

## **Chapter 2:**

# **Staffing Issues in Learning Disability Services**

This chapter deals with the critical issue of staffing within services. This is done both within specialist services for people with a learning disability but also the implications are explored for staff in mainstream services who may in the future have increased involvement with people who have a learning disability.

The recruitment of volunteer helpers is also considered as they have a crucial role to play in providing informal supports and facilitating social inclusion.

Particular attention is focussed on staff recruitment and retention, as these are presently proving difficult for service providers.

The chapter is divided into five sections.

**Section 1** reviews the range of staff now involved in services and the main issues of concern.

**Section 2** describes the role of past and future roles of volunteers.

**Section 3** examines the recruitment and retention of staff in learning disability services.

**Section 4** outlines the staffing implications arising from the changing nature of services.

**Section 5** reviews the needs of staff working in mainstream services with people who have a learning disability.

The majority of the research studies quoted in this chapter are from English services. However several projects undertaken in Northern Ireland, while not focusing on staffing per se have nonetheless highlighted the need for awareness of staff reactions, knowledge and skills as these all impact on the services provided to people with a learning disability and their families.

The need is highlighted for more research on staffing issues.

## Section 1: The range and impact of staff

As noted in Chapter 1, the past 20 years has seen considerable change in the structure and organisation of services provided to people with a learning disability. One consequence has been the creation of a wide range of staffing in services. These now include:

- Direct care staff in residences and day centres; many of whom have no formal qualification. Their role can also vary greatly depending on the size and type of facility.
- Professionals who have undertaken specific professional courses to work with people with a learning disability (e.g. Learning Disability Nursing)
- Staff from generically qualified professions which qualifies them to work with people with a learning disability on either a whole-time basis or as part of a more generic case-load. This category include social workers, clinical psychologists, Allied Health Professionals such as speech & language therapists, occupational therapists, physiotherapists and podiatrists, as well as teachers in special schools.
- Staff working in mainstream services who may come into contact with people with a learning disability such as health visitors, GPs, teachers and lecturers in Colleges of Further and Higher Education.
- Staff who take post qualification courses specific to people with a learning disability (e.g. Psychiatrists in learning disabilities)

Alongside the service developments, there have been changes in the demography of people with a learning disability. There is a growing number of older people often with increasing health and social care needs. The numbers of children and young adults with complex health needs in special schools and day services has increased. These place extra, and different, demands on staff.

The expectations of parents and people with a learning disability have also increased in relation to what services will provide. By its nature, the outcome of the present Review of Learning Disability services will introduce further changes in the structure, organisation, responsibilities and expectations of services. The availability and retention of the necessary numbers and grades of staff are central to effectively managing ongoing and future changes.

### The impact of staffing

The human resources within any service provided to this client group are perhaps the major factor on its effectiveness. Research has demonstrated that the knowledge, attitudes and reactions of staff to the people they work with are key influences on service quality (Rose, 1999; Hill & Dagnan, 2002; Smith et al, 2002; Wanless & Jahoda, 2002).

Staffing costs are usually the largest recurrent expenditure within services and as such comprise a major investment. This investment is integral to the continued success of service provision and requires ongoing attention in order to maximise the contribution individuals and teams can make to lives of people with a learning disability and their families (Hatton et al., 1999; 2001).

In recent years concerns have been expressed in both USA and UK about the difficulties experienced in recruiting and retaining staff in the new styles of community-

based services. For example, in the United States annual turn-over rates in community facilities have ranged from 34% to 71% compared to 18% turnover in large public institutions (Larson and Lakin, 1999). There is anecdotal evidence that similar experiences are now happening in Ireland both North and South and especially in the larger urban centres of population. This has major consequences for both service managers and for service recipients and threatens the development of more socially inclusive services.

There are marked advantages to maintaining consistency within the staff group in that it can contribute to increased continuity within service delivery (Hatton et al., 1999), the experience and knowledge and skills within staff members can grow, it offers a greater return for investment in training and reduced costs in recruitment as well as retention of staff.

A cohesive staff group with a commitment to the service and high staff morale also provides a stable platform for forward planning and service development. It has been shown that as staff become more experienced and undertake more specific training, they become more confident and skilled in working with people with a learning disability, in particular people in complex settings such as forensic or challenging behaviour services, or in relation to complex needs such as challenging behaviour, self injurious behaviour, offending and sexuality (McConkey & Ryan, 2001; Wanless & Jahoda, 2002; Taylor et al, 2003).

