

APRIL 2007



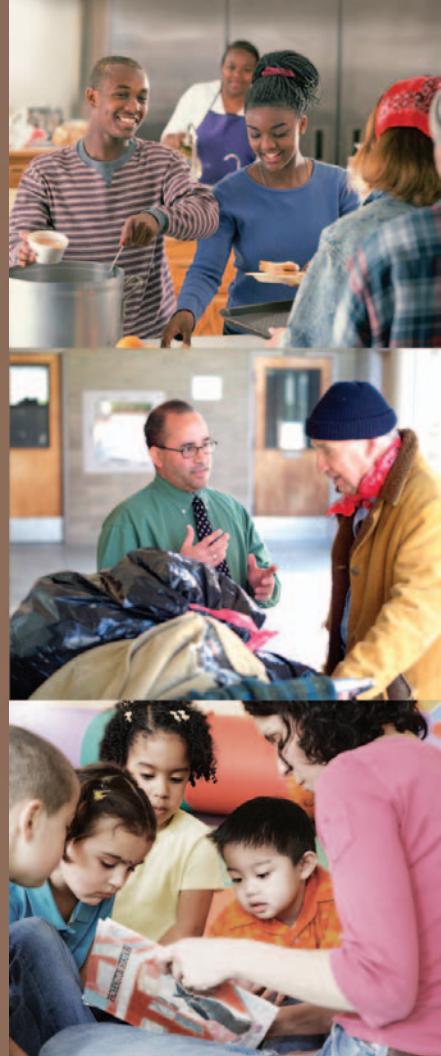
Help
Wanted 2

Recruiting and Retaining the Next Generation of Human Services Workers in Massachusetts

Commissioned by:



The Massachusetts Council of Human Service Providers, Inc.





Donahue Institute

OFFICE OF THE PRESIDENT

The University of Massachusetts Donahue Institute is the public service, outreach and economic development unit of the University of Massachusetts President's Office. Established in 1971, the Institute strives to connect the Commonwealth with the resources of the University, bridging theory and innovation with real world public and private sector applications.



The Provider's Council, more formally known as the Massachusetts Council of Human Service Providers, Inc., is widely recognized as the leading voice for change within the human service sector, and is the largest statewide trade association for community-based organizations providing social, rehabilitation, education, and health care services. People served by member organizations include: individuals with mental, developmental and physical disabilities; people who are homeless; the frail elderly; abused children or those in danger of abuse; victims of domestic violence; troubled children and others. The mission of the Providers' Council is to promote a healthy, productive, and diverse human services industry.

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Dear Reader,

In 2006, the Donahue Institute of the University of Massachusetts was commissioned by The Massachusetts Council of Human Service Providers (Providers' Council) to provide a comprehensive analysis of the state of the human services workforce in Massachusetts and its implications for the future. Findings from the first report, *Help Wanted: The Future of the Human Services Workforce in Massachusetts*, were fascinating and reflected an increasing concern for our future. While the human services sector is an essential industry to the Commonwealth — the industry's more than 100,000 employees serve one in ten residents — anticipated changes in need and demographics in Massachusetts foretell an incredible challenge. This critical workforce analysis prompted thought and accelerated the call for viable solutions.

The Council directed its energy to searching for paths to alleviate the impending crisis. We engaged the Donahue Institute for a second report, this one to look at perceptions of and possible solutions to the main questions that arose from the first report: *First, How do we meet our job recruitment needs?* And just as importantly, *What effective retention strategies can we explore?* The research included interviewing national experts and local key informants, developing a questionnaire about turnover and vacancies, conducting a focus group with providers, and surveying the Providers' Council membership.

Herein we proudly present to you, our friends, supporters and colleagues the result of our efforts: *Help Wanted 2: Recruiting and Retaining the Next Generation of Human Services Workers in Massachusetts*.

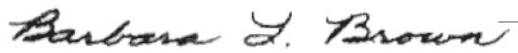
The Members of the Providers' Council Workforce Committee deserve recognition for lending their time and expertise to develop this report: David Jordan, Seven Hills Foundation, Chair; Barbara Brown, Amego, Inc.; Susan Colwell, Community Caring; Ed DeBity, Veterans Benefits Clearinghouse; Danielle Ferrier, Rediscovery, Inc.; Chris Liebke, Casa Myrna Vasquez; Bill Lyttle, Key Program; Michael Moloney, HMEA; Sue Stubbs, ServiceNet, Inc.; and Lee Wise, The Home for Little Wanderers.

The staff of the UMass Donahue Institute has been timely, responsible, personable, and patient. We thank Donahue representatives Michael Goodman and Christina Citino for their time, effort, and willingness to go the extra mile.

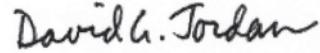
Special thanks to Michael Weekes and Christine Power, Providers' Council staff, who provided the leadership and careful assemblage of the many contributors' talents and skills toward our common goal.

On behalf of the Providers' Council and its members, we hope that this report helps to elevate discussion, encourage engagement in seeking solutions, ameliorate the workforce crisis and restore the promise of the Commonwealth to serve all of our residents regardless of need.

Sincerely,



Barbara L. Brown, Ed.D.
Chair, Providers' Council Board of Directors



David A. Jordan, DHA
Chair, Providers' Council Workforce Committee

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Executive Summary

Human services are intrinsically linked to the health and well-being of Massachusetts communities. Each year, human services workers provide essential services to an estimated one in ten residents representing every segment of society. By directly caring for vulnerable populations, human services providers support the full participation of countless residents in the Commonwealth's economy by ensuring that their loved ones and dependents receive compassionate care and support.

The human services industry in Massachusetts is growing. According to 2004 figures, the state's human services industry exceeds 100,000 workers and represents 3.5 percent of the Commonwealth's workforce. Between 2003 and 2004, the industry experienced a 6 percent increase in employment while overall employment figures in Massachusetts grew less than 1 percent. Moreover, the Massachusetts human services industry outpaced the nation in growth by more than 2½ times (6.0 percent growth in Massachusetts compared to 2.3 percent nationally) during the same period. According to the most recent U.S. Bureau of Labor Statistics estimates, the industry will need an additional 39,000 workers within 10 years.

A confluence of demographic trends and regional changes is turning today's job vacancies into tomorrow's workforce crisis. Across the Commonwealth, employers report difficulty in obtaining workers with required skills. Particularly hard hit are the health care and human services industries. Of the 74,305 job vacancies in the fourth quarter of 2005, 21 percent (15,744) were in the health care and social assistance sector. Of the state's 20 major industries, health care and social assistance had the largest number of vacancies. In addition, agency-specific data from six Massachusetts providers suggest turnover rates as high as 50 percent among certain occupations. These high rates, coupled with extended vacancies, create a perilous situation for many agencies.

Years of level funding and low reimbursement rates have taken their toll on the ability of human services agencies to deliver high quality care, putting increasing stress on an already overburdened workforce. As the demand for services grows much faster than the necessary resources, human services workers are forced to choose between the needs of their clients and their own well-being. Consequently, employers are finding it increasingly difficult to

recruit and retain workers to meet the human services needs of the Commonwealth. As a result, critical care needs are going unmet.

Following *Help Wanted: The Future of the Human Services Workforce in Massachusetts*, the Providers' Council and its membership again commissioned the UMass Donahue Institute to explore how other states and industries are confronting workforce shortages, and whenever possible, to determine which of these strategies are appropriate and transferable to the human services workforce. *Help Wanted 2: Recruiting and Retaining the Next Generation of Human Services Workers in Massachusetts* describes the factors which contribute to the human services workforce shortage and provides insight into the challenges faced by providers across the Commonwealth. This report further outlines key features and strategies that deserve thoughtful consideration by industry leaders and state policymakers.

Factors Driving the Shortage

Today's human services workers face heavy workloads, long hours, and increasing responsibilities. National studies further suggest that some workers leave the industry because they perceive a lack of support. Deinstitutionalization and the shift toward home- and community-based care have increased workers' responsibilities. Human services workers employed in supported living arrangements or small group homes must exhibit greater skill, judgment, and personal accountability than their peers employed in institutional settings.

Unfortunately, human and financial resource limitations, as well as contractual and regulatory restrictions are barriers facing employers as they strive to provide the support and supervision workers require. These constraints, combined with a high number of vacancies, result in an environment where workers are chronically overburdened, and employers increasingly struggle to provide the support necessary for direct service workers to meet their clients' needs and offer high quality care.

While research demonstrates that those who choose to enter the human services workforce do so to help people, the low salaries of human services workers compared to workers in other sectors are both a deterrent to pursuing a career in the industry and to remaining in the field. Annual

full-time direct care wages are scarcely enough for an individual to meet the Commonwealth's basic cost of living, and are far too little for a single parent with children in Massachusetts. Of Massachusetts providers surveyed, nearly 85 percent felt that the low salaries associated with human services jobs contributed to staff turnover, and nearly 80 percent felt that low salaries contributed to recruitment difficulties and extended vacancies. Providers' perceptions of the role of low wages are legitimate. *Help Wanted* documented that median earnings among human services workers are approximately \$9,000 less than workers in health care and other industries. Among direct service workers, the gap is even greater. Direct service workers in human services earn nearly \$15,000 less than the same workers in health care, and nearly \$5,000 less than their counterparts in other industries.

The stress of overwhelming workloads and insufficient compensation comes at a time when the need for services continues to grow. As the population ages and requires increased levels of services, the workforce available to deliver these services shrinks. Over the next 25 years Massachusetts residents of traditional working age (20 to 64 years old) will grow much more slowly than the younger and elderly populations. MassINC projects that Massachusetts could face labor shortages, "as the number of people under 55 is projected to decline in absolute terms between 2010 and 2025, and older workers will become a growing portion of the labor force."

Approaches to the Workforce Shortage

Unfortunately, there is no blueprint for solving the existing human services workforce shortage in Massachusetts and there is no easy prescription for the future. However, existing human services workforce initiatives, as well as lessons learned from other industries, suggest how the Commonwealth can move forward in developing the next generation of human services workers. A thorough review of existing initiatives found eight major themes that must be addressed in confronting this industry's workforce crisis:

3. Human services workers must be **fairly compensated** for their work and **valued** for their efforts.
 4. Goals and standards for human services workers must be **achievable** and be **supported**.
 5. Workplace **benefits** must be **expanded** to support and encourage workers to remain in their jobs.
 6. **Hiring practices** in human services must be strengthened to better match workers to jobs.
 7. Human services providers must explore options for **expanding the universe of workers**; including recruiting underutilized workers, and advocating for progressive immigration policies which increase the supply of workers in the Commonwealth.
 8. **Industry-specific data** on workers and workforce indicators must be collected in order to better understand the extent of the problem and evaluate the effectiveness of workforce initiatives.
- Massachusetts providers clearly have a role in addressing recruitment and retention issues, and many of them have begun to address these issues at the agency level. However, this is an industry issue not a provider issue. Successful initiatives must be strategic, systemic, and supported at the highest levels of government.
- As a growing industry in the Commonwealth, this is an issue of concern for all policymakers. Supporting this industry's workforce is essential to fulfilling the Commonwealth's promise to care for its citizens in need. But more than that, supporting this workforce is vital to the state's economic interests as this industry employs over 100,000 workers who directly contribute to the economic health of their communities. The Massachusetts human services industry needs a coordinated, comprehensive approach, and it needs it now. Our most vulnerable neighbors, their communities, and one of our major industries deserve nothing less.
1. Approaches to the workforce shortage must be **comprehensive**, concurrently address recruitment and retention, and involve stakeholders beyond the human services industry.
 2. The human services industry must establish its own **identity** among the helping professions, and an **image** which fosters the importance of the industry's work and workers.

Introduction

Human services are intrinsically linked to the health and well-being of Massachusetts communities. Each year, human services workers provide essential services to an estimated one in ten residents representing every segment of society, including children, the elderly, individuals with intellectual or developmental disabilities, persons with mental illness or substance abuse difficulties, the poor, the homeless, and survivors of domestic violence. By directly caring for vulnerable populations, human services providers support the full participation of countless residents in the Commonwealth's economy by ensuring that their loved ones and dependents are compassionately looked after. Above and beyond these significant social benefits, the Massachusetts human services industry is a major economic contributor in the Commonwealth, employing over 100,000 workers whose spending on goods and services in 2003 is estimated to have supported an additional 34,000 jobs in the Bay State.¹

Years of level funding and low reimbursement rates have taken their toll on the ability of human services agencies to deliver high quality care, putting increasing stress on an already overburdened workforce. As the Massachusetts Taxpayers Foundation put it, "The emphasis has been on serving the maximum number of clients at the least cost rather than on the quality and outcomes of the services."² As the demand for services grows much faster than the necessary resources, human services workers are forced to choose between the needs of their clients and their own well-being. Consequently, employers are finding it increasingly difficult to recruit and retain workers to meet the human services needs of the Commonwealth and critical care needs are going unmet.

