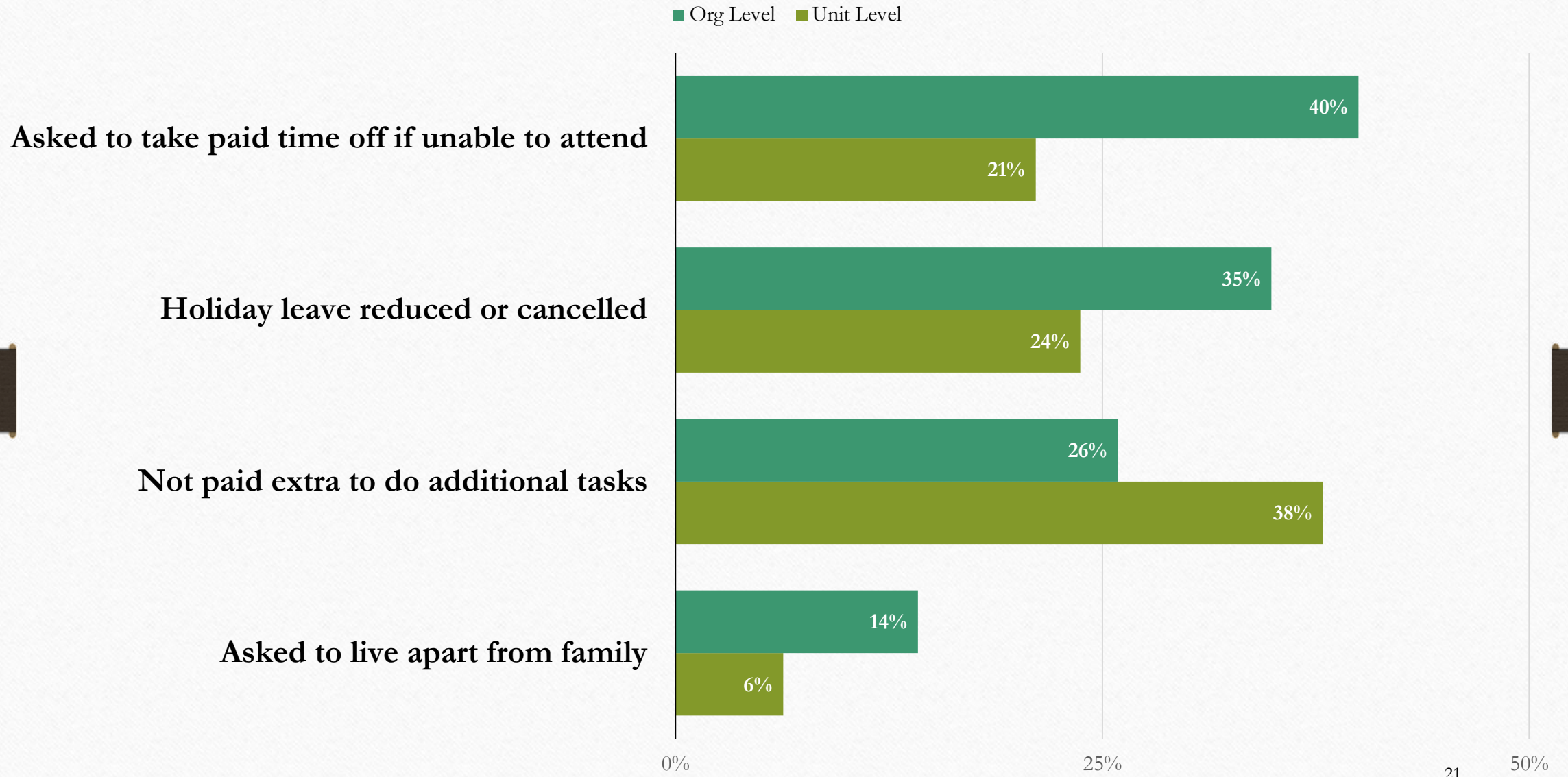- **Why**: To explore the global experiences of staff working in IDD services during the COVID-19 pandemic