Some predictable and managed staff turnover is to be expected, and indeed is healthy, as it brings new staff, ideas and energy into services as people progress through their career, or as the structures of service provision alter. However, if the degree of staff turnover becomes unpredictable and unmanaged, a number of difficulties can result including difficulties in recruiting and retaining staff. This results in greater expenditure on recruitment, training and the increased need to supervise new staff (Hatton et al., 2001).

Frequent staff turnover can also contribute to inconsistency in the services provided and an inability to recruit the necessary staff may result in some services to people with a learning disability and their families being unavailable. Presently in Northern Ireland there appears to be particular dearth of speech and language therapists and clinical psychologists.

The frequent change in staff coupled with a lack of staff is also likely to result in increased pressure on the available staff and have a negative impact on their morale. In addition the inability to recruit and retain staff in community based services may make for difficulties in supporting people with more complex needs and lead to their admission or readmission to specialist hospital services (Seager et al., 2000; Taggart & McConkey, 2001).

### **Conclusions**

The marked increases in the numbers and range of staff involved in the provision of services to people with a learning disability has also resulted in increased difficulties in recruiting and retaining staff. Nonetheless the calibre of staff is the biggest single influence on service effectiveness and quality.

## Section 2: Volunteers

At the outset though we need to acknowledge the contribution that volunteers make in the lives of people with a learning disability.

### Family carers

In a sense families of people with a learning disability are voluntary workers in that none of them chose a career as a carer and yet they give unstintingly in the quantity and quality of care they provide. Although it is impossible to accurately assess this financially, when it has been done for all carers in Northern Ireland (Carers UK, 2002a) and then pro rated for those likely to be caring for a child or adult with a learning disability, the total amount is in the order of £170 million per year which exceeds that spent by Health and Social Services (see chapter 1).

Moreover as British surveys have shown, parents of people with a learning disability are more often likely to be engaged in voluntary work to assist others than are other parents (Carers UK, 2002b).

### Variations in volunteering

The term volunteer is used more often to describe individuals who freely give of their time and talents to provide services and supports usually to groups of people with disabilities. Possibly the largest cadre of volunteers are deployed in leisure and sporting activities. In Northern Ireland an estimated 4,000 children and adults with a learning disability are involved to some extent in leisure clubs such as Gateway (McConkey, 2004) and these are staffed mainly by volunteer workers; the numbers of which are not known.

In recent years there has been an increase in the number of befriending and advocacy schemes which also rely mainly on volunteers. Here they are usually linked with one or two individuals to provide informal social relationships and support in accessing community facilities. A recent survey in Northern Ireland identified this as the 5<sup>th</sup> most popular form of voluntary activity (VDA, 2000) involving a range of groups including young mothers, the elderly, those with mental health problems and young carers.

Holloway and Mawhinney (2002) estimated there were around 180 befriending schemes operating in Northern Ireland; most of which were linked to organisations that provided a wider range of services such as information and support, recreation and education and training. Of these around 14% focussed on people with a learning disability. The typical befrienders were females aged between 26 and 59 years with very few from ethnic minority groups. Overall the turn-over was low but as demand exceeded supply, many schemes reported difficulties recruiting sufficient number of befrienders. Most recruitment being done by word of mouth, leaflets and posters.

Another category of volunteer is people in mainstream settings such as preschools and summer schemes who enrol children and adults with a learning disability. Recent research in Northern Ireland has highlighted the need for training and ongoing support for these personnel to sustain and extend their willingness to include people with special needs (Thompson et al, 2000; McConkey and Burghri, 2003). Likewise teachers in mainstream schools and co-workers in businesses perform a similar function when people with a learning disability are placed in these settings.

The distinction between volunteer and paid staff can be blurred in fostering and family placement schemes in which a person with a learning disability is looked after by a host

family in their home. Payments are made to cover the extras expense this entails although there is criticism of the low rates of pay on offer. However most volunteers in these schemes are not wanting to make money but continue because of the satisfaction and enjoyment they get from it (McConkey et al, 2004).