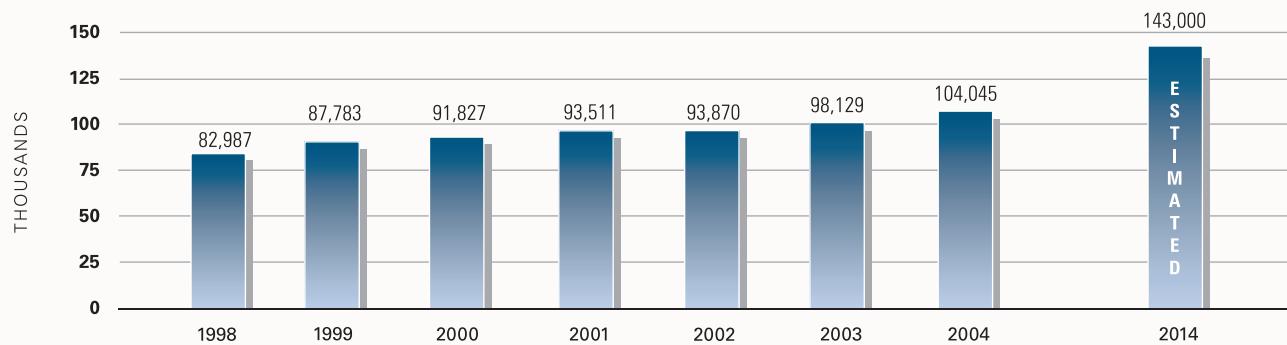
Human Services — A Critical Workforce

The human services industry in Massachusetts is significant. Its size and the economic impact of its workforce were recently documented in *Help Wanted: The Future of the Human Services Workforce in Massachusetts*. According to that study's findings, the industry employed nearly 100,000 workers or 3.3 percent of the state's workforce in 2003.³ Figures released after the publication of *Help Wanted* reveal that the Massachusetts human services industry now exceeds 100,000 workers and represents 3.5 percent of the Commonwealth's workforce. According to the 2004 Census Bureau's County Business Patterns, the industry employs 104,045 workers (Figure 1), representing a six percent increase over 2003 human services employment and a 25 percent increase in the workforce since 1998. Notably, in one year the industry experienced a 6 percent increase in employment while overall employment figures in Massachusetts grew less than 1 percent.

Employment growth in the Commonwealth's human services industry has lagged behind national growth since 1998 (Figure 2). However, between 2003 and 2004 the Massachusetts human services industry outpaced the nation by more than 2½ times (6.0 percent growth in Massachusetts compared to 2.3 percent nationally).

Industry growth is expected to increase. As the population continues to age, the need for human services is expected to grow. The U.S. Department of Health and Human Services anticipates that over the next decade the number of direct support professionals needed for the growth of long-term care and supports for people with intellectual and developmental disabilities will increase by about 37 percent nationally.⁴ Growth will be due to population

Figure 1. Massachusetts Human Services Workforce: Employees, 1998 – 2004



Source: U.S. Census Bureau, EPCD, County Business Patterns 1998 – 2004. U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections, 2004 – 2014.

changes, increases in life expectancy among persons with disabilities, aging family caregivers, and the expansion of home- and community-based services. Unfortunately, this increase will occur at a time when the labor supply of adults aged 18 to 39, who have traditionally filled these positions, is expected to increase by only 7 percent. Furthermore, the most recent U.S. Bureau of Labor Statistics estimates suggest 37.5 percent growth in the Commonwealth's human services industry between 2004 and 2014. This translates into the need for 39,000ⁱ additional workers within 10 years. Considering that the most recent New England Economic Partnership forecast for Massachusetts predicts that between 2005 and 2009, overall employment will grow at just under 1 percent per year, the growth in human services is positive. However, job growth is only positive if there are workers, and at present, indications are that such workers will not be available.

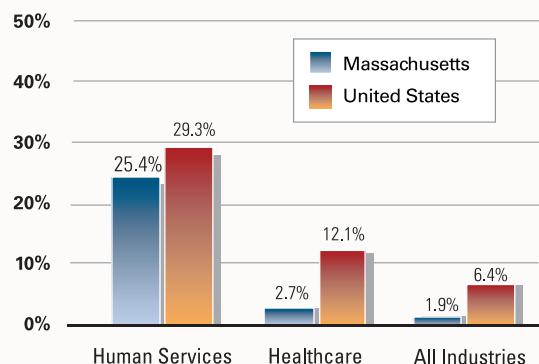
Today's Vacancies, Tomorrow's Crisis

A confluence of demographic trends and regional changes is turning today's vacancies into tomorrow's workforce crisis. Massachusetts employers report difficulty in obtaining workers with required skills and experience. The Fourth Quarter 2005 Job Vacancy Survey released by the Massachusetts Department of Workforce Development reported nearly 74,305 vacant positions, representing a 3.3 percent increase from the same quarter of 2004. At the same time, the Department of Workforce

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i. Projected growth through 2014 was determined by multiplying the BLS 37.5 percent growth by 2004 Massachusetts employment figures. In Help Wanted, the projected number was slightly smaller because it was based on 2003 employment data rather than 2004 which were not available at the time.

Figure 2. Massachusetts and U.S. Workforce Growth: Industry Comparisons, 1998 – 2004



Source: U.S. Census Bureau, EPCD, County Business Patterns 1998 – 2004.

Development estimated that more than 140,000 workers were unemployed statewide. In August 2006, the *Boston Business Journal* reported rising job vacancy levels over a two-year period. According to its analysis, “Unfilled job openings spiked 63 percent, rising from 45,600 postings to just over 74,300” between January 2003 and December 2005, with the “widening vacancy rate touching virtually every industry, with particular force in the health care, retail, technology and hospitality sectors.”⁵ Furthermore, job vacancy figures suggest misalignment between what employers need and what available workers in the Commonwealth have to offer. If this situation persists, many employers, like many of our residents, may seek greener economic pastures elsewhere.

New England May See Exodus of Young Talent, Study Warns

Boston Globe, June 29, 2006

New England states will face a shortage of educated young workers if demographic trends continue... The report by scholars at the Universities of Massachusetts and Connecticut finds that each of those states stands to lose tens of thousands of young workers holding at least a bachelor's degree by 2020, a period when the same critical workforce will grow in other regions.

Census Estimate A Concern For State

The Boston Globe, December 23, 2005

Massachusetts lost residents for the second year in a row...

Demand for Top Talent is Taking Off

The Boston Globe, October 16, 2005

As the economy gathers steam, several industries are lining up to snag top talent. While health care still leads the pack in worker shortages, for the first time in a few years it has significant competition.

Massachusetts Firms Decry Lack of Workers

The Boston Globe, July 24, 2005

The state's labor market has only begun to recover from the recent recession, but already employers from the Berkshires to the Boston suburbs say it's getting hard, and in some industries almost impossible, to find workers.

Brain Drain May Follow as Boomers Set to Retire

The Boston Globe, May 15, 2005

With 75 million baby boomers set to retire in the next few years, corporate America could be in trouble if those workers take their knowledge with them.

Of the 74,305 job vacancies in the fourth quarter of 2005, 21 percent (15,744) were in the health care and social assistance sector.ⁱⁱ Of the state's 20 major industries, health care and social assistance had the largest number of vacancies. Occupation-specific vacancy rates during the same period record 1,900 openings for nursing, psychiatric, and home health aides; 800 openings for social and human services assistants; 700 openings for personal and home care aides; 500 openings for counselors and therapists; and nearly 400 openings for social workers. The majority of these vacancies were within the health care and social assistance sector. Moreover, as part of this project, Providers' Council member agencies were surveyed about workforce issues. Of the members participating in the survey, 25 percent reported that vacancies are a significant issue, and an additional 50 percent reported vacancies to be somewhat of an issue at their organization.

In understanding workforce issues facing the Commonwealth's human services industry, there is no denying that some jobs are more difficult to fill than others. While human services agencies may experience difficulty across the board in hiring qualified direct service staff, anecdotal evidence suggests that paraprofessional occupations which provide direct care and support to clients with a wide range of needs are among the most difficult to fill and retain. In fact, of the six agencies that provided detailed information about vacancies, five reported that the positions with the consistently highest vacancies were direct care and support positions. Although Massachusetts-specific vacancy rates are not available for this occupational group as a whole, 3,400 job openings in the fourth quarter of 2005 were in those occupations most closely aligned with the state's direct care and support workers (i.e., nursing, psychiatric, and home health aides; social and human services assistants; and personal and home care aides). While not all of these openings were in the human services industry, there is a clear need for such workers across the Commonwealth.

Vacancies in direct service occupations are but one indicator of a workforce shortage in the industry. A Web-based survey of Massachusetts providers found that 32 percent consider turnover a significant issue, and an additional 45 percent consider it somewhat of an issue. Agency-specific data from six Massachusetts providers suggest turnover

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ii. The figures cited in the Massachusetts Job Vacancy Report for health care represent vacancy rates of all employers categorized as Health and Social Assistance (NAICS code 62), which includes the Massachusetts human services industry.

rates as high as 50 percent among certain occupations. These high rates, coupled with extended vacancies, create a perilous situation for many agencies. The ultimate result: critical care needs go unmet.⁶⁷

The growing need for services intensifies the situation and doubly impacts the human services industry. As the population ages and requires increased levels of services, the workforce available to deliver these services shrinks. Like health care, the human services industry does not have the option of relocating out of state or overseas to find more workers. And given that services are community-based, providers cannot even relocate within the state to find more workers. Furthermore, the industry must compete for many of the same workers in demand in other sectors, notably health care, where compensation, work environment, and opportunities for advancement are frequently more attractive.

Armed with the quantitative measures of industry impact and growth presented in *Help Wanted*, the Providers' Council was ready to take the next step in confronting the workforce crisis. To that end, the Council engaged the University of Massachusetts Donahue Institute to conduct a thorough review of strategies to confront workforce shortages. The Council and its membership specifically wished to explore how other states and industries are confronting workforce shortages, and whenever possible, to determine which of these strategies are appropriate and transferable to the human services workforce. The work of the Institute will serve as the basis for discussing how the industry might proactively address the growing workforce shortage.

About this Report

Defining Human Services Workers

As described in *Help Wanted*, the defined human services industry consists of six subsectors: outpatient mental health and substance abuse centers; residential mental retardation, mental health, and substance abuse facilities; individual and family services; community food, housing, emergency, or other relief services; vocational rehabilitation; and child care services. Although providers across the Commonwealth do not generally use the North American Industry Classification System (NAICS) subsectors to describe services, the selected NAICS codes are consistent with the way in which human services are portrayed in the Commonwealth. Unfortunately, the same cannot be said for the existing classification of occupational groups.

The Bureau of Labor Statistics defines occupations according to the Standard Occupational Classification (SOC). Those definitions are inconsistent with the Uniform Financial Report (UFR) job titles and occupations utilized by Massachusetts providers and the state Executive Office of Health and Human Services. According to UFR definitions, direct service workers include those employees with the titles of Direct Care I, II, and III, program staff, program staff supervisor, and case worker. This issue is further complicated by the development of occupational titles specific to subsectors within human services. For instance, the title "direct support professional" (DSP) describes someone who provides a wide range of supportive services to individuals with intellectual or developmental disabilities, so that these individuals can live and work in their communities. While DSPs may share occupational characteristics with child care workers, shelter staff, or residential counselors, the occupational title does not apply across human services subsectors. The Community Support Skills Standard uses the title "community support human service practitioner" (CSHSP) to describe the core direct service occupations that "provide direct help within a community setting to individuals, families, or groups of individuals with extraordinary support needs."⁸ These practitioners may be employed in community service broker, employment support, leisure/recreation support, personal assistance, residential support, or social/interpersonal/behavioral support positions. Similarly, as part of its Human Services Workforce Initiative (HSWI), the Annie E. Casey Foundation defined the frontline human services workforce as workers in child welfare, child care, juvenile justice, youth services, and employment and training. The Foundation defines child welfare workers as "social services workers in public and private, nonprofit child welfare agencies, including those who investigate allegations of abuse and neglect," and defines child care workers as "early childhood teachers, teacher aides, and family-based child care workers, whether in formal or informal settings." Juvenile justice workers include those who "provide support to youth on the front and back ends of the detention system," youth services workers are those "engaged in promoting the overall development of school-aged children," and employment and training workers include "eligibility and caseworkers in income support programs." Furthermore, the National Association of Social Workers finds that the term "social worker" has come to generically refer to someone offering social assistance.