# The Majority of Staff Respondents Reported Working in Organizations with >100 Employees

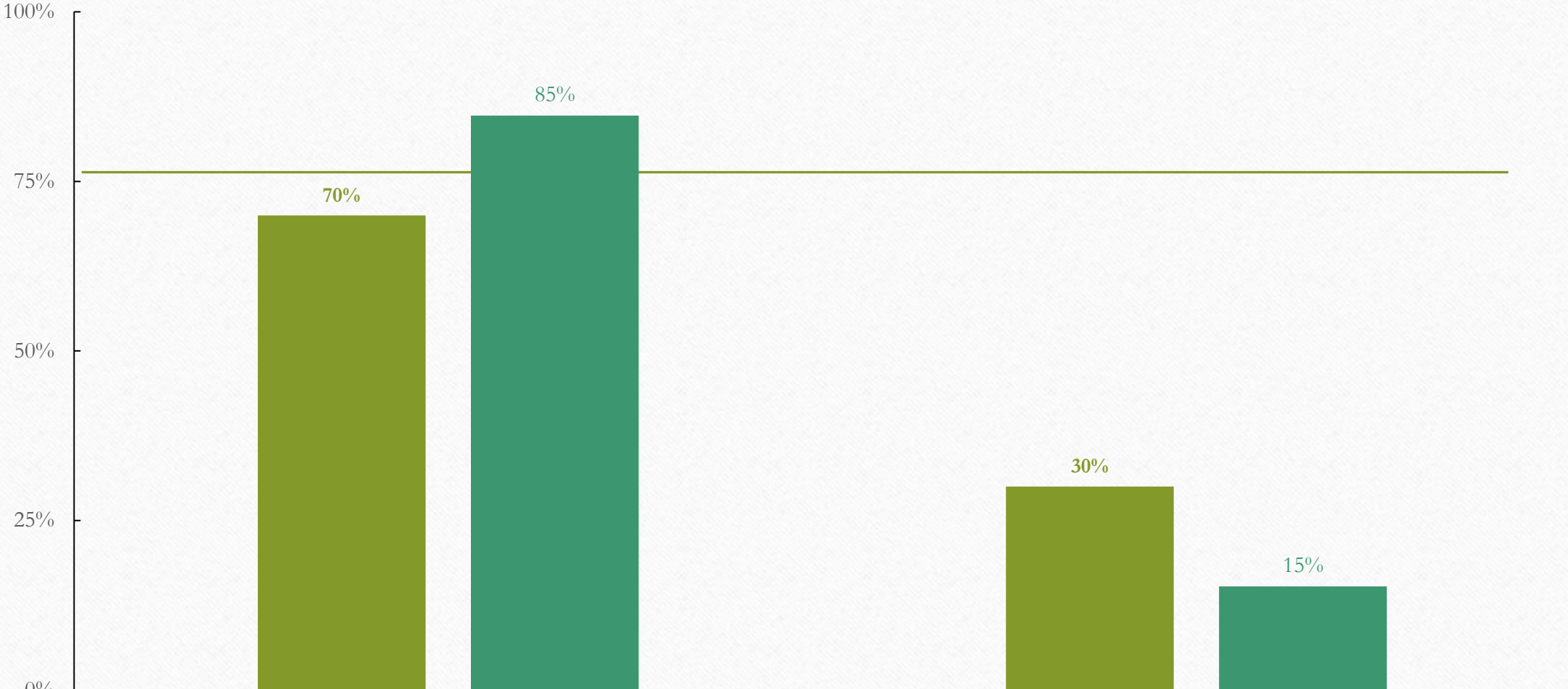**Number of Employees in the Respondent's Organization**

| | | |
|---|---|---|
| **Organisational-Level** | More than 100 / 50 to 100 / Fewer than 50 | |
| **Unit-Level** | More than 100 / 50 to 100 / Fewer than 50 | |