In all forms of voluntary work there is a recurring characteristic of the volunteers; many will have had a prior involvement with people who have a learning disability, either as a paid worker or through family members. For example, two-thirds of the placement providers in two schemes in Northern Ireland had experience in the care sector either as nurses, care assistants, domestics or classroom assistants (McConkey et al 2004).

Likewise a common outcome is the way the experience enriches the lives of the volunteers. A study of over 200 volunteers who supported athletes at the World Games of Special Olympics in Dublin identified four main outcomes; it was an enriching and worthwhile experience; they gained a greater understanding of people with a learning disability; it contributed to a national event in the life of the country and it emphasised people's talents not their disabilities (McConnell and McConnell, 2003).

### **Future prospects for volunteering**

Surprisingly little research has been undertaken into volunteering and people with a learning disability. General surveys into volunteering in Ireland suggest that around one third of adult persons are engaged in some form of voluntary activity and that in Northern Ireland this figure has risen by 17% since 1995 (Volunteer Development Agency, 2001). Volunteers are more likely to be female, aged between 35-64 years; in full-time employment, middle class with no young children. The most popular areas for voluntary work are fund-raising; involvement in sport and recreation and religious organisations and around half are involved at least once a month. In all 6% of volunteers reported an involvement with people who have a learning disability. Many people find out about volunteering through their family and friends and most become volunteers because they were asked. The most common reason for not volunteering is lack of time (Ruddle and Harrison, 1999).

Concerns have been expressed about difficulties in recruiting volunteers for leisure and recreation clubs, befrienders and as placement providers (Holloway and Mawhinney, 2002; McConkey, 2004). It may be that more attention needs to be paid to training and induction of volunteers, targeting young people at school and College, and the payment of expenses. Ireland – North and South - has the highest percentage in Europe of volunteers not receiving out-of-pocket expenses (Volunteer Centre UK). Indeed many of the issues that affect the recruitment and retention of paid staff may also apply to volunteers.

The participation of volunteers within statutory services is especially low in Northern Ireland with only 6% working in this sector (Volunteer Development Agency, 2001) compared to 24% in a UK study (Davis-Smith, 1998). Greater partnership working between the statutory and voluntary sectors could lead to improvements in this (see Chapter 9).

### **Conclusions**

Volunteers are in danger of being overlooked as services become more professionalised. Increased resources and efforts are required to sustain and expand schemes that support volunteers. This is one of the proven means of reducing the social exclusion and for increasing the quality of lives of people with a learning disability.

## **Section 3: Recruitment and retention of staff in learning disability services**

Overall little attention appears to have been given to why people seek employment in services for people with a learning disability. Instead the majority of research has focused on factors that influence the retention of staff already working in services.

This issue is all the more difficult given the range of staff now employed in services. It may well be that factors influencing the recruitment and retention of speech and language therapists are different to those for part-time care assistants in residential homes. At present most research has focussed on single groups of staff and mainly direct care workers with few comparative studies across different types of staffing.

### **Recruitment**

Although some commonality may be present in peoples' reason for wishing to work in learning disability services it is also probable that considerable differences may exist across the groups of staff outlined above.

Anecdotal information would indicate that some key reasons for entering services for people with a learning disability include: previous personal contact with people who have a learning disability, an interest in a career within health, social services or education based professions, the availability and perceived stability of employment, positive perceptions of what the work involves and the associated anticipation of job satisfaction.

The extent to which these views and perceptions are fulfilled has been reported to influence the retention of staff (Hatton et al, 1999; 2001) and they are also likely to impact on their recruitment. This will be further explored after the issues impacting on retention have been considered.

Whilst several professional groups have published their standards for staffing levels in relation to the population size covered, limited information appears to be published in relation to the current level of recruitment among the different professional groups and the present level of unfilled posts. However there appears to a general consensus that recruitment of Allied Health Professionals – notably speech and language therapists - is difficult in Northern Ireland at present. This may be because they are able to work in a wide range of settings and learning disabilities may not be presented as an attractive career pathway.

Similarly difficulties appear to exist in recruiting staff to clinical psychology posts.

No figures have been published on the number of nurses entering learning disability nurse training, however there have been some suggestions that applications have been reducing and by tradition there have always been fewer recruits to this branch of the profession. Students may opt to undertake their training in the other three branches in the belief that it provides more opportunities to develop a career. Furthermore since 2001, learning disability nurse training has only been available at Queens University in Belfast which may be a disincentive for people from other areas of Northern Ireland.