No one definition of human services workers is universally accepted, and nearly all referenced studies focus

on a specific subset of human services workers uniquely defined by the given study's authors. Throughout this report, several terms are used to describe human services workers. Each of these terms is defined below:

Direct Service Workers: human services workers, including both professional and paraprofessional staff, who interact with clients and provide services. This group may also be referred to as "frontline workers."

Direct Care and Support Workers or Direct Care Workers: paraprofessional direct service workers who are generally the lowest paid in the industry.

Direct Support Professionals (DSPs): direct support and care workers specifically providing services to individuals with intellectual or developmental disabilities.

Literature Review

Upon the completion of *Help Wanted*, the Providers' Council recognized the value of exploring actions taken by other states, industries, and organizations to address recruitment and retention of human services workers. With that in mind, the Council and the UMass Donahue Institute agreed to review existing literature on recruitment and retention strategies and best practices.

The literature review relied heavily on the work of two initiatives, The Annie E. Casey Foundation's Human Services Workforce Initiative (HSWI) and the work of the Research and Training Center on Community Living (RTC) at the University of Minnesota. In 2003, the Annie E. Casey Foundation released a white paper titled "*The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce*." It and the



Brookings Institution Center for Public Service's report titled *The Health of the Human Services Workforce* serve as the basis for the existing HSWI managed by Cornerstones for Kids. A great deal of what is known about the condition of the workforce and best practices in strengthening the workforce comes from the Foundation's commitment to this issue and the work of Cornerstones for Kids and the HSWI grantees.

The Research and Training Center on Community Living (RTC) in general and the work of Dr. K Charlie Lakin, Dr. Sheryl Larson, and Dr. Amy Hewitt in particular, offer a wealth of information about human services workers who provide care and support to individuals with intellectual or developmental disabilities. The RTC conducts research, evaluation, training, and technical assistance with the aim of supporting individuals with intellectual and development disabilities by strengthening frontline direct support professionals and frontline supervisors. The work of the RTC has been invaluable during this process.

In addition to the work of these initiatives, the Donahue Institute reviewed the work of a wide variety of sources on research and initiatives targeting professional and paraprofessional human services and health care workers. Furthermore, much of the background on the Commonwealth's labor force and population trends comes from the work of MassINC and Northeastern University's Center for Labor Market Studies.

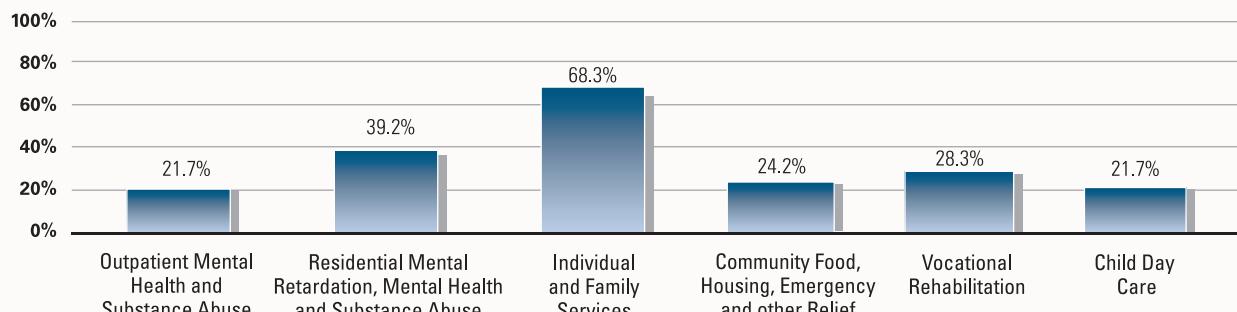
Key Informant Interviews

Information gathered through the literature review was supplemented by interviews with individuals with expertise in human services workforce initiatives or Massachusetts labor force and economic issues. The key informants included:

- Ira Cutler, Cornerstones for Kids, Human Services Workforce Initiative
- Sheryl Larson, Ph.D., Research and Training Center for Community Living
- Kala Stroup, American Humanics, Initiative for Nonprofit Sector Careers
- Michael Widmer, Massachusetts Taxpayers Foundation

The insight and suggestions provided by these key informants were critical in refining our understanding of the issues and dynamics affecting the human services workforce,

Figure 3. Survey of Massachusetts Human Services Agencies: Providers by Industry Subsector



Source: Human Services Workforce Survey, December 2006.

the direction of existing efforts, and the key concepts in developing successful strategies. The Providers' Council and the Donahue Institute greatly appreciate the time these individuals provided and their dedication to this issue.

Input from Massachusetts Human Services Providers

Input from Massachusetts human services providers was gathered through a Web-based survey of the Providers' Council membership and a more detailed data collection with six selected providers.

Web-Based Survey of Council Members

Provider input was obtained through a Web-based survey of Council members. The survey gathered information about experiences with turnover, vacancies, and strategies for addressing the existing workforce shortage. Results of the survey are included throughout this report.

The Web link for the Human Services Workforce Survey was sent to the chief executives of 249 human services member agencies. Executives were invited to complete the survey or forward it to their staff member with the greatest knowledge of retention and recruitment issues. Only one completed survey was accepted from each agency.

Of the 249 agencies invited to participate, 124 did so for a response rate approaching 50 percent. As shown in Figure 3, the majority of participating agencies provide individual and family services, including those targeted to children and youth, the elderly, persons with disabilities and disenfranchised adult populations. Half of the participating agencies provide services in multiple subsectors; the rest provide services within a single subsector. Only

one participating agency provides services in all six of the human services subsectors. Four participating agencies provide services that fall outside the industry definition but can generally be considered human services.

Nearly 60 percent of survey respondents are the chief executive of the participating agency, 9 percent are senior operations or financial executives, and the remaining 31 percent are human resources managers or staff. More than half of the survey respondents have worked in the human services field for 20 years or more, and 20 percent have held their current position for 20 years or more. The majority of participating agencies provide services in eastern Massachusetts. Approximately 40 percent provide services in central or western Massachusetts. Ten percent provide services statewide.

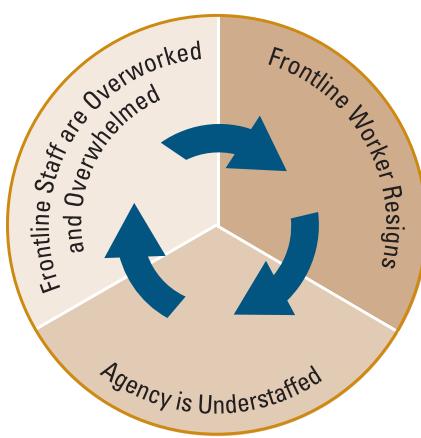
Survey and Focus Group of Selected Providers

In addition to the Web-based survey, six agencies completed a detailed Turnover and Vacancy Survey on staff turnover and agency-wide vacancies during October 2006. The survey also gathered information about which positions have the highest turnover and are difficult to recruit, as well as reasons workers choose to leave. These data are summarized throughout the first section of this report in a series of agency vignettes. Additional information was gathered from these agencies during a November 2006 focus group centered on ways to address issues of turnover and vacancies. This information was used to understand how agencies cope with workforce issues. It is important to note that agencies were selected by the Council's Workforce Committee and represent agencies across the Commonwealth in terms of size, service provision, and location. Participating agencies are not being identified in this report.

Factors Driving the Human Services Workforce Shortage

Turnover and Vacancies

National turnover ratesⁱⁱⁱ among human services workers are high. Among DSPs providing assistance to people with disabilities, turnover rates exceed 50%.^{9 10} Turnover rates are estimated to range from 20 to 40 percent among child welfare workers, are at 40 percent among child care workers, and are between 40 and 80 percent among juvenile justice workers.^{11 12} Current turnover rates are not available for the Massachusetts human services industry overall, but anecdotal evidence suggests high turnover rates among certain occupations (see the agency vignettes included herein). The Massachusetts Executive Office for Administration and Finance documented FY 2000 turnover rates for selected state-contracted positions as ranging from 15 to 30 percent.¹³ Moreover, in *Health of the Human Services Workforce*, Paul Light of the Brookings Institution found that 30 percent of 18 to 34 year olds employed in human services for five years or less planned to leave within two years and an additional 13 percent planned to leave within five years.¹⁴



Difficulty in retaining human services workers sets off a vicious cycle. Turnover leads to increased vacancies, which can cause remaining workers to become frustrated. Frustration leads to dissatisfaction and burnout, further contributing to the retention challenge.^{15 16} While turnover feeds increased vacancies, the ability to fill vacancies is also a significant problem. The costs of high staff turnover and extended vacancies are pervasive: uncovered caseloads, discontinuity of services, increased administrative costs, lowered staff morale, and potential recruits losing interest in the field.¹⁷

Considering strategies to bolster the human services workforce requires an understanding of the factors that contribute to the existing and projected shortage of workers. In general, three significant factors are driving the human services workforce shortage:

1. Workers are overburdened and overwhelmed.
 2. Wages are too low.
 3. There are too few workers available to fill vacancies.
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ⁱⁱⁱ. The turnover rate is the ratio of the number of workers that had to be replaced in a given time period to the average number of workers. In addition to including workers who resign, turnover rates also include terminations and other separations due to retirement, disability or death. It is also important to note that turnover rates include separations from unique positions, as well as multiple workers repeatedly leaving the same position.

Factors contributing to high turnover rates and extended vacancies are many, complex, and often interrelated. The first section of this report describes factors which contribute to the human services workforce shortage and provides insight into the challenges faced by providers across the Commonwealth.

Overburdened and Overwhelmed

National studies demonstrate that worker retention is related directly to conditions faced by frontline workers. However, the research does not move beyond the experiences of workers to address the larger factors contributing to overwhelming nature of the work itself. It is important to note that while studies reflect workers' experiences and perceptions, they do not address the realities faced by human services agencies trying to improve overall work conditions such as the pressure to serve more clients who have greater needs, level funding coupled with increasing operating costs, or the escalating documentation demands caused by expanded reporting mandates.

Studies of low retention among direct care workers suggest that they leave the industry because of overwhelming workloads, long hours, and too much paperwork.^{18 19 20 21 22} In Light's study, which focused on the five human services workforce areas defined by the Annie E. Casey HSWI, 81 percent of workers agreed that it is easy to burn out, and 70 percent agreed that there is always too much work to do.²³

Human services workers typically have heavy workloads. Research demonstrates that workers with heavy workloads are more likely to be dissatisfied with their jobs.²⁴ In 2006, the National Council on Crime and Delinquency (NCCD) reported that 78 percent of child welfare workers who left did so due to unending work, and 66 percent left due to heavy caseloads.²⁵ Furthermore, NCCD researchers reported that one-third of surveyed child welfare workers claimed that they would have stayed on the job had their caseloads been decreased. Despite the fact that the Child Welfare League of America's standards for public-sector child welfare practice state that workers should have no more than 12 cases on their daily caseload, former child welfare workers reported having had caseloads two to three times higher than that.

In a 2004 study conducted by the National Association of Social Workers (NASW), licensed social workers reported experiencing increases in paperwork, in the severity of client problems, in caseload size, in waiting lists for

AGENCY A VIGNETTE

Agency A delivers services throughout central and eastern Massachusetts and employs over 1,000 workers. Approximately 75 percent of its staff are direct care and support workers.

During the first two weeks of October, the agency lost 25 staff, for a two-week turnover rate of 1.8%. If this level of turnover were typical over the course of one year, the agency would be approaching a 50% turnover rate by year's end. According to the agency's associate recruiter, direct care workers employed as support advocates have the highest turnover rates, with an average length of employment of 12 weeks. Such constant change results in reductions in services, safety concerns for clients, poor continuity of care, and staff stress. The associate recruiter identified schedule, salary, and advancement issues as the primary reasons employees leave.

Retention is not the only workforce issue facing this provider. The agency reported a 12% vacancy rate in October 2006. Of the agency's 160 job openings on October 13th, half were for direct care positions. Additionally, several critical positions have been vacant for over one year, including openings for speech and language pathologists, vision specialists, occupational therapists, and certified occupational therapist assistants

services, and in assignments not directly related to social work in the previous two years.²⁶ The survey also found that social workers planning to leave the field within two years were significantly more likely than those planning to remain in the field to report increased caseloads, greater severity of client problems, and more paperwork.

