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Research, Planning and Training Division
Division for the Care of People with
an Intellectual Developmental Disability

Certification of Caregivers of People with Intellectual Development Disabilities in Residential Care: Evaluation Study

Lital Barlev ✦ Dori Rivkin

The study was initiated by the Research, Planning and Training Division in cooperation with the Division for the Care of People with an Intellectual Developmental Disability at the Ministry of Social Affairs and Social Services and financed with their assistance

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Editor: Ronit Bin-Nun

English translation (executive summary): Naomi Halsted

Layout and print production: Leslie Klineman

Myers-JDC-Brookdale Institute

P.O.B. 3886

Jerusalem 9103702, Israel

Tel: (02) 655-7400

Fax: (02) 561-2391

Website: <http://brookdale.jdc.org.il/>

e-mail: brook@jdc.org.il



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Executive Summary

Background

The Division for Intellectual Development Disabilities (IDD) at the Ministry of Social Affairs and Services (MOSAS) strives to improve the care of people with IDD living in residential facilities. To achieve this goal, it provides a certification course for caregivers¹ of people with IDD at residential facilities. The goals of the course and the accreditation process are to provide caregivers with professional tools, to empower them and reduce their levels of stress and burnout. The Central School for Social Workers is responsible for the training course, which has been offered for some 40 years. In the past, it was held only in Tel Aviv and was exclusively for caregivers in large institutions. Over the years, residential care for people with IDD has changed, so as to encourage integration of people with disabilities into the community. Smaller community facilities, such as group homes and apartments have opened. Therefore, the course is now intended for caregivers in all residential care facilities and not only those in large institutions. In order to provide certification to as many caregivers as possible the number of courses has increased from two a year to as many as 10 courses a year and it is offered in Tel Aviv, Haifa, Jerusalem and Beersheva. Around 30-35 caregivers participate in each course.

The course consists of 500 hours – 400 hours of classroom teaching and 100 hours of practical training. The course takes place one day a week over a period of about 18 months. The goals of the course are as follows:²

1. Goals at the level of the resident: To improve the quality of care provided to people with IDD living in residential care facilities
2. Goals at the level of the caregiver:
 - ◆ Professionalization – Acquiring and understanding IDD-related concepts and topics; developing skills for working with residents, their families and staff; learning the policies and regulations of the IDD Division; and acquiring values that underlie the Division policy
 - ◆ Empowerment – increased self-confidence and initiative at work
 - ◆ Reduced burnout and stress
 - ◆ Increased motivation
3. Goals at the system level
 - ◆ Reduction in staff turnover
 - ◆ Greater commitment to the organization and facility on the part of the caregivers
 - ◆ Caregiving as a profession: Increasing the prestige of the role of caregiver and career options for the caregivers.

¹ Some residential facilities, particularly group homes and apartments use the term counselor rather than caregiver. For convenience, in the current report, the term caregiver relates to both counselors and caregivers.

² The goals of the course are not defined clearly in the contents of the official documents. Therefore, part of the study involved clarifying the goals with key persons at MOSAS.

Admission criteria for the course: At least one year of caregiver experience; at least 11 years of school, recommendation from the director or inspector of the facility.

Study Goal

The main goal of the study was to examine whether the certification process was achieving its goals of:

- a. Improving the care provided by the caregivers to residents with IDD in residential care facilities
- b. Contributing to the professionalism and empowerment of the caregivers, reducing burnout and increasing their motivation at work
- c. Increasing caregivers' commitment to their organizations and contributing to their perception of caregiving as a profession.

Study Method and Study Instruments

The study included three components:

1. **Identifying the qualities of a good caregiver:** In order to examine whether the certification process improves the caregivers' performance, we started by examining what makes a good caregiver. We did this through in-depth semi-structured interviews with key personnel at MOSAS and visits to eight residential facilities. These included privately and publicly owned facilities, large institutions, group homes and apartments, and facilities serving Jewish and Arab residents. At each facility, we held semi-structured interviews with the director, the person in charge of the caregivers (the housemother or social worker), a certified caregiver and a non-certified caregiver. We also administered a questionnaire to the directors of all residential care facilities for people with IDD in Israel, asking about the importance of various qualities of a good caregiver.

Based on the visits and interviews with staff and the key persons we drew up a list of 30 performance characteristics. Using factor analysis, we grouped these into seven aspects of performance: 1) Attitude toward the residents, 2) Knowledge 3) Work habits, 4) Self-confidence and initiative, 5) Devising and implementing individual advancement plans for the residents 6) Attitude toward the residents' families, and 7) Dealing with residents' sexual behavior.

2. **Examining the impact of the certification process on the caregivers:** The impact was examined by comparing certified caregivers with caregivers who were not certified. The sample of certified caregivers consisted of caregivers who had completed the course between May 2012 and December 2013 and the comparison group consisted of caregivers who had not yet started the course but met the admission requirements for it and were considered suitable by the directors of their residential facilities. The direct superior of each caregiver was interviewed by telephone and was asked to rate the performance of the caregiver on each of the 30 performance characteristics mentioned above. The caregivers themselves were interviewed by telephone and rated themselves on subjective variables (their sense of empowerment, burnout and commitment).