No clear and concise information is currently compiled at a Northern Ireland level on the difficulties being experienced in recruiting qualified and unqualified staff into statutory or independent learning disability services and the factors thought to be contributing to these difficulties. The absence of such information is a major gap in our knowledge, which reduces the opportunities to develop and implement comprehensive

strategies to ensure the availability of staff for the required workforce across Northern Ireland.

### **Broad factors contributing to staff leaving learning disability services**

The most comprehensive review of literature relating to the retention of staff within community based services for people who a learning disability within the United Kingdom and the USA identified eight key factors that have been consistently reported as contributing to staff turnover in learning disability services (Hatton et al., 2001).

These factors were:

- Characteristics of staff (younger people, those with higher education and those on shorter contracts moved on more frequently)
- Lower income / less satisfaction with income
- Mismatch between expectations and actual job
- Lack of commitment to the organisation or general type of work
- Lack of support from other staff
- The availability of alternative employment
- High job stress
- Low job satisfaction

These factors tend to mirror the findings in non-learning disability services. However this list is not in rank order, nor is it clear how these factors interact with each other. The extent to which each factor contributes to an individual's decision to leave their job will also be influenced by personal circumstances, including family commitments and their longer term plans.

Furthermore, several of the factors identified in the literature as influencing retention of staff may well be particularly relevant in relation to staff recruitment. If the evidence shows that younger people, those on short term contracts or temporary positions, or lower incomes are more likely to leave their post equally these factors may contribute to reluctance in seeking employment in learning disability services.

Many unqualified direct care posts are short term and provide an income that may not be considered satisfactory to young people. This may be especially so if there is availability of alternative employment such as retail outlets, or office based positions that are viewed as having better working conditions (for instance, less shift work, more support, less isolated working, a reduced risk of aggression).

### **Relevant factors in day-to-day work**

In seeking to identify the factors in day-to-day work settings that directly and indirectly contributed to the broader categories listed above, Hatton et al. (1999; 2001) collected data from 450 staff across a range of community based services including community residential services, community learning disability teams, a village community and educational provision. The majority of people in the sample were reported as unqualified staff (59%) reflecting the large percentage of people in this category within services. But the research also involved managers, qualified nursing and social work staff as well as speech and language therapists, psychologists and teachers.

This project identified five broad areas that influenced the retention of staff and the directly contributing factors on each (Table 1) and Appendix 2.1 gives for further details.

**Table 1: Broad areas and directly contributing factors that were found to influence to the retention of staff in learning disability services (Hatton et al., 1999; 2001).**

<b>Broad areas identified</b>	<b>Directly contributing factors</b>
<b>General distress</b>	Wishful thinking (rather than problem solving approach) Work – home conflict
<b>Job Strain</b>	Wishful thinking (rather than problem solving approach) Stress linked to lack of staff support Alienative communication Role ambiguity Stress linked to lower job status Longer contracted hours
<b>Work satisfaction</b>	Less stress linked to low status job Support form supervisors Greater influence over work Less alienative communication Support form colleagues Older staff age
<b>Intention to leave</b>	Less job satisfaction Higher job strain Younger age Easier subjective labour conditions
<b>Job search behaviour</b>	Less work satisfaction Higher job strain Easier subjective labour conditions

A wide range of factors beyond individual staff characteristics contributed to the retention of staff. It was also clear that among other things the support provided by colleagues and managers, role clarity (including the need for training), the ability to problem solve and perceived status and control over ones job contribute to general distress and job strain among staff. These factors are interlinked with work satisfaction, which in turn can influence intention to leave and job-search behaviour.

These findings are similar to those identified as contributing to the job satisfaction of Community Nurses for people with a learning disability in Northern Ireland and Wales (Parahoo & Barr, 1996; Broader, 2002; Barr, 2004a). In these three surveys nurses were increasingly frustrated that meetings, the need for reports and computer records distracted them from their direct work with clients.

### **Factors related to direct care experience and career planning**

The findings of Hatton et al., (1999; 2001) have been added to by a number of research studies that have investigated the experience of direct care staff in working with people with a learning disability. In particular, attention has been given to the experience of staff who work with people with a learning disability who present challenging behaviour and / or self injurious behaviour (Gentry et al., 2001; Bell & Espie, 2002; Hastings & Brown, 2002; Hill & Dagnan, 2002; Wanless & Jahoda, 2002), within forensic services

(Taylor et al., 2003) and around the area of sexuality among people with a learning disability (McConkey & Ryan, 2001).