Client numbers alone do not account for heavy workloads. As noted above, many human services workers need to complete extensive paperwork. Ironically, individuals who choose human services work often do so because they want to work directly with people. Research suggests that more administrative duties are being expected of human services workers, resulting in fewer opportunities for the satisfying experiences with clients that first drew them to the field.²⁷

National studies suggest that in addition to feeling overworked, human services workers feel unappreciated. In 2003, Light found that 51 percent of human services workers described their work as unappreciated, compared to 36 percent among other types of workers.²⁸ Similarly, the 2004 NASW study found that those planning to leave the field felt that their agency lacked respect for the field of social work.²⁹

Several national studies suggest that some human services workers leave the industry because they perceive a lack of support and supervision.^{30 31 32} In 2000, a report on the retention of child welfare workers found that the majority of human services workers who resigned in 1997 reported lack of support from their department as a factor in their decision to leave.³³ National studies also report that human services workers are dissatisfied with the training they receive, which does not always match the roles and demands actually encountered on the job; the lack of opportunity for professional growth and advancement; and having little latitude for discretion.^{34 35}

Human and financial resource limitations, as well as contractual and regulatory restrictions are barriers faced by providers in offering the support and supervision workers require. These constraints combined with a high number of vacancies may result in an environment where the supervision of and support provided to direct service workers is lacking. As one Massachusetts provider who participated in the focus group stated, “It’s a chronic problem because you are always understaffed. In terms of the quality of the supervision, we will now promote people into supervisory positions [who] in the past we probably wouldn’t have, but they are the best of who we have right now. They go into an entry level supervisory position perhaps not as well prepared as [their predecessors] were five or ten years ago, so the quality of the supervision isn’t what it was ten years ago.”

The increasing levels of responsibility taken on by direct service workers can be linked to deinstitutionalization and the shift toward home- and community-based care. Human services workers employed in supported living arrangements or small group homes must exhibit greater skill, judgment, and personal accountability than their peers employed in institutional settings. Furthermore, human services workers practicing outside of an institution may be required to work more independently with less access to on-site consultation from highly trained professionals.³⁶

Workers identify support, respect, training, and respite as critical factors in job satisfaction.³⁷ Reasons cited by

AGENCY B VIGNETTE

Agency B provides services throughout the Commonwealth and employs nearly 500 workers. On October 27, 2006, it had an overall vacancy rate of 13 percent. Nearly all of the job openings were for direct care workers. The vacancy rate among these workers neared 20 percent.

Twenty direct service workers left the agency during the October, for a one-month turnover rate of 6 percent. If that rate of turnover were typical (20 frontline workers per month), Agency B would lose half its direct service staff in eight months time.

According to the agency’s human resources manager, common reasons for turnover include scheduling issues, too many hours, and low pay. Night and residential staff positions are the most likely to turn over and are most difficult to recruit. The HR manager said that constant turnover and extended vacancies impact program quality and contribute to low staff morale, leading many workers to claim that the agency would be a better place to work if it hired more staff.

human services workers for staying on the job include good relationships with staff and clients. A 1990 study of home health care workers found them to be more satisfied and likely to remain in the job if they felt personally responsible for their work and received ongoing feedback from their supervisors.³⁸ In a study of nursing aides, homes in which nurse supervisors accepted advice from or discussed care plans with the aides reported turnover rates one-third lower than in homes without these practices.³⁹ Furthermore, in a 2000 study by the U.S. Department of Health and Human Services, workers who indicated that they had greater choice or discretion about how they did their work reported less stress and greater job satisfaction.⁴⁰ Human services workers whose activities involve more direct contact with consumers and less paperwork likewise report a greater sense of personal accomplishment.⁴¹

Two decades ago, a study of the correlates of job satisfaction among human services workers identified 12 factors that influence worker satisfaction. These include:

the work itself, achievement, responsibility, recognition, advancement, job security, good working conditions, quality of supervision, shared attitudes with coworkers, and the organization of the company.⁴² These findings are not unique to the human services industry. In a 2005 report on the manufacturing industry, which is also confronting a workforce shortage, researchers found that employees wanted respect, recognition, and connection to the workplace. Specifically, they wanted relevant performance incentives (both monetary and non-monetary), formal and informal networks, formal and informal mentoring, and a general sense of community.⁴³

The realities faced by human services workers on the ground may be fueling an overall declining interest in human services as a career choice. Declining interest in the field is difficult to demonstrate. Unlike those in nursing or engineering, professions which require specific degrees, workers in human services come from all walks of life. As a result, tracking the ebb and flow of college degrees in certain disciplines is not the best indicator of interest in the field. Furthermore, as demonstrated in *Help Wanted*, an estimated two-thirds of human services workers in Massachusetts do not have a college or advanced degree making potential worker interest difficult to gauge. However, there is some evidence that potential human services workers have too little information about the field or have negative perceptions of what the field has to offer.

In April 2002, the Brookings Institution Center for Public Service conducted a survey of 1,015 college seniors in liberal arts and social work. The survey found that “among students who have not yet made final decisions

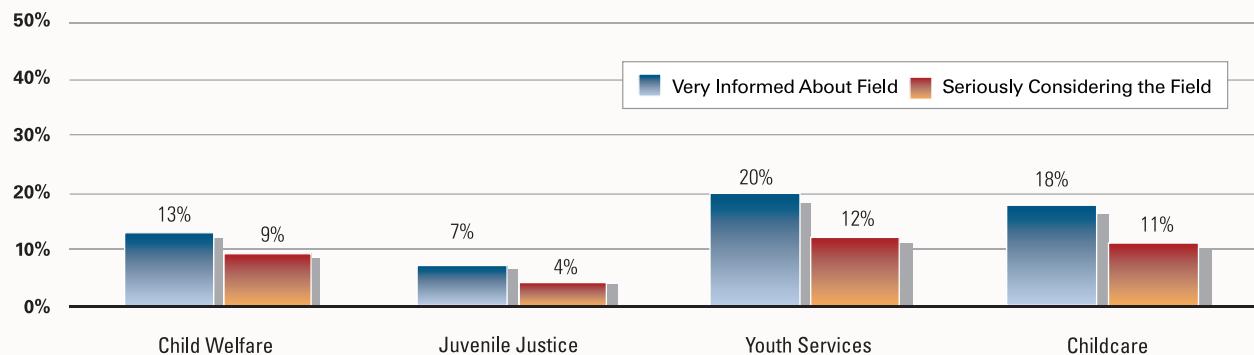
AGENCY C VIGNETTE

Agency C provides services in western Massachusetts and employs approximately 125 workers, nearly half of whom are direct care workers. According to the agency’s director of human resources, workers most often leave for better pay, better hours and working conditions, and greater community appreciation and recognition of their work.

For this agency, staff turnover and extended openings promote a continuous training cycle that impedes client treatment and inhibits the development of staff teamwork. Of the 11 percent vacancy rate reported for October, 2006, more than half of the openings were for direct care and support positions. The human resources director further reported that these positions have the highest turnover and vacancy rates, taking an average of 4 to 6 weeks to fill.

about their future, interest in human services careers is too low.”⁴⁴ Light’s summary of the findings concluded that the next generation of would-be human services workers is best characterized as “uninterested, uninformed, and apprehensive about jobs in the industry.” As shown in Figure 4, less than one-quarter of liberal arts and social work college seniors surveyed felt “very informed” about the human services fields of interest in the study, and in all

**Figure 4. Brookings Institution Survey of College Seniors, 2002
Knowledge of and Interest in Human Services Careers**



Source: Light, Paul C. The Health of the Human Services Workforce. Appendix C: College Seniors and the Human Services Workforce, March 2003.



cases, smaller percentages of soon-to-be graduates were “seriously considering” working in the field. However, even more striking is that of those surveyed, slightly more than half had volunteered, worked, or interned at a non-profit. Asked to rate how well selected words described the types of work done by people at those organizations, 63 percent chose “frustrating,” 70 percent chose “stressful,” and 33 percent chose “dead-end.”⁴⁵

Poor Wages

Research repeatedly demonstrates that among those who choose to enter the human services workforce, salary is not the driving factor. Less than 20 percent of human services workers cite salary as a very important consideration.⁴⁶ However, low wages are associated with high turnover rates.⁴⁷ In addition, the low salaries of human services workers compared to workers in other sectors are off-putting and may be a deterrent to pursuing a career in the industry.⁴⁸ In fact, the Brookings survey of college seniors found that among those *not* considering work in human services, 25 percent reported poor pay and benefits as a major reason for their disinterest, and 24 percent gave lack of advancement opportunities as the reason.⁴⁹

According to the New York State Office of Alcoholism and Substance Abuse Services, the leading barrier to recruiting substance abuse counselors is low pay. In fact, one study found that 84 percent of hiring managers cited inadequate salaries as the top cause of recruitment difficulties.⁵⁰ The survey of Massachusetts providers underscores the role of salary in recruitment and retention difficulties. Eighty percent of survey respondents felt low

salaries were a barrier to recruitment and 85 percent felt low salaries contributed to turnover. Providers commented that “salaries don’t compete with the private sector,” which deters younger workers from entering the field, and that “state and community-based workers’ salaries are not equitable,” making it difficult for community agencies to attract workers interested in providing direct services.

The role of low salary in recruitment and retention difficulties is not simply one of workers’ interest in higher-paying fields. On the contrary, workers interested in helping professions often choose to work in the public sector, where state and local governments offer superior pay and benefits. According to the 2004 salary survey conducted by the National Association of Addiction Treatment Providers, bachelor’s-level counselors at state

AGENCY D VIGNETTE

Agency D provides services throughout Massachusetts and employs over 1,200 workers. Nearly half (46 percent) of its employees are direct service staff.

According to its director of human resources, the agency is constantly looking for direct service workers. These positions have the highest vacancy rates; on average, employees stay just under a year. During October 2006, Agency D had a total vacancy rate of 7%. Of the 87 job openings, almost half were for direct service workers. Thirty direct service workers left in that month alone, resulting in a turnover rate of 5.2%. If the agency consistently loses 30 workers per month, Agency D would lose over half of its direct service staff in a one year period.

Many of the issues and needs cited by this provider are common to others. Not only is hiring and training new staff a major expense, but high turnover hurts morale, increases the workload for staff that remain, and disrupts client care. The HR director said that most staff leave to seek better pay, more flexible hours, and improved opportunities for advancement, and that “in many of our locations, direct care staff can make more money working at the local grocery store. Better pay is absolutely essential.”

or local government treatment centers earned 25 percent more than other counselors.⁵¹ Moreover, the 2003 Annie E. Casey report found that frontline human services workers earned as much as “86 percent less than similarly qualified workers employed by the federal government for administrative functions.”⁵²

There is no denying that human services jobs pay poorly. Help Wanted documented that median earnings among human services workers overall are approximately \$9,000 less than in health care and other industries. Among direct service workers, the gap is even greater. Direct service workers in human services earn nearly \$15,000 less than the same workers in health care, and nearly \$5,000 less than their counterparts in other industries. According to the state’s Fourth Quarter 2005 Job Vacancy Survey, median wages for direct service occupations common to the human services industry are low. In particular, the median wage of direct care and support workers (e.g., nursing, psychiatric, and home health aides; social and human services assistants; and personal and home care aides) is between \$9.25 and \$10.00 per hour. At roughly \$20,000 per year for full-time employment, this salary represents 200 percent of the federal poverty level for a single person, and the top of the 100 percent poverty threshold for a family of four.

In April 2003, Pearce and Brooks updated the Massachusetts Self-Sufficiency Standard,^{iv} which quantifies the income an individual or family requires to meet its basic needs.⁵³ According to their analysis, the annual basic-needs income for an individual living without assistance in Boston is \$21,362. If that individual also has one pre-school child, the income requirement soars to \$44,046. While those figures vary significantly by geography and family composition, there can be little doubt that annual full-time direct care wages are scarcely enough for an individual, and are far too little for a single parent with one child in Massachusetts. Although salaries for professional direct service occupations in human services do meet the self-sufficiency standard, it is important to note that the standard does not include student debt as part of living expenses.

The majority of professional direct service positions (e.g., social workers, counselors, and therapists) in Massachusetts require bachelor’s or master’s degrees. Data compiled by the Project on Student Debt demonstrates that in 2005 the average debt of a graduate from a four-year public univer-

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iv. The Self-Sufficiency Standard is calculated by adding expenses and taxes and subtracting tax credits.

AGENCY E VIGNETTE

Agency E is relatively small and serves eastern Massachusetts. Of its 15 full- and part-time employees in October, 2006, 12 were direct service workers. The average employee stays on the job approximately two years. It takes approximately eight weeks to fill a direct service position. The four job openings in October 2006 were all for direct service positions.

Agency E confronts the same recruitment and retention challenges faced by other providers, big and small. According to its executive director, direct care and support staff positions consistently have the highest turnover and vacancy rates. The three most common reasons workers give for leaving are a need for higher salary, a desire to return to school, or an interest avoiding the emotional fatigue of direct care work. The executive director indicated that fewer individuals seem to be applying for direct service positions; of those that do, many cite low pay as a disincentive.