0%     25%     50%     75%     100%

Overall Satisfaction with Organization Response to COVID-19
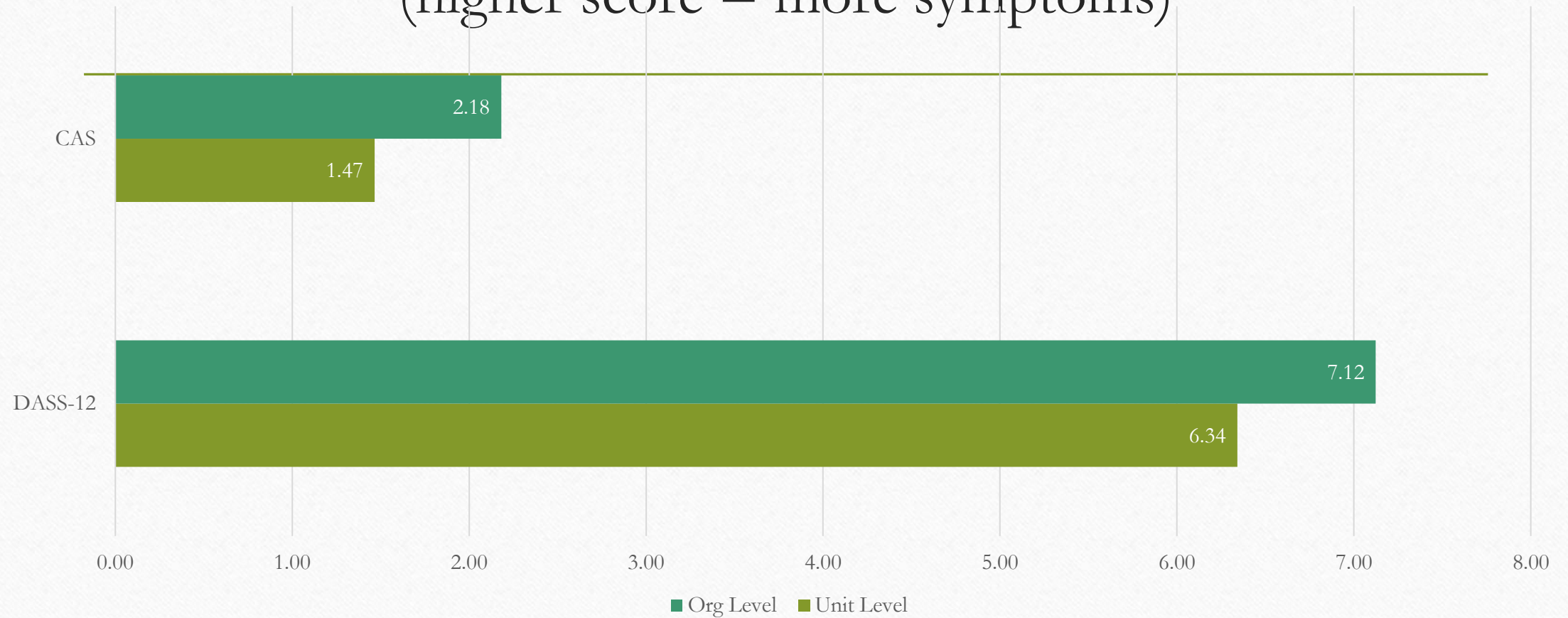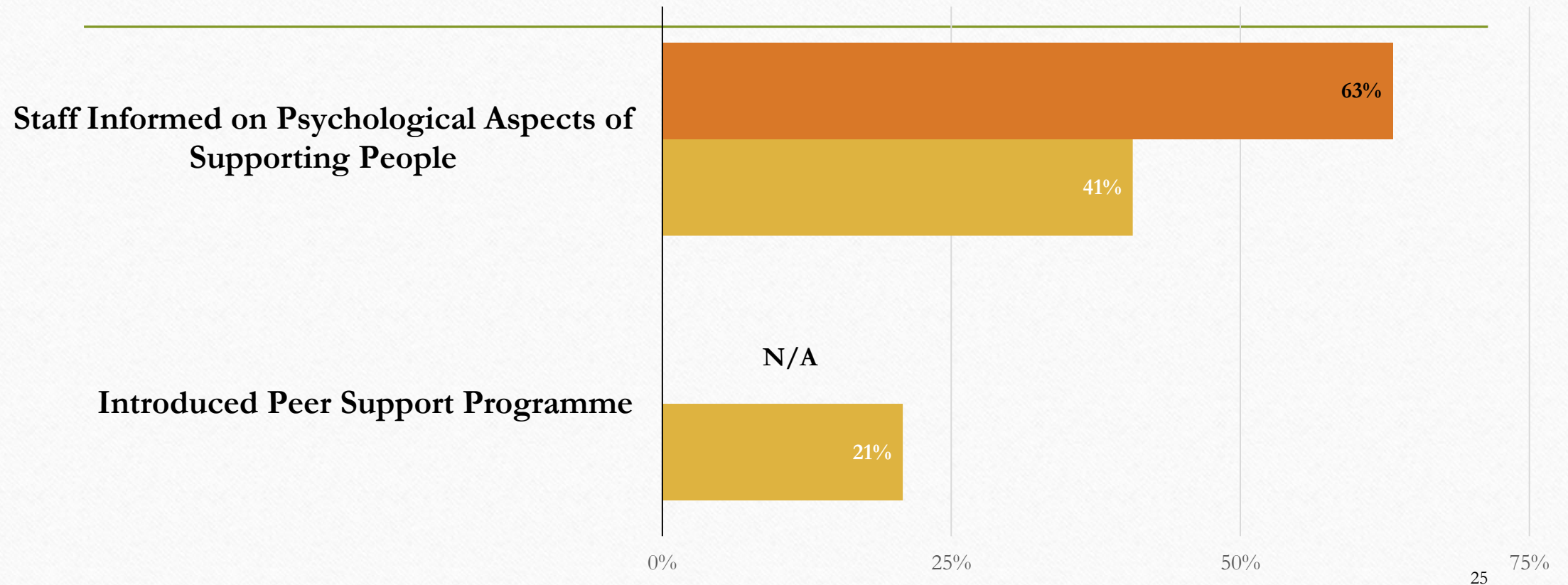
# Experience of COVID-19 (Unit-Level)