These studies have highlighted the perceived lack of preparation, low levels of confidence and vulnerability to negative emotional reactions (and resultant stress) of staff towards people with people with a learning disability.

Reduced confidence and lack of preparation of staff can make them vulnerable to experiencing negative emotions and attributing the presence of challenging behaviour to the person with a learning disability. However as these studies did not have comparison groups it is not possible to say that the difficulties experienced in working with people with challenging behaviour were more or less than those dealing with other people, for instance with clients who have life-limiting conditions or complex health needs.

However it has been reported that working with people who present with self-injurious behaviour increases negative emotions in comparison to people who have challenging behaviour which is stereotypical or repetitive (but not self injuring) in nature (Hastings & Brown, 2002). Wanless and Jahoda (2002) highlighted the increased risk of staff experiencing negative emotions and making negative attributions to people with a learning disability, particularly those who presented with physical rather than other forms of aggression.

There is also some evidence that the work setting people are in and their professional training may also impact on their reaction and perceived confidence. Hastings and Brown (2001) reported that staff in a special school reported low levels of behavioural knowledge and low self-efficacy which the researchers argued increased the vulnerability of school staff to experiencing negative emotions and attributions leading to less effective reactions to people who presented behaviour that was considered challenging.

In a study within Northern Ireland involving staff from day care, community residential accommodation and special schools, McConkey and Ryan (2001) reported that staff in residential services reported being more confident in dealing with sexuality issues and inappropriate sexual behaviour in comparison to staff within day services. They also reported that age, qualifications, previous experience and religious affiliations impacted on reported reaction towards the sexuality of people with a learning disability (Ryan and McConkey, 2001). For example staff who were regular church attenders held more conservative attitudes towards sexual expression than non-church goers.

These studies demonstrate the influence of both the work setting and the nature of clients' needs they are trying to meet. They highlight the need for tailored training and education of staff and supervision that supports them in practical ways to work more effectively with the particular issues they encounter within their work environment when supporting people with a learning disability.

Finally, the potential of poor or limited career advice has been raised as a factor that could impact on both the recruitment and retention of staff in learning disability services. Marsland (2001) in a Department of Health study of 225 learning disability nurses found that a substantial proportion did not receive guidance about many aspects of their career planning, with only 60-63% receiving information on jobs for which their skills may be particularly suited, and on the career pathways for people with a learning disability nursing qualification in the NHS or outside the NHS.

Just over half (55%) had received information or guidance on developing a career in clinical practice and the majority did not receive information on undertaking additional

**Table 2: Key strategies identified that seek to promote retention of staff in learning disability services.**

(Taken from: Hatton et al., 1999; 2001; Gentry et al., 2001; Marsland, 2001; McConkey & Ryan, 2001; Smith et al., 2002; Taylor et al. 2003).

- ◆ **Provision of adequate induction**
  - To provide staff with realistic expectations
  - To clarify role of staff
  - To highlight and promote commitment to values of the service
- ◆ **Development of more flexible working practices**
  - To attract more older people (who appear less likely to move on)
  - To reduce the degree of work – home conflict
- ◆ **Consider pay and conditions**
  - Provide pay and conditions that reflect value for the knowledge and skills necessary to undertake the role
  - Review pay and conditions in light of availability of alternative employment
  - Consider how to provide develop a career pathway for staff providing the opportunities for progression in services
- ◆ **Provide training for staff**
  - Provide a programme of on going training for staff to develop their knowledge, skills and confidence
  - Incorporate into training difficulties identified by staff in supporting people with a learning disability
  - Training for staff in relation to practical tasks they will completed
  - Focus on problem solving skills development (to wishful thinking)
- ◆ **Take action to reduce job strain**
  - Make staff roles clear
  - Streamline bureaucratic procedures whilst maintaining quality
  - Provide effective feedback on staff work and supervision opportunities / team meetings for all staff, and particularly those working alone
  - Give attention to the length of shifts and how this relates to other commitments staff members may have
- ◆ **Seek to improve job satisfaction**
  - Provide effective feedback on staff work and supervision opportunities / team meetings for all staff, and particularly those working alone
  - Provide opportunities for on going training and information about career development
  - Facilitate staff having greater control of their how they do their job were this is possible and decisions made by the organisation
  - As an organisation demonstrate a positive commitment to staff

clinical courses, applying for such courses, or developing careers in management in the NHS, nurses education or nursing research. Marsland (2001) concluded that given the changing nature of services for people with a learning disability, career guidance and related information was an important aspect of career development and that its limited availability could impact negatively on recruitment and retention of nursing staff in learning disability services. No similar studies were identified for staff within other professionals working with people with a learning disability.