Asked about the impact of extended job openings and staff turnover, the executive director stressed that both are deeply disruptive because of the agency’s small size. In addition, turnover and vacancies hurt clients and consumers: more responsibilities and shifts are spread out over fewer staff, and the management team spends more time trying to hire staff, using valuable hours for interviewing. As a result, managers are less able to work on other projects that support staff development and growth, and fatigue increases as staff must take on additional responsibilities.

sity in Massachusetts was approximately \$14,000; graduates of Massachusetts private universities carry an average debt of \$19,000. Given these debt levels, young human services workers and recent graduates interested in pursuing a career in human services may simply not be able to afford to do so.

It is well known that the human services industry is dominated by women. In Massachusetts, 80 percent of human services workers are women. However, as the overall labor force participation among women has increased — women



comprised 46 percent of the national labor force in 2004⁵⁴ — so has their educational attainment and employment options. About three in ten women in the labor force held college degrees in 2004, compared with about one in ten in 1970. Although a gap exists between white women and minority women, the educational attainment of minority women is rising and outpacing that of minority men.⁵⁵ As the educational attainment of women in general and minority women in particular continues to improve, they will be increasingly reluctant to work in low-wage, low-benefit positions common to the human services industry.⁵⁶

Lack of public awareness of the industry's importance, perceptions that jobs are low-paying and offer little hope for advancement, and expanding opportunities elsewhere for women will continue to fuel the industry's competitive disadvantage as they vie for the Commonwealth's shrinking workforce.

Simply Not Enough Warm Bodies

As the baby boomers age and retire, a substantial slowdown in the pace of labor force growth is projected for the 2015-25 period.⁵⁷ This demographic trend raises disturbing questions nationally about the long-term ability of employers to attract and retain a skilled workforce, but it is even more disconcerting in the Commonwealth.

Massachusetts is the only state to have lost population in 2004 and 2005.⁵⁸ Census estimates indicate that the state's population grew at an anemic rate of just over 1 percent between 2000 and 2004, which is the eighth

slowest rate in the nation. There are several significant contributors to the state's stagnant population growth.

According to the Massachusetts Department of Public Health, there were 78,460 births to Massachusetts residents in 2004, down 15 percent from 1990. Over the same period, the birth rate declined 12 percent from 62.2 to 55.0 births per 1,000 females aged 15 to 44.⁵⁹ In addition, *MassMigration*, a report prepared by the University of Massachusetts Donahue Institute and MassINC, documented that between 1990 and 2002 over 213,000 more domestic residents moved out of the Commonwealth than moved into it. Between 2002 and 2004, this imbalance grew.⁶⁰ Furthermore, *New England 2020* predicts that by "2020 all New England states (with the possible exception of New Hampshire) will have witnessed a measur-

AGENCY F VIGNETTE

Servicing eastern Massachusetts, Agency F faces the same staff turnover and vacancy challenges as other agencies featured in this report. Of its nearly 1,700 employees, 76% are direct care workers. In October 2006, 235 of the agency's 290 job postings were for direct care staff; resulting in a 17 percent vacancy rate among frontline staff.

Because direct care workers constitute such a large percentage of the agency's employees, it is not surprising that these positions have the highest vacancy and turnover rates. Workers cite inadequate pay, lack of clear expectations, and lack of performance feedback from supervisors as the three most common reasons for leaving.

According to the agency's director of human resources, staff turnover and extended job vacancies plague the agency and its clients and staff. Vacancies increase labor costs, as the agency must pay current staff overtime to fill vacant positions. Staff burnout is common as staff take on the additional workload created by vacant positions. Furthermore, turnover reduces the quality of care clients receive as the client-staff relationships must be rebuilt each time a worker leaves.

able drop in the percentage of young people holding a bachelor's degree or higher.”⁶¹

To complicate matters further, Massachusetts is at the leading edge of a demographic shift. According to a MassINC study, New England’s population is the oldest among the nation’s major regions, and the Commonwealth’s population is the 12th oldest among the states, with 13.5 percent of its population over 65.⁶⁴ As the population ages, the situation is likely to worsen. Over the next 25 years, the U.S. Census Bureau estimates that the number of Massachusetts residents of traditional working age (20 to 64 years old) will grow much more slowly than the younger and elderly populations. In fact, Census population projections predict that the Commonwealth’s “dependency ratio,” which measures the proportion of “productive” residents against the proportion of more “dependent” residents, will rise from 64.8 percent in 2005 to 83.3 percent by 2030.^v Furthermore, “dependent populations” are expected to grow more rapidly than the working-age population. At the present pace, dependent populations will grow 24.3 percent over the next 25 years, while the working-age population will shrink by 3.3 percent.

The implication of these demographic trends on worker availability is clear. MassINC projects that Massachusetts could face labor shortages, “as the number of people under 55 is projected to decline in absolute terms between 2010 and 2025, and older workers will become a growing portion of the labor force.”⁶⁵ Moreover, a joint report from MassINC and the Center for Labor Market Studies finds that the Commonwealth has a “chronic labor supply problem.” In *Mass Economy: the Labor Supply and Our Economic Future*, researchers document the stagnation of the Commonwealth’s labor force over the past five years and question whether there will be an adequate supply of workers to satisfy economic growth.⁶⁶

Massachusetts Providers’ Perspectives on the Causes of Turnover and Vacancy

The Human Services Workforce Survey included a series of questions about providers’ perceptions of the causes of turnover and vacancy. Survey responses by Massachusetts human services providers generally corroborate the existing literature. Inadequate salary was by far the leading cause of turnover and vacancy cited by providers.

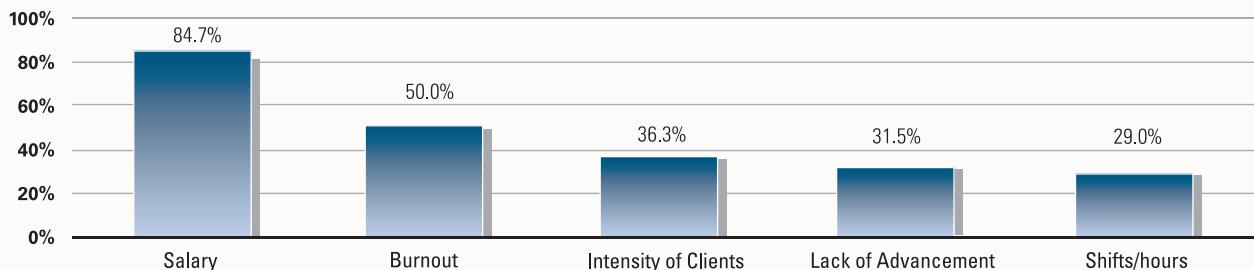
v. The “dependency ratio” equals the total population of persons under 20 and over 64 years of age divided by the population aged 20-64 years.

Loss of Institutional Knowledge and Leaders

The aging and retiring baby boomer generation will not only affect the availability of workers, it also will result in a loss of leadership and a significant loss of knowledge. In *Lost Knowledge*, DeLong writes, “many baby boomers have spent their entire careers, or good chunks of them, with one company, government agency or nonprofit organization. And, in the process, lots of them have built up a tremendous amount of knowledge about how things work, how to get things done, and who to go to when problems arise. In some cases, this practical knowledge will be extremely hard to replace because it has been developed in an era of unprecedented technological and scientific advances.”⁶²

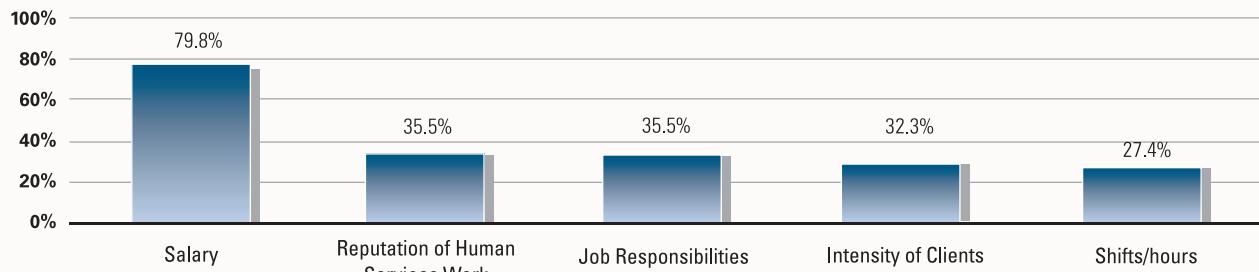
The “brain drain” associated with the loss of baby boomers in the workforce was documented in a survey commissioned by the Massachusetts AARP. The survey concluded that the increasing numbers of older workers and the shrinking pool of younger workers following behind may result in the loss of important organizational knowledge and skills. The survey of 407 firms in seven counties in and around Boston found that 67 percent feel it is important to retain institutional knowledge when workers retire or leave, and 84 percent acknowledge being affected by such losses, but only 30 percent have a formal process enabling retiring employees to share their knowledge.⁶³ These findings are supported by the survey of Providers’ Council members; 32 percent of agencies have an active process for succession planning in place. Furthermore, a number of survey respondents reported that while there is no formal plan in place, this is a growing concern among senior managers and board members.

Figure 5. Survey of Massachusetts Human Services Agencies Providers' Perceptions of Top Five Causes of Turnover



Source: Human Services Workforce Survey, December 2006

Figure 6. Survey of Massachusetts Human Services Agencies Providers' Perceptions of Top Five Causes of Vacancies



Source: Human Services Workforce Survey, December 2006

Nearly 85 percent felt that the low salaries associated with human services jobs contributed to staff turnover, and nearly 80 percent felt that low salaries contributed to recruitment difficulties and extended vacancies.

Ongoing concern among human services leaders over the impact of low wages on recruitment and retention has fueled sustained efforts to lobby the state to increase salaries using the salary reserve and to reform the purchase of service system. The Massachusetts legislature responded to the industry's advocacy efforts by providing nearly \$167 million over the last decade to improve the wages of the lowest paid human services workers. However, that sum remains insufficient to raise salaries to a competitive level and employers continue to struggle with hiring barriers related to low salaries.

Comments provided by survey respondents suggest that the issue is not one of staff wanting to make high salaries,

but rather simply wanting to make enough to meet the Commonwealth's cost of living. One participant wrote: "Pay people what they are worth. Our people are great in general. They are not here for the money, but cost of living makes the cost of working a burden. Pay isn't everything but it would help to be paid a living wage."

Massachusetts providers recognize that low salary, while significant, is not the only factor contributing to the high turnover and extended vacancies. One-half of providers cited burnout as a leading cause of turnover, 36 percent identified the intensity of the clients as a factor in turnover, and nearly one-third recognized that the lack of advancement opportunities drives staff away. In terms of recruitment, providers felt that the reputation of the human services industry and the responsibilities of available jobs significantly contributed to recruitment difficulties.

Addressing the Workforce Shortage

There is no blueprint for solving the existing human services workforce shortage in Massachusetts. No single answer or particular action will ameliorate the existing recruitment and retention difficulties, nor is there an easy prescription for the future. Although there are a number of human services initiatives, none address workforce issues across the broad range of occupations represented in the Massachusetts human services industry. However, existing human services workforce initiatives, as well as lessons learned from other industries, namely health care, suggest how the Commonwealth can move forward in developing the next generation of human services workers.

Eight major themes emerged from the literature review, discussions with key informants, and data collected from Massachusetts human services providers:

1. Approaches to the workforce shortage must be comprehensive, concurrently address recruitment and retention, and involve stakeholders beyond the human services industry.
2. The human services industry must establish its own identity among the helping professions, and an image which fosters the importance of the industry's work and workers.
3. Human services workers must be fairly compensated for their work and valued for their efforts.
4. Goals and standards for human services workers must be achievable and be supported.
5. Workplace benefits must be expanded to support and encourage workers to remain in their jobs.
6. Hiring practices in human services must be strengthened to better match workers to jobs.
7. Human services providers must explore options for expanding the universe of workers; including recruiting underutilized workers, and advocating for progressive immigration policies which increase the supply of workers in the Commonwealth.
8. Industry-specific data on workers and workforce indicators must be collected in order to better understand the extent of the problem and evaluate the effectiveness of workforce initiatives.

Some of the themes have particular strategies associated with them, others do not. Additionally, some of the proposed strategies are research-based, while others represent the best thinking among experts in human services, workforce development and economic development. The following discussion is not a how-to, with step-by-step instructions. Rather, it outlines key

features and strategies that our research and consultation with industry experts have shown to deserve thoughtful consideration by industry leaders and state policymakers.