The grades given by the superiors to the caregivers in the two groups (certified and non-certified) were compared, controlling for background variables of the caregivers (sex, age, length of time in the job, length of time at the residential facility, and mother tongue) and characteristics of the

facility in which they were working. This was done through linear regression; the performance characteristics of the caregivers were defined as dependent variables. The background variables of the caregivers and the facility and the study group of the caregivers (certified or not certified) were defined as independent variables. This statistical analysis made it possible to examine whether the certification course had an additional impact beyond that of those factors.

- 3. *Examining the opinions of the directors, the caregivers' direct superiors and the caregivers themselves about the course:*** The opinions were examined by means of questionnaires completed by these three groups.

The number of respondents and response rate were as follows: 110 facility directors (84% response rate), 212 certified caregivers (78%), 170 non-certified caregivers (66%) and 132 superiors (73%). Most of the superiors completed questionnaires about more than one caregiver, so that altogether they responded about 100 certified caregivers and 161 non-certified caregivers.

Findings

Impact of the Certification Process on the Caregivers

According to the average grades given by the direct superiors, the certified caregivers performed better than the non-certified caregivers on 22 of the 30 performance characteristics. Interestingly, when the superiors were asked to grade the general performance of the caregivers, no difference was found between the certified and non-certified caregivers; but when the questions were broken down into specific characteristics, the certified caregivers scored higher.

In contrast, the superiors' reports did not indicate differences between the two groups with regard to motivation and commitment to work. Similarly, the self-reports of the caregivers did not show any difference in the perception of caregiving as a profession, job satisfaction, burnout, work satisfaction, or initiation of activities for the residents.

How the Certification Course is Perceived

Ninety-nine percent of the directors reported that they would recommend to other directors that they send their caregivers to the course and 93% replied that they were satisfied with the course to a great or very great extent. Over 90% of the directors reported that they believe that the course helps the participants become more familiar with procedures and regulations, improves knowledge about IDD, and enhances job satisfaction. Eighty-nine percent of the directors reported that the course helped caregivers develop skills for working with the residents and improved attitudes towards them. Fewer directors considered the course to have had the following additional impacts: Improved physical care of the residents (78%) and learning skills for working with the residents' families (70%).

Ninety-nine percent of the direct superiors responded that it was beneficial for the residential facility to send the caregivers to the certification course.

Caregivers' Feedback

The caregivers who participated in the course expressed a high level of satisfaction with the course as a whole (95%) and with all its components: Practical experience (97%); counseling group (97%), lectures (96%), workshops (94%) and the support of their learning companion (89%). Eighty-five percent of the caregivers reported that the course contributed to their work to a great extent, 12% that it contributed somewhat and only 3% of them reported that it contributed a little or nothing at all. When asked for suggestions to improve the course, the most common suggestion was to shorten the course.

Discussion and Proposed Strategies

The study indicates the contribution of the course and the importance of extending the certification process to all the caregivers in the system.

- ◆ *Characteristics of a good caregiver:* One of the contributions of the current study is the definition of a good caregiver and it provides the Division and the residential facilities with an evaluation tool for caregivers. Importantly, no differences were found in the characteristics of a good caregiver at the different residential facilities (institutions, group homes, and apartments).
- ◆ *Achieving the course goals at the level of the resident:* The main goal of the course is to improve the quality of care given to the residents. The findings indicate that the care provided by the certified caregivers is better than that provided by those who are not certified.
- ◆ *Achieving the course goals at the level of the caregiver:* The course was found to raise the professional level of the caregivers and to empower them. However, it was not found to reduce burnout or improve their motivation to work.
- ◆ *Achieving the course goals at the system level:* The study found that the course did not increase the caregivers' organizational commitment. Furthermore, no significantly different opinions about the profession were found between the certified and non-certified caregivers, although this does not mean that the course does not raise the prestige of the profession. It may be that the course influences all the caregivers in the system to perceive caregiving as a profession. With regard to turnover, the study found that 11% of the caregivers who completed the course left the profession. We recommend that MOSAS consider whether this rate is reasonable given the Ministry's investment in the course, and consider ways to prevent certified caregivers from leaving the profession.
- ◆ *Increasing the percentage of certified caregivers:* The study found that 30% of the caregivers currently employed in residential facilities are certified. Particularly low percentages were found in publicly owned housing and housing in the community (hostels and apartments). In light of the study findings, which indicate improved performance, we recommend that steps be taken to increase the percentage of certified caregivers in general and in particular at the facilities where relatively few of the caregivers are certified.
- ◆ *Opinions about the course:* All the respondents – directors of the residential facilities, direct superiors of the caregivers, and the caregivers themselves – expressed positive opinions about the course and a high level of satisfaction with it.

- ◆ *Continuity:* The course has the added benefit of bringing together caregivers from different types of residential facilities and providing a platform for peer learning and the sharing of experiences, problems and emotions. During the course, which lasts about eighteen months, the caregivers make contacts among themselves and get support from the group and the teachers. At the end of the course, a considerable proportion lose contact with their associates, and in cases where they do remain in touch, it is mostly at the personal level and they rarely consult each other about work matters. In the residential care system, there are caregivers who completed the course decades ago and since then have not participated in refresher courses or seminars. We therefore recommend designing a follow-up course based on periodic meetings.
- ◆ *Developing the role of certified caregiver:* The visits and interviews revealed that the job description and responsibilities of the caregiver do not change after certification, even though the caregivers have acquired knowledge and skills and their performance has improved. It is recommended working with the directors of the residential facilities to develop the profession of certified caregiver and giving it meaning in the daily work.

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