Another neglected area has been the skill-mix of staff within services, for example the ratio of trained and experienced staff to those with no training and little previous

experience. With increased pressure on service budgets, increasing numbers of untrained staff are now being employed.

### **Recommendations for change**

A number of authors have made recommendations for increasing the recruitment and retention of staff. These are summarised in Table 2 overleaf and apply to staff at all levels and across roles.

These highlight the need to provide an adequate process of induction for staff new to services, be that new to working with people who have a learning disability, new to an organisation or a specific type of service.

This period of induction should be built upon by on-going training for staff that provides the necessary knowledge and skills (including problem-solving and coping skills) to undertake their role. A survey of 33 provider agencies in Northern Ireland (Bogues, 1999) employing an estimated 2,300 staff, found that 66% of staff held no professional or vocational qualification. The demand for training was most marked in the areas of challenging behaviour and sexuality/personal relationships and also for management development training. However the most commonly reported barrier to accessing training was releasing staff from duties to attend training events.

Action also needs to be taken to provide more flexible working practices and pay and conditions that value the contribution made by staff.

Finally, steps should be taken to reduce job strain and improve job satisfaction by taking action to counter the impact of the direct and indirect effects that contribute to this (see also Appendix 2.1).

There is a need for more research to focus on staffing issues and in particular the impact that different organisational cultures at both a macro- and micro-level can have on staff morale and retention and the implications this has for the quality of service offered and the outcomes achieved for the persons using the service.

### **Conclusions**

Although personal characteristics of staff may impact on recruitment and retention, the research clearly demonstrates that the majority of impact arises from service and organisational based factors. This is a hopeful feature as it provides a direction for developments and identifies practical actions that may be taken, but will also require services to become more focused on supporting staff, less hierarchical on their structures and more focused on learning new ways of developing person-centred services (Ilkes, 2003). Issues relating to staff training needs to be addressed urgently.

## **Section 4: Staffing implications arising from the changing nature of services**

New styles of community-based services mean that staff work in smaller teams or alone for longer periods of time compared to previous service structures. They are also taking on a wider range of roles. These changes have implications for staffing; in particular, four areas are identified as requiring further consideration.

- The employment of nurses in services in which they were not traditionally employed (e.g. nurses for people with a learning disability in special schools).
- Professionals moving into new roles, as a development or distinction from their previous professional role (e.g. staff work in specific behaviour support or mental health services. Teachers or social workers taking on the role of transition co-ordinators and therapists working as early intervention specialists).
- Restructuring of community teams with a growing variation in team configurations that differ across health and social services trusts and boards (e.g. development of children's disability teams, wider disability teams, and specific behaviour support services).
- New services emerging outside of learning disability services but now working with people with a learning disability (e.g. community children's services, health visitors and school nurses with specific roles for children with a learning disability).

However an evidence-base is often lacking to under-pin the rationale for these changes and often little evaluation is undertaken of existing and new staff roles to ascertain the impact of the change. Hence this section is largely descriptive of the main changes than are most evident.

### **The employment of nurses in schools and day centres**

The changing demography of people with a learning disability, in particular the increasing number of children and young adults with complex health needs has resulted in the need for additional support within special schools (as all children are entitled to an education). This has resulted in much discussion as to how best the needs of these children should be met and similar discussions have taken place in relation to the additional support needed in responding to the complex health needs of people with a learning disability in day services. The difficulties arise around the need to provide complex physical care (e.g. enteral feeding, medication via PEG tubes, suction) and without this support people will not be able to attend school or day services. However some debate has existed around who has the responsibility to provide such services, is it health and social services, education, or both? (McConkey and Kelly, 2001; Marshall and Foster, 2002).