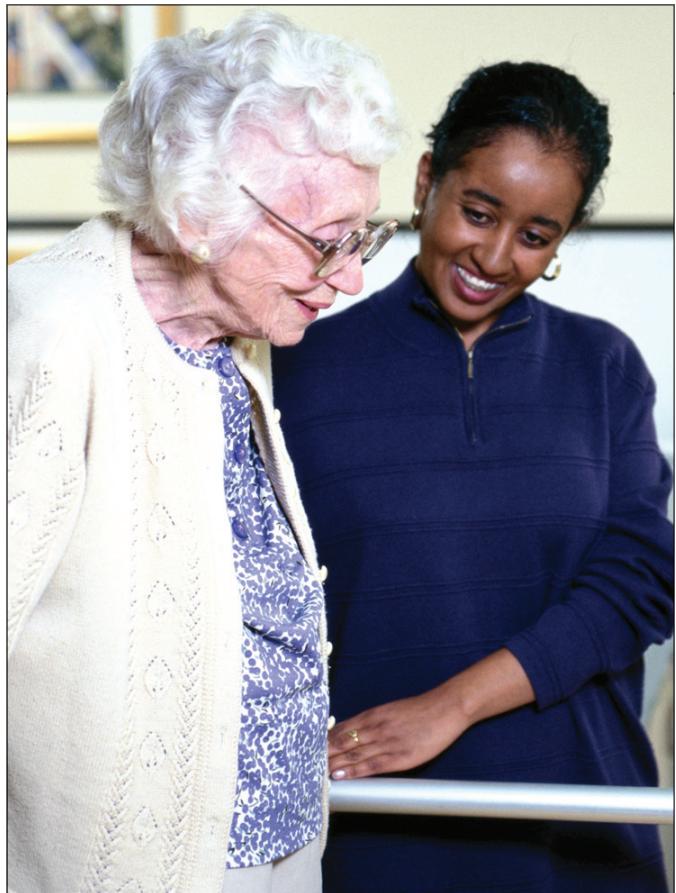
1. Comprehensive Approaches

The importance of developing and implementing comprehensive approaches to the human services workforce shortage can not be overstated. The literature consistently calls for initiatives to fully integrate recruitment and retention efforts, involve all key stakeholders, and include both provider- and policy-based approaches.

No one strategy will solve this problem. Chipping away at pieces of the puzzle is not likely to succeed. Initiatives need to be strategic, systemic, and supported at the highest levels of government. The authors of *Staff Recruitment, Retention and Training Strategies* state: “Systems change efforts to enhance community opportunities for people with developmental disabilities must include specific, planned, proactive, and comprehensive efforts to increase the public awareness of the direct support profession; efforts to increase the numbers of people who enter this line of work; and serious efforts to enhance DSP wages, benefits, and incentives to get DSPs to remain in their positions.”⁶⁷

In *Mass Economy*, researchers recommend that approaches to increasing the Commonwealth’s labor force overall will have to address broad issues of out-migration; work to align anti-poverty, welfare reform, and disability policies and programs with state and local workforce development; and closely integrate state and local housing policies with economic and workforce development.⁶⁸ These recommendations alone need to involve the highest levels of state government and policymakers in addressing broad workforce development and the specific issues affecting the human services workforce.

Initiatives addressing human services workforce shortages are not likely to succeed if they do not integrate recruitment and retention approaches. The U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Planning and Evaluation submitted a report to Congress in January 2006 on the national supply of and demand for DSPs. It demonstrated that reducing the 50 percent turnover rate among DSPs by a mere 2 percent each year would keep steady the number of required new recruits as demand continues to grow through 2020. However, if nothing is done to reduce



turnover as the demand for direct care workers increases, recruitment demands will sky rocket.⁶⁹ Similarly, an AHA Commission report on Workforce for Hospital and Health Systems noted: “The overall situation will not improve if employees leave organizations as fast as

“Human services needs to engage in workforce planning. In a nutshell, workforce planning says deal with your workforce the way you would with any major systemic problem where you want to make deep change. Take a hard look at what you need your workforce to do, take a look at the workforce you currently have, figure out what the difference is and develop short- and long-term plans, be public about it, and devote resources to it.”

Ira Cutler, Cornerstones for Kids

new workers are hired. Retention is just as important as recruitment.”⁷⁰

The rest of this section presents potential strategies for improving recruitment and retention. While some of these strategies are meant for individual providers (e.g., recognition programs and realistic job previews), others are much more focused on macro-, state- and federal-level action (e.g., improving wages and immigration policy). Developing a multifaceted, comprehensive approach is impossible for the human services industry on its own, let alone any one provider.

2. Identity and Image

There is evidence that individuals who choose human services careers do so for the chance to help people and do good work. At the same time, many young adults with or without post-secondary education either have little knowledge of opportunities in human services or have negative perceptions of the industry in terms of compensation, workloads, and advancement opportunities. In fact, more than half of surveyed providers felt that the lack of appeal of human services jobs contributes to the workforce shortage, and one-third felt that lack of awareness of the industry is a factor in the shortage. Creating an image that capitalizes on the more rewarding aspects of working in human services is critical to strengthening this workforce.

Industry Image

Creating a unique image and identity for the human services industry that distinguishes it from the health care industry, emphasizes the critical importance of the work, and promotes the significance of the workers is critical to increasing recruitment. Massachusetts providers recommended the development of a marketable industry image. One survey respondent explicitly stated that the industry needs to “market the human services field to make it more attractive to younger workers.” Another suggested marketing “the positive attributes of human services employment.” A provider focus group participant shared a story about how perceptions of human services jobs as low-paying and dead-end have negatively impacted leaders in the field. He said, “At a workforce conference a number of years ago, someone asked the audience (everybody in the audience was working in human services), ‘how many of you have kids graduating college?’ and many raised their hands. When they were asked how many were encouraging their kids to go into human services, only one hand was raised.”

“It’s not as simple as saying we have to recruit more people. Recruitment and retention challenges are inextricably interrelated. You have to address both. The reason we have to recruit so many people is because so many people leave.”

Dr. Sheryl Larson, RTC

Furthermore, Massachusetts providers and key informants noted that successfully marketing the human services industry requires leadership and a call to service. One provider suggested the need to “have our politicians and leaders in the state value the work we do and spread the word that Massachusetts supports its human services workers.” Throughout this project, a number of providers and key informants mentioned the overall lack of a call to service at both national and state levels.

Marketing the Organization and the Work

Recruiting must move beyond advertising the job to marketing a provider’s mission, commitment, and reputation. In *Staff Recruitment and Retention Strategies*, Larson and Hewitt outline the components of a comprehensive, agency-level marketing strategy which includes the following eight steps:⁷¹

1. Identifying the needs and perceptions of current employees and potential hires.
2. Crafting an organizational mission.
3. Creating or updating organizational mission and vision statements.
4. Identifying and removing barriers to attracting high-quality recruits.
5. Packaging the organizational mission.
6. Spreading the word to potential employees.
7. Enhancing the organization’s visibility.
8. Monitoring and updating the plan as needed.

Providers completing the Human Services Workforce Survey had much to say about livable, equitable wages.

Among their comments:

"Improve salaries to a 'living wage.' We recruit, knowing that our employees can't afford to stay at these jobs unless they move up and, of course, only a few have someplace to move up to. One of my staff members just told me she was leaving because she could make a lot more money as a private nanny, with a lot less hassle."

"Non-profits that have state contracts via DMH, DPH, etc., should be able to offer the same benefit package as the state."

"Make state and community-based workers' salaries equitable."

"Increase salaries so that positions get the respect they deserve."

"Provide better wages to make working in this industry more attractive and worthwhile."

Longer-term Recruitment Efforts

Engaging in longer-term efforts to increase the awareness of human services opportunities through partnerships with high schools, community colleges, four-year colleges, and broader workforce initiatives is critical for recruitment. Many industries, notably health care and technology, have engaged in "pipeline initiatives" to address current and projected workforce shortages. Such initiatives increase awareness of and interest in certain fields of study and inspire students to pursue higher education in these areas. For human services, long-term partnering with schools and workforce centers to increase awareness of human services opportunities and improve the field's image, may also serve a short-term recruitment need.

The HSWI and RTC both recommend longer-term recruitment efforts that build strong relationships with schools and workforce centers to raise awareness about human services.^{72 73} Massachusetts providers also believe this to be critical. One provider recommended such initiatives as "college recruitment campaigns, external educational marketing campaigns on the human services industry, and outreach recruitment with various community-based organizations." Another suggested that the industry "develop relationships with colleges and universities, utilize employment agencies that recruit international workers, and market the positive attributes of human services employment."

3. Fairly Compensate and Value Workers

Undervalued workers don't stay. Strategies such as improving compensation, professionalizing the workforce, recognizing workers efforts, and giving workers a voice in the workplace help to motivate and support employees. Why is it important to value workers? According Larson and Hewitt, "An employer that develops satisfying jobs that allow staff members to meaningfully contribute will produce employees who are highly motivated."

Livable and Equitable Wages

Adequate wages not only promote a sense of financial security, they attract and keep qualified workers in the field.⁷⁵ Because wages are influenced by the quality and quantity of staff, low wages are inevitably associated with high turnover rates.^{76 77} It is important to note that even though most workers who stay in the human services industry do not do so for the financial rewards, an employees' sense of mission is not enough to sustain them in the face of heavy workloads, irregular or inadequate hours, and inadequate benefits, support, and pay.⁷⁸ Wage increases have been shown to reduce turnover and result in better program quality and outcomes.⁷⁹ Quite simply, direct service workers need better compensation.

The AARP Public Policy Institute commissioned a study of state and local strategies for improving wages and benefits for personal care assistants (PCAs).⁸⁰ While PCAs are only one facet of the direct service workforce, some of the strategies identified in the AARP study are applicable to the human services workforce.

Human services workers must make a livable wage, which can be defined as the amount deemed adequate so that workers do not qualify for public assistance and can afford basic living expenses. Improving state payment rates to provider agencies is one way to improve compensation to direct service workers.⁸¹ However, adequate rate setting requires communication between state and provider agencies regarding the wages and benefits workers receive. Implementing a systematic process to review, evaluate, and update payment rates would ensure that payment rates stay competitive. Furthermore, automatic or annual wage adjustments for inflation address cost-of-living changes. Tying rate increases to provider agency performance targets such as improvements in retention or care quality could also enhance compensation and ensure agency and worker accountability.⁸²

Ensuring equitable wages is also critical to maintaining a strong human services workforce. Equitable or comparable wages ensure that direct service workers receive wages and benefits similar to that of their public-employee counterparts.⁸³ The wage gap between the public and private sectors must be closed. Many of those who responded to the Human Services Workforce Survey voiced concern over this gap and its impact on retention. As one such respondent put it, “When [employees] hear about a job at a local DSS office offering more money and better insurance rates, we lose another [valued] employee.”

Professionalize the Workforce

People also leave or choose not to enter the human services field because of lack of advancement opportunities. Professionalizing the workforce and offering career paths can increase workers’ sense of value and enhance retention. This problem cannot be solved by provider agencies alone. Federal and state governments must work with provider agencies to systematically provide and disseminate competency-based training materials, fund initiatives to develop and continually update training, establish tuition vouchers and loan forgiveness programs for direct service workers, provide assistance for training costs, and support participation in voluntary credentialing programs.⁸⁴

Professionalizing the human services workforce through education and training establishes a career focus for the profession. Credit-bearing, competency-based training and curriculum and career paths support and retain the workforce and improve the support clients receive.^{85 86} Credentialing defines professional standards of practice and skills and knowledge sets needed in a profession. It creates career paths and professional identities and can increase wages.⁸⁷

Simply requiring employees to attend the same mandated trainings each year limits their professional development. Changes in the expectations and responsibilities of direct service workers have not been accompanied by an expansion in training, education, or qualifications.⁸⁸ Frequently, the only training provided for direct service workers is what is mandated by the state. Such training often does not prepare or adequately support human services workers in their jobs. As a result, effective training pro-

Providers’ Council Initiatives

The Providers’ Council offers several programs aimed at professionalizing the human services workforce:

Providers’ eAcademy®, the online learning management system for professional development in human services, has more than 8,200 users and has credentialed over 800 Direct Support Professionals. The credential creates a standard for those entering the human services workforce, helps them develop a career path, and provides them with a professional skill set.

Certificate programs for human service employees provide career growth opportunities for those working in the industry and wanting to advance. Graduate level certificates are offered in community human service management and nonprofit administration and finance.

Tuition remission allows human service employees to attend undergraduate classes at Massachusetts state and community colleges and universities tuition-free. The Council has approved more than 12,000 certificates for tuition remission.

Trainings such as **The Certificate in Supervision** are interactive professional development opportunities for many levels of staff. The Certificate is designed for new supervisors or for those with no prior supervisory skills training.

For additional information about these initiatives, contact the Council at info@providers.org or 617-428-3637.

grams often fall under the purview of provider agencies that are already strapped for resources.⁸⁹

Recognize Workers' Efforts and Give Workers a Voice

The retention problem is compounded by workers who feel disregarded in the workplace. Despite increasing demands for direct service workers, the work itself is often discounted by society, and the strains placed on human services agencies make it even more difficult to provide a supportive environment for workers.^{90 91} Workers need to be recognized and valued, and it should come as no surprise that worker morale influences professional commitment and retention.