- **38%** of unit-level caregivers reported supporting persons w/ IDD who had COVID-19 symptoms

- **25%** experienced symptoms themselves

- **5** hospitalized (1.6%)

- **30%** of unit-level caregivers reported their supported persons w/ IDD received COVID diagnosis from testing

  - **27%** hospitalized

  - **24** persons w/ IDD did not survive COVID-19 (13.3%)

Staff Depression, Anxiety, and Stress
(higher score = more symptoms)

# There is a gap between **organization-level** and **unit-level** perception of COVID-related burnout awareness, and only a minority reported the introduction of peer support programs

■ Org Level   ■ Unit Level

**Staff Informed on Psychological Aspects of Supporting People**
- 63%
- 41%

**Introduced Peer Support Programme**
- N/A
- 21%

0%   25%   50%   75%

# What will NCI data tell us about experiences during COVID-19

Looking forward

# NCI COVID Supplement

- NCI added an optional "COVID Supplement" to 2020-21 Surveys

- Collected information on experiences and interactions with the service system during COVID

- Data will be available in early winter

- 2021-22 IPS supplement includes information on ongoing effects of COVID on services, COVID infection and vaccination rates

# Perspectives of the Person and Family

- What service changes occurred

- Whether people liked any changes

- Affect on mental health

- Access and availability of case manager and support staff

- Access to technology

# Perspectives of Providers

- Changes to service delivery and operations

- Health and safety protocol implemented to protect against COVID

- Wage adjustments

- Access and availability of PPE

# Final Thoughts

# Looking Ahead

- The DSP crisis has only gotten more acute since these surveys were carried out.

- This crisis is threatening the health and safety of participants and the stability of the provider community

- How do we get the attention of legislators to ensure that more funds are available to attract staff

- The service system that emerges after the pandemic will be very different, and there will be different demands on DSPs (e.g., more individualized supports)

- This pandemic should have shown us just how *essential* DSPs are to the well-being of people with IDD

- It's time to treat the DSP workforce as the professionals that they are.