

## PDD Review – ADWA Key Messages

While the community conversation starters are often broader, the online survey items are more specific. They use a rating scale of Strongly Agree to Strongly Disagree (plus No Opinion) for statements that correspond to the questions below. The following Key Messages should work for both formats.

### Eligibility – Who gets help from PDD

Should the current PDD Program eligibility criteria be kept the same (IQ<70 and adaptive skill limitations)? Should eligibility criteria be changed to include more people who need support?

#### ADWA and member Key Messages:

- Individuals' need for support of the sort provided by disability workers may decrease as IQ increases but does not stop abruptly when IQ hits 70. *Many individuals would benefit from a bit more time and certainly all benefit from a bit of focused 1-to-1 time, regardless of the number of people in their service setting, in order to focus on meeting their needs and goals.*

### Accessing the help needed when it is needed

Is it easy to get PDD services? Does the PDD planning process identify individual service needs effectively? Does PDD connect individuals to services quickly? Do PDD services meet individuals' needs? Can PDD-funded services be changed easily?

#### ADWA and member Key Messages:

- Duplication of effort between PDD assessing need for funding and service providers assessing need to design services. *Getting to know an individual in order to design effective services takes extra time, but service funding is insufficient for the process.*
- Ability to provide services quickly depends on ability to hire more staff from a pool of skilled workers. It is difficult to recruit, train and retain additional disability workers to be able to take on and serve additional individuals with disabilities, creating service delays. *Core underlying cause is low wage levels near minimum wage with high skill levels required.*
- The system is slow in processing requests for increases in funding in response to changes in service needs, such as with aging individuals or individuals with cyclical mental health needs who need very little support at times and considerable support at others. *Underlying causes include complicated bureaucratic processes for approving changes, lack of understanding of the rapidity of decline in late life or Client Service Coordinator knowledge of the individuals whose service funding they must advocate for, and lack of effective coordination between PDD and health systems for seamless and coordinated services. PDD should consider streamlined processes for approving funding changes for common categories of requests, such as aging individuals or certain mental health considerations.*

### Creating an effective service delivery system

Does the PDD program provide the certainty required for individuals and their families, and for service providers to plan for the future? Are administrative requirements (e.g., reporting, monitoring) for PDD funding reasonable? Does the funding cover the costs of providing services? Is it easy to understand

PDD funding decisions? Is there equitable access to services across Alberta? Does the PDD program provide effective support for individuals with complex needs?

**ADWA and member Key Messages:**

- Individuals tell us that they worry about losing their support time. This impacts their ability to focus on achieving personal goals and feeling safe. Service providers also need certainty in order to hire and retain good workers.
- Paperwork is often made synonymous with accountability in the service system. *The paperwork load for disability workers has increased dramatically in the past few years, but funding to complete the paperwork is not part of contracts. Therefore, staff must either complete paperwork when they are supposed to be delivering services to the individual or do paperwork on their own personal, unpaid time. Neither option is justifiable. Collect only necessary paperwork and fund its completion as a necessary part of the service delivery system.*
- Funding does not cover the cost of services in key areas: *true cost of minimum wage increases include benefits cost increases, increased cost of providing support on stat holidays and weekends must be covered, wage rates must improve in order to have enough staff to avoid overtime costs, indirect services like community development work on behalf of individuals and seeking answers from other professionals to provide effective support, completing PDD paperwork, arranging PDD participation in service review meetings, preparing PDD proposals, and getting to know the individual in order to provide nuanced service (which must be repeated whenever staff turnover).*
- Funding decisions should be based on a current understanding of an individual's service needs, which may have changed dramatically. *PDD Client Service Coordinators often change caseloads and may have no direct knowledge of the individual, whose funding they are to advocate for within the system.*
- The level of complexity of needs has increased, but staff wages are too low to attract and retain staff with the level of training and skill required to consistently provide effective supports. *This lack of specific education and training puts individuals and workers at risk, leading to higher turnover and injury claims.*

**A skilled and knowledgeable workforce**

Do disability workers have the knowledge and skills they need for the job? Do disability workers have the knowledge and skills they need to support individuals with complex service needs? Is there adequate opportunity for education and training? Do PDD staff have the knowledge and skill they need for their job? Do PDD staff have the knowledge and skill to support individuals who have complex service needs? Is it easy for service providers and family-managed services to recruit and retain workers? Does high staff turnover negatively impact service delivery?