Motivated employees make for a successful organization; letting employees know that they are integral to an organization's achievements motivates them. Recognition strategies can support and encourage workers. Formal and informal strategies to increase worker recognition and reward performance documented by the HSWI and the RTC include annual banquets, staff appreciation luncheons or dinners, awards programs, and social staff events.^{92 93 94} Recognizing superior work acknowledges individual staff and provides tangible job-performance feedback.⁹⁵ Examples include staff acknowledgement during meetings, recognition in newsletters, star or employee-of-the-month awards, awards ceremonies, small monthly prize drawings, and treating staff with respect on a daily basis.⁹⁶ Rewarding longevity is also important.^{97 98 99} Rewards for years of service to the organization, end-of-year bonuses based on years of service, and a "reasonable salary spread" between newcomers and veteran workers helps alleviate conflicts between them.¹⁰⁰

Involving staff in the organization's decision-making is another relatively simple strategy to enhance worker value and motivation. Workers with input into the organization's operation, goals, and vision create an environment where employees feel connected to the organization's success.¹⁰¹

4. Achievable and Supported Jobs

Retention rates can be improved with achievable and supported jobs. The hiring and training process associated with turnover costs money, hurts staff morale, further stresses the provider agency's resources, and decreases the quality of supports clients receive. Accurate job descriptions, reasonable workloads, quality supervision, and support and mentoring are strategies that encourage worker retention.



Accurate Job Descriptions and Reasonable Workloads

Accurate job descriptions clarify roles and parameters for a given job.^{102 103 104} Complete, accurate job descriptions assist the interviewing process and clarify training needs. The literature also suggests that having accurate job descriptions outlines realistic performance expectations that further alleviate stress and burnout.^{105 106} Furthermore, as heavy workloads are a significant predictor of job dissatisfaction, other promising approaches include reasonable workloads that let workers utilize their skills.^{107 108}

Worker-Centered Orientation

Quality orientation practices improve retention by reducing turnover of new employees. Improving orientation practices for newly hired workers through a worker-centered orientation process helps workers associate with the workplace environment and determine potential workplace stresses.¹⁰⁹ Unlike regulation-mandated training, worker-centered orientation familiarizes new employees with the organization while providing a support network. One such research-based approach, Realistic Orientation Programs for new Employee Stress (ROPES), uses specific job socialization processes to reduce stress and improve retention.¹¹⁰

Quality Supervision

"People don't quit their jobs or companies. They quit their supervisors."¹¹¹ Quality supervision and support are essential to maintaining a stable human services workforce. Worker performance and retention are enhanced by supportive, skilled supervisors.¹¹² Supervisors are important in terms of the socialization and information they provide to newly hired employees. It is no surprise that supportive

supervisors are correlated with employee job satisfaction and commitment.¹¹³ Frontline supervisors should be provided with competency-based training and credentialing of the sort given to direct service workers.¹¹⁴

Support and Mentoring

Proper support of newly hired workers is as important to retention as realistic orientation practices. New employee socialization relies on the support of co-workers in learning the social culture of the organization, meeting colleagues, and becoming familiar with clients.¹¹⁵ Research suggests that co-workers are not only the most available source of socialization information, but their support can directly affect whether or not new hires stay with the job.¹¹⁶ This makes peer mentoring a valuable retention strategy, one that helps newcomers understand the organization.

Mentoring relationships support networking within the organization, reduce burnout and turnover, and improve job satisfaction and commitment.¹¹⁷ According to Hewitt and Larson, “New employees who have mentors are able to learn more about organizational issues and practices than those who do not have a mentor during their early organizational socialization.”¹¹⁸ In developing a mentoring program, it is important to involve all stakeholders in the process. Identifying and assigning voluntary mentors to new hires and providing the necessary training and support to both mentors and mentees establish a framework for how the program will work. Regular evaluations of the mentoring program from participants are essential to determining areas of improvement and reducing turnover.^{119 120}

5. Expanded Benefits

In addition to providing health insurance, retirement benefits, and the like as part of livable and equitable compensation, the industry should strive to offer less traditional benefits or incentives for employment. Alternative or expanded benefits can make the workplace more compatible with the needs of workers outside the job and support their ability and willingness to remain in their jobs. Expanded benefits include fostering a flexible workplace, offering educational incentives such as loan forgiveness or tuition credits, and providing benefits that assist workers with such basic needs as housing, transportation and childcare.

Flexible Workplace

Maintaining a flexible workplace is an asset to both recruitment and employee retention. Flexible work environments take many forms, but most frequently, flexibility refers to offering compressed work weeks or granting workers greater input in determining schedules. Flexible scheduling supports workers’ abilities to meet other obligations such as family needs, second jobs, and returning to school. Responses to the survey of Providers’ Council members suggest that 87 percent of members offer flexible work schedules and 86 percent offer flexible time off. Of those providers allowing flexibility, nearly 60 percent feel these strategies are successful.

Generational Attitudes Toward Work

Our nation’s changing demographics not only indicate a forthcoming labor shortage as fewer workers are available to replace retiring baby boomers, it signifies a cultural shift in the workplace. Research by the Radcliffe Public Policy Center predicts notable changes in the importance of work relative to family and leisure time as compared to the attitudes of the past 30 years. One of the most important job characteristics and workplace expectations for younger men and women is having a work schedule that allows them time to spend with their families.¹²¹ Different attitudes towards work and family will require workplaces to adjust and become more flexible. In addition, the meaning of work has changed with younger workers, who tend to value autonomy, flexibility, teamwork, stimulation, personal growth, and innovation.¹²² Targeted recruitment and retention strategies for this cohort must reflect this generation’s motivations.



Additional flexibility may be achieved by allowing workers opportunities for job rotation, the planned movement of workers among different jobs at a similar level within the organization.¹²³ In theory, job rotation expands worker experience to help reduce burnout, expands employee skills, and creates a more interchangeable workforce. One survey respondent suggested implementing “a career development track where recent graduates, or those new to human services, get to work with various populations and in different settings’ to identify their strengths and best fit for the job.”

Education-Related Incentives

In the Human Services Workforce Survey conducted for this project, candidate quality was mentioned as a barrier to staff recruitment. The lack of affordable higher education for direct service workers and the burden of student debt carried by younger workers were also perceived as contributing to recruitment and retention difficulties. The support of ongoing education through tuition credits and employment incentives such as loan forgiveness can enhance recruitment, improve retention, and professionalize the workforce. Nearly 82 percent of surveyed Council members offer education benefits; of those, 40 percent reported that such benefits improve retention. Similar percentages were reported for education benefits as a recruitment strategy. To improve employee retention, one respondent to the Human Services Workforce Survey proposed tuition remission for graduate courses. Another

respondent replied: “Professionalize human services. Make it a viable career choice at colleges.” In addition, strategies to target mid-career and young college workers included “access to educational scholarships, tuition reimbursement, and loan forgiveness.”

Partnering with area colleges and universities to develop course offerings, evening classes, loan forgiveness, tuition credits, and stipends to direct service workers enhances training opportunities and establishes a career track.^{124 125} ¹²⁶ Loan forgiveness programs encourage potential workers to pursue direct care work, and tuition credits allow current employees to work towards an undergraduate or master’s degree.¹²⁷ For example, the Ohio Children Services in Lorain County requires all caseworkers to have MSW degrees, which employees obtain in exchange for a work commitment. The agency now reports low turnover and a qualified workforce.

Supporting Basic Needs

Providers’ Council members overwhelmingly see low wages as the leading cause of recruitment and retention problems. As noted earlier, the wage issue is related more to workers needing to afford basic living expenses than to workers seeking high-pay. As a supplement to wage adjustments, providers suggested offering assistance with housing, transportation, and childcare as a way to expand benefits and better support workers.

While access to transportation and child care is critical in enabling individuals to work, the greatest barrier to working in human services in the Commonwealth is the lack of available affordable housing. This concern reaches beyond human services and has been linked to the out migration of younger workers.¹²⁹ Housing concerns were documented in the 2006 UMass Donahue Institute/Citizens’ Housing and Planning Association (CHAPA) Housing Poll which shows the cost of housing to be the most important concern for residents across the Commonwealth.¹³⁰

6. Improved Hiring Practices

Instituting careful hiring practices to recruit qualified candidates encourages a stable workforce and improves retention.¹³¹ Good hiring practices help attract the best potential new hires and save money in terms of training and workplace disruption.¹³² Realistic job previews (RJPs), inside recruitment, referral bonuses, and hiring bonuses have all been shown to enhance employee selection and retention.

Realistic Job Previews

Employees' job perceptions and expectations, especially during the first year of employment, are significant predictors of turnover.¹³³ Dissatisfaction often occurs because the job is not what the employee expected. The HSWI suggests that RJP^s work best in situations where a job is complex and has a history of high early turnover, and where new hires have entered the job not fully understanding its critical features.¹³⁴ Before a job offer is made, RJP^s provide job candidates with a straightforward view of the job's desirable and undesirable features.¹³⁵ Research suggests that this enables candidates to better determine whether the job meets their expectations.¹³⁶ If a candidate accepts a job with an informed understanding of what it entails and if that job corresponds to his or her needs, RJP^s can decrease turnover and improve job satisfaction.¹³⁷

The successful implementation of RJP^s requires an accurate job description, the collection of negative and positive information (in terms of difficulties associated with the job and potential misunderstandings about what the job entails) from recently hired and longer-term employees, a strategy to present the material, and a post-implementation evaluation of the RJP. RJP^s can be videotaped interviews with staff and clients who receive supports, verbal presentations, job tours at the organization and/or with clients, and written brochures.^{138 139} In collecting information about a job's features, the organization can use self-satisfaction surveys, organization-wide meetings, focus groups, and surveys of clients who receive services.¹⁴⁰

Inside Recruitment

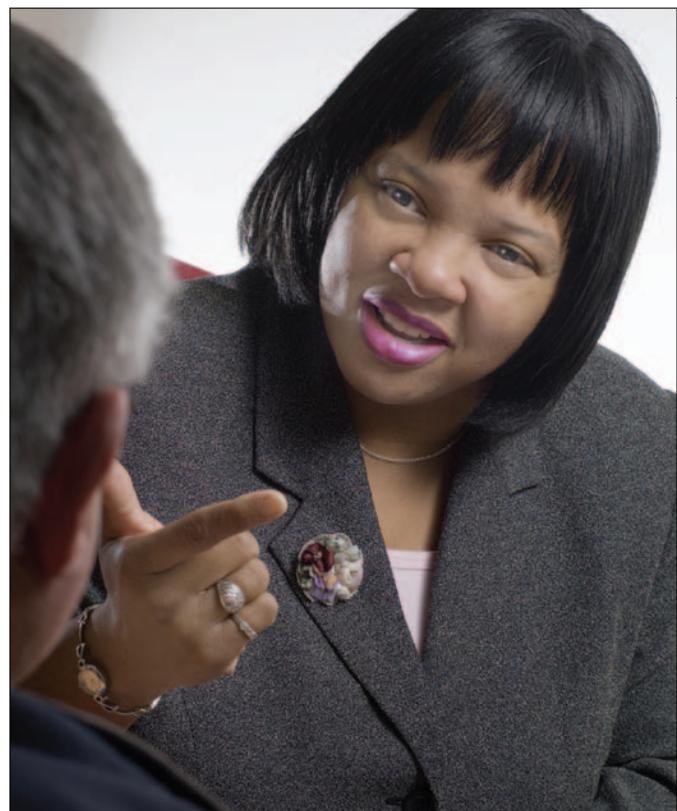
Inside recruitment helps promising candidates make informed job decisions. Implementing an employee referral program that identifies inside recruiters (such as current employees, former employees, clients that receive supports, family members of clients, board members, family and friends of staff) can deliver accurate and realistic information about the job to a potential candidate.^{141 142 143} According to Helen Drinan, president and CEO of the Society for Human Resources Management: "Employee referral programs are one of the most effective recruitment tools employers have . . . In today's tight labor market, organizations need workers fast. And what better way to tap into talent than to encourage current employees to identify and refer potential hires to your organization?"¹⁴⁴

Not only do inside recruiters provide realistic information and an inside view of the job to potential candidates, this strategy decreases turnover and also contributes to compatibility among employees if potential candidates are ultimately hired.^{145 146} Quality employees often recognize quality candidates. Given the chance, employees tend to refer dependable and successful candidates and gain a sense of ownership in the organization's success.¹⁴⁷

Referral Bonuses

To complement an employee referral program, organizations can offer cash bonuses or gift certificates as rewards to employees who refer successful recruits.^{148 149 150} Referral bonuses act as incentives to recruit high-quality candidates. Most turnover occurs in the six months after hire,^{151 152} so making the bonus contingent on the new hire remaining for a certain time improves the caliber of referred candidates.

