

***"The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress"*** was issued by the U.S.

Department of Health and Human Services in response to a congressional request for a study on the shortage of direct support professionals. Congress asked for an examination of the root causes associated with high vacancy and turnover rates, and an examination of the impact this shortage may have on services for people with intellectual disabilities/developmental disabilities (ID/DD).

- Congress has addressed the needs of people with ID/DD in a variety of laws, including the ADA, the DD Act, and the Rehabilitation Act. The first finding of the DD Act acknowledges "the right of individuals with developmental disabilities to live independently, to exert control and choice over their own lives, and to fully participate and contribute to their communities through full integration and inclusion in the economic, political, social, cultural and educational mainstream of the United States" (42 USC 15001 (a)(14)).
- Decentralization of community support services has greatly increased the challenges faced by DSPs in fulfilling their roles. Increasing use of in-home services, supported living arrangements, and small group homes require much greater skill, judgment and personal accountability on the part of DSPs.

- This shift has produced roles with greater autonomy and responsibility, and increasingly this autonomy and responsibility is applied in support of persons with greater levels of intellectual, behavioral, health and functional impairments.
- DSPs today are called on to provide medication supports, implement behavioral plans, teach new self-care skills, design and implement augmentative communication systems, and provide a wide range of other sophisticated supports that require substantial skills on the part of the DSPs.
- These demanding responsibilities are given primarily to people without college degrees in a discipline relevant to their specific work responsibilities.
- Minimally competent DSP performance involves mastery of dozens of specific skill areas ranging from supporting people in understanding and realizing their basic rights to responding effectively to complex behavioral crises.
- Recent national studies have used more sophisticated methods to study factors associated with turnover. DSP turnover was associated with pay, support needs of individuals, facility size, ratios of DSPs to people supported, ICF/MR certification, urban versus rural location, how long the site had been open, and eligibility for paid leave or health benefits.
- Other factors associated with turnover were age of people supported, public versus private operation, supervisor tenure,

unionization, hours of training provided, and the use of shift versus live-in employees.

- Recruitment problems can result in increased overtime of existing staff. High turnover can also have a negative impact on DSPs. If replacement workers are not found quickly for those who have left, the remaining DSPs will experience an increased workload. While this is not troublesome on an occasional basis, chronic vacancy rates suggest that DSPs are working under increased pressure most of the time. This can cause remaining DSPs to become frustrated and contribute to job burnout, further contributing to the retention challenge.
- High turnover hinders the development and maintenance of relationships, the development of mutual respect between DSPs and individuals who receive support and their family members, and the development of trust between supported individuals and every new DSP that enters their life.
- Without DSP continuity, quality, commitment, and competence, the opportunity for persons with ID/DD to become full citizens and active community members is greatly diminished.
- In a 2002 review of 50 years of research on DSP turnover and associated factors, studies showed that DSP performance had direct affects on challenging behavior, communication, treatment success, and successful placement in community residential settings.

- Turnover produces a continuing loss of people trusted for basic and often intimate assistance. People receiving supports become more vulnerable because the people caring for them do not know their unique needs and vulnerabilities.
- Vacancies are causing families with members with ID/DD in the family home to do without basic family support services as available DSPs are first allocated to residential and vocational programs for which there are no alternative care providers. Families caring for members with ID/DD in their home have reported more stress, income and job loss, and severe financial problems than other families.
- Providers need time to fill openings and new direct care staff require time to know the consumers and learn their needs. Continually establishing new relationships affects consumers as well; they regularly experience the loss of continuity in their services as well as the personal loss of familiar staff who assist them.