**ADWA and member Key Messages:**

- Paperwork takes the place of training and skill development in the current system (e.g., water temperature logs). *PDD and the community should work together to determine which paperwork is actually analyzed and used by PDD to improve the system or ensure accountability, and determine where training is the more effective approach to ensuring that service meets required standards.*
- ADWA and its members strongly value education. *Wage rates are insufficient to pay off student loans for a certificate, diploma or degree in community disability studies. As a result, program enrollment is often too low and the educational program is cut. Alberta lost 9 post-secondary programs for disability workers between 2008 and 2016; only a few remain. To rebuild the educational infrastructure in this field, higher wages are necessary.*

- ADWA and its members strongly value training. *In order to access training, workers must either be paid enough to be able to pay for training courses or service providers must be funded to cover the costs of training and staff coverage for when staff are taking the training. Access to training must be equal in for workers in urban, rural and remote settings, which it is not.*
- Most available training does not include this element of assessment. *Certification provides a measure of a disability worker's ability to provide effective support regardless of educational background. The knowledge, skills and abilities measured in ADWA's certification process are directly related to the core competency standards that the sector and self-advocates have said are necessary (including soft skills such as observation, listening and communication).*
- PDD workers often do not share information about complex service needs with the service providers and their workers who need to have this information to prepare effective and safe services. Either PDD workers underestimate what constitutes a complex service need due to a lack of knowledge and understanding, or else they underestimate individuals' needs in order to manage service costs.
- *Friedman (2018) found that turnover has a profound impact on individuals' ability to achieve quality of life and inclusion outcomes, ranging from being 1.4 times less likely to choose their services to 6.3 times less likely to feel secure and stable in their life compared to those with no turnover in workers.*

### **Working together – connection and communication**

Does the system have clear roles and responsibilities for all involved (i.e., PDD staff, service providers, families, etc.)? Do all involved share the same goals when working together? Are there effective ways to resolve issues regarding services provided to individuals? Are you satisfied with the information provided regarding initiatives that may affect the PDD program? Are there effective ways to be heard and resolve issues regarding the PDD Program?

### **ADWA and member Key Messages:**

- The goals as defined in the annual service planning and review process are sometimes PDD-driven rather than reflective of the individual's aims. Disability worker efforts to focus support time on those goals meet with resistance, because the individual is not motivated to achieve the stated outcomes. When the outcomes are not achieved, service funding is cut leaving the individual with insufficient support to have the life he or she wants. *PDD service planning processes need to be more person-centred and open. Having a relationship with individuals on their caseload will allow PDD Client Service Coordinators to understand the individual better and avoid inappropriate goal statements.*
- The stated goals of the PDD Program are for individuals to be included in community life and to be as independent as possible. PDD's role is to fund and monitor services. Disability workers' role is to do things that help individuals to be part of their community and to develop and maintain skills that help them be as independent as possible. *Without an effective disability workforce, PDD does not achieve its goals. Yet, funding often prevents service providers and their staff from achieving these aims. Funding for transportation of individuals to community events is now the responsibility of the individuals receiving service, who often live on AISH income, rather than sufficiently funded in contracts. Training, if available, is poorly funded and of unknown effectiveness. Wages are not commensurate with the skill required to perform the job safely and effectively. Supervisors are largely unavailable for support due to high paperwork demands.*
- Information about the PDD program is largely inaccessible to the people receiving it. For example, the letter about the PDD Review was two pages of smallish print and did not include details of where and how to participate. *PDD documents may appear demanding and threatening to individuals if they do not understand them. Because the disability workforce includes a large number of people whose first language is not English, they may be unable to correctly interpret complex PDD documents in order to assist the individuals they support.*