For example, the Camp Fire USA Alaska Council, a youth service agency, instituted a finder's fee program in which a staff member receives a fee for referring individuals. Part of the fee is awarded at the new worker's hiring date, and the rest is awarded after a certain number of months if the new hire has remained with the agency.¹⁵³



Hiring and Tiered Hiring Bonuses

Hiring bonuses enhance retention by motivating new hires to remain with the organization through the crucial first six months. Because they also enable the human services industry to compete with other industries offering hiring bonuses, they may influence potential direct service workers to pursue jobs in human services.¹⁵⁴ Tiering the hiring bonuses to coincide with the 6- and 12- or 9- and 12-month marks of employment may further improve retention.^{155 156}

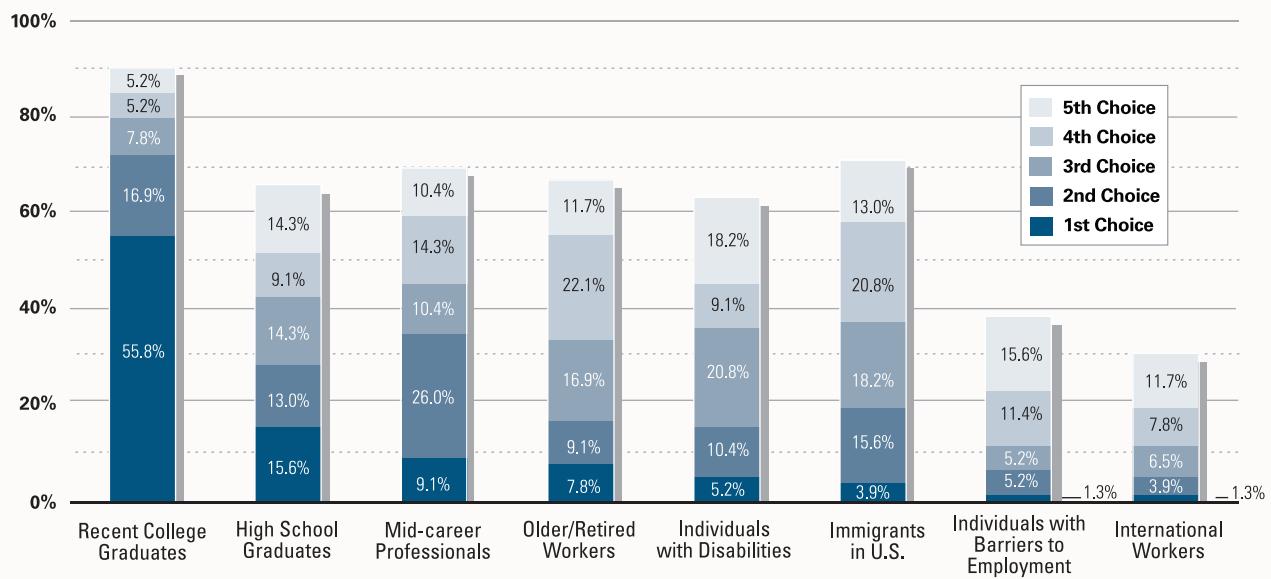
7. Expanding the Universe of Workers

A recent report on the Massachusetts labor supply painted a bleak picture of the Commonwealth's future workforce. It noted that the "growth of the state's future workforce depends upon three critical factors: 1) incorporating older workers into the workforce, 2) incorporating immigrants into the workforce, and 3) stemming the high levels of out-migration."¹⁵⁷ In addition, specific recommendations point to the need to strengthen labor force attachment among teens and young adults (particularly males) who lack post-secondary education. Other states and industries are already recruiting populations with low labor force attachment. In 2000, the Iowa Caregivers

Association issued a report on its certified nursing assistant recruitment and retention pilot project. It stated that "efforts are under way to recruit mature workers, welfare recipients, immigrants, and those with disabilities to the field of care giving to compensate for the worker shortage."¹⁵⁸ The Iowa pilot project also suggested that recruitment of these target populations requires programming tailored to the specific needs of these workers.

Developing strategies to target populations with low labor force attachment is but one part of the equation. Provider data from the survey suggest that agencies may be reluctant to view certain population groups as viable recruitment alternatives. As part of the survey, providers were asked to rank eight populations that could be targeted for employment. As shown in Figure 7, recent college graduates were the most frequently selected first choice as a target group and the most desired group overall. Although high school graduates were the second most common first choice, one-third of providers did not rank this group in its top five choices. Overall, providers prefer to target immigrants living in the U.S. and mid-career professionals over young adults lacking post-secondary education. Less than half of providers ranked individuals with barriers to employment or international workers in their top five choices for targeted recruitment.

**Figure 7. Survey of Massachusetts Human Services Agencies
Providers' Ranking of Selected Populations: Top Five Choices for Workforce Targeting**



Source: Human Services Workforce Survey, December 2006

Targeting Underutilized Populations

Throughout the course of this study, older workers repeatedly were mentioned as an untapped labor source. Two-thirds of Providers' Council members ranked older or retired workers among their top five choices for targeted recruitment. Furthermore, during the focus group of senior human resource managers, one participant stated: "I think there is a trend starting with a more mature workforce in that some of those folks are starting to think about more purposeful [work]. [Recruiting older workers] is something that we are looking into as part of our strategy in FY07."

In a study exploring the feasibility of engaging older workers in long-term care service provision, researchers from Operation ABLE of Michigan and SPEC Associates found that mature workers (those aged 55 and older) were interested in paraprofessional health careers.¹⁵⁹ Telephone interviews with 1,091 mature workers with incomes at or below 125 percent of the poverty level, found that "a large percent (43 percent) of mature workers expressed an interest in direct care work and 60 percent want to work at least 30 hours a week." Although the study specifically focused on direct care in nursing homes and home health agencies, the findings may be applicable considering the similarities between these occupations and those of direct care workers in human services. This study of labor force expansion among older workers suggested that this demographic group is interested in direct care work, but the study also found deterrents to hiring and recruiting older workers. Employers in the study were concerned about the impact on health care costs, age discrimination, and unwillingness of this population to use technology. Despite possible barriers to bringing this group into the workforce, the study suggests that mature workers provide a potential solution to the direct care worker shortage.

Immigrants are a commonly cited source of potential workers. As noted in *Mass Economy*, Massachusetts "has been completely dependent on immigrants for its population and labor force growth over the past 15 years, and the next ten years appear to hold more of the same."¹⁶⁰ The study further notes that while new immigrants tend to be of working age, they often have limited education and limited language skills, and increasingly are undocumented. Targeted recruitment of immigrants requires a marketing strategy encompassing ethnic and cultural differences. While immigrants are a likely source of human services labor, incorporating this population into the



workforce calls for culturally competent organizational practices. Larson and Hewitt note that "orientation, training, and communication practices may be needed to accommodate people who speak or who are learning English as a second language."¹⁶¹

Among the demographic groups that could be targeted for greater workforce participation overall and for human services work in particular are young adults with no post-secondary education. As noted in *Mass Economy*, labor force participation among this group has declined dramatically over the last 25 years.¹⁶² Recruiting these workers will require the industry to engage in such long-term efforts as partnering with high schools to improve awareness of job opportunities and educating students about the positive aspects of a human services career.

Recruiting and hiring individuals who encounter barriers to employment or high rates of unemployment is another option in addressing the labor shortage. Such individuals typically include those with disabilities, those with histories of service utilization, welfare-to-work populations, and persons with histories of non-violent incarceration. In all cases, employing individuals with barriers to employment requires providers to make an extra effort to reach out to these populations and help them overcome their employment barriers. In addition, successfully employing those who

have struggled with employment as “peer workers” may be a means of recruiting employees whose backgrounds and experiences parallel those of the clients they serve.

While many barriers affect difficult-to-employ populations, one notable barrier is the use of the Criminal Offender Record Information (CORI) to identify direct service applicants who may pose a threat to the vulnerable populations served. Although important to ensuring public safety, CORI is a flawed system for making informed hiring decisions.¹³¹ In an era when worker shortages are a concern, steps must be taken to ensure that CORI protects the public without creating barriers to hiring workers suitable for and interested in available jobs.

International Recruitment and Immigration Policy

In a study of immigration into Massachusetts between 2000 and 2005, researchers found that “of all the states with some labor force growth over this time period, Massachusetts was the most dependent on immigration for its labor force.”¹⁶⁴ Given population trends and future labor force participation, new immigrants will continue to be essential to the Commonwealth’s workforce and the human services industry. However, recruiting and incorporating new immigrants into the human services industry bring their own challenges.

In addressing the direct health care workforce shortage, the Paraprofessional Institute notes: “Only a substantial change in immigration policy would significantly expand the pool of potential direct-care staff. Yet, unless these health care positions are also linked to livable wages and benefits, any major targeting of immigrants for paraprofessional jobs would have to address the political and economic realities of importing low-wage workers, individuals whose essential needs for food, housing, child care, and transportation would have to be subsidized, at least in part by taxpayer dollars.”¹⁶⁵

8. Collecting and Monitoring Industry-Specific Data

Over the course of this project, it became clear that there is much that the industry does not know about its workers. Several agencies approached to take part in the Turnover and Vacancy survey were unable to do so because they either lacked information about their workers or collected it in a way that was not useful. Statewide data on

vacancies, turnover, and its causes and where employees go after leaving an agency do not exist for occupational groups within the industry. Furthermore, as noted at the beginning of this report, available occupational data do not correspond with the way in which providers define their workers.

Nearly every effort to strengthen and grow the human services workforce and paraprofessional health care workforce calls for better planning data. For instance, the Illinois Quality Support 2005 Action Agenda explicitly called for developing “a systemic strategy to monitor DSP wages, benefits, and workforce outcomes.”¹⁶⁶ The

We can no longer ignore or underestimate the value that individuals who have immigrated to our nation and this Commonwealth bring to our health and human services sector. They represent some of the best of our caregivers and future leaders and may be the brightest hope for the continuity of our service delivery system. We need — we must have — a welcoming and progressive immigration policy here in Massachusetts if we wish a vibrant health and human services system in the years and decades ahead.

**David A. Jordan, DHA, President/CEO
Seven Hills Foundation**

HSWI produced a report specifically about the lack of and need for workforce planning data. It defined seven key workforce planning data elements, including data on compensation, demographics, skill sets, recruitment and selection, performance management, turnover, and job satisfaction.¹⁶⁷ None of these elements were available at the state level for the defined human services industry in Massachusetts. Developing, implementing, and evaluating an action plan for growing the human services workforce will require industry-specific, current, and comprehensive baseline and ongoing data collection.

Conclusion

The Commonwealth's human services industry faces an immediate need for workers and a looming longer-term workforce shortage. With an increasing need, a decreasing labor force, and a perception of human services occupations as being low-paying and highly stressful, immediate action must be taken to address industry workforce issues. Data from the survey of Massachusetts providers suggest that individual agencies have been implementing some of the specific strategies described in this report. However, larger issues related to wages, expanding the pool of potential workers, and collecting industry-specific data remain unaddressed.

One of the most striking findings from the focus group of Massachusetts human resources managers came not from what they said, but from what they did. As various participants spoke about their efforts, others recorded the ideas. Why? Because they are in constant competition not only with the health care, retail, hospitality and other service-oriented sectors, but with one another. The competition for workers is fierce, and each provider is spending scarce resources to address the problem. Suggestions for centrally managed recruitment, industry marketing, and training were common among providers who responded to the survey. Unless this effort is addressed collaboratively and at a broader level, providers will continue to limp along and little will substantially change.

The self-defeating thing happening is each of these fields is trying to figure out how they're going to beat the other ones out of the people they need which, in the long run, isn't very productive.

Ira Cutler, Cornerstones for Kids

The workforce shortage is growing, and the health care industry is far ahead of human services with programs and initiatives designed to recruit and retain professional and paraprofessional workers. Job growth in health care will rival if not exceed that of human services in the coming decades. The health care and human services industries are, and will continue to be, in direct competition for workers.

Existing efforts to recruit and retain human services workers are being conducted at the agency level. However, this is an industry issue not a provider issue. And, as a growing industry in the Commonwealth, this is an issue of concern for all policymakers. Supporting this industry's workforce is essential to fulfilling the Commonwealth's promise to care for its citizens in need. But more than that, supporting this workforce is vital to the state's economic interests as this industry employs over 100,000 workers who directly contribute to the economic health of their communities. The Massachusetts human services industry needs a coordinated, comprehensive approach, and it needs it now. Our most vulnerable neighbors, their communities, and one of our major industries deserve nothing less.

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