Since the provision of education became the responsibility of Education and Library Boards in 1997, nurses have not traditionally been employed in special schools as 'nurses', although some people with nursing qualifications worked in other roles such as classroom assistants. A survey of all special schools in Northern Ireland found that different types of nurses were involved with special schools although few were based there full-time (McConkey & Kelly, 2001). This study identified inconsistency in the perceived level of input into schools between School Principal and Directors of Nursing Services within the Local Health and Social Services Trusts. The authors highlighted the risk of this leading to plans being developed on the basis of mistaken assumptions

about the level of contact and the role of nurses in schools and recommended further research to clarify the situation across Northern Ireland.

More schools in Northern Ireland now appear to have nurses on-site during school time and some preliminary evaluation of their role has found the presence of nurses to be well received by education staff and that nurses completed a wide range of tasks in relation to physical care of children, staff training and health planning (Moore et al., 2003).

As in special schools, people with nursing qualifications have often been employed in day centres in a number of roles, usually as day care workers or senior day care workers, but not as nurses. However community nurses were required to visit the centres to undertake clinical tasks and even with careful forward planning this restricted the activities that the person with a learning disability could participate in as they had to be in the day centres when the community nurse attended.

In the past few years nurses have been appointed as nurses within day centres of at least one HSS Trust in Northern Ireland, although no published evaluation on the impact of this is available.

In summary, the present arrangements for providing support to meet the physical health needs of people with a learning disability in special schools and day centres across Northern Ireland are highly variable and inconsistent. In some areas children and adults with complex health needs are well supported and can avail of services provided, whereas in other areas people continue to have their access to education and day services restricted due to lack of appropriate support within services.

### **Professionals moving into new roles**

There is a trend towards professionals undertaking more specialised functions within services, for example, the appointment of epilepsy nurses within learning disability services. Community nurses in learning disability are also obtaining a qualification in children's nursing so that they can specialise in the care of children with complex needs. The development of behaviour support services will depend on professionals from a range of disciplines taking on a new and more specific role.

The pattern of service developments elsewhere in the United Kingdom suggests that such developments will continue and may extend to staff with specific roles in relation to mental health, health facilitation and acute liaison nurse posts.

These service developments are predicated on the identified needs of people with a learning disability, however they take professionals into new areas of work, new methods of working and new structures for which there maybe no appropriate training or peer support.

They will also place new demands on these professionals in terms of leadership roles, consultancy skills, lobbying and advocacy.

### **Restructuring of community teams**

The concept of a team of professionals – usually nurses, social workers, psychologists and therapists – serving people living in community settings has been a feature of learning disability services in the UK since the 1970s. However the form and functions of these teams varies widely and comparatively little research has been undertaken into their effectiveness despite the sizeable costs involved.

The structure of community teams providing service to people with a learning disability is changing across Northern Ireland. Many Trusts have moved away from the formally structured Community Learning Disability Team that provided services to children and adults with a learning disability. A number of different team structures now exist, including Children's Disability Teams (some are interdisciplinary, other social workers only), Adult Disability Teams supporting people with all disabilities (but with some team members only supporting people with a learning disability), separate Community Nursing Teams and Community Social Work teams for people with a learning disability (with varying degrees of collaborative working).

Whilst considerable literature exists about the requirements for effective team work (Sines & Barr, 1998, Weinstein, 1998), at present there is no clear evidence on the impact of different team structures in support of people with a learning disability, nor conclusive evidence on the most effective team structure within community learning disability services. However a major project is underway lead by Dr Eamonn Slevin (University of Ulster) on the impact of team structures in preventing admission of people with a learning disability to specialist hospitals and supporting them on discharge.

### **New services emerging outside of learning disability service**

Developments occurring within other services are also impacting on the role of some staff within learning disability services. For instance the emerging development of Community Children's Nursing services across Northern Ireland has resulted in staff within these services now providing services to some children previously supported by community nurses for people with a learning disability. In addition, the changing role of Health Visitors and School Nurses is likely to impact on the existing role of some staff within Community Learning Disability Teams.

These developments in 'mainstream' services are welcome and they provide additional support options of people with a learning disability and their families. However, these developments can take place in a disjointed manner with little consultation between services. Two particular areas for attention are the sharing of information between services and the development of coherent arrangements for co-working and transition between services.

### **Implications for staffing**

As new services develop and people take on new or revised roles it is important that the factors identified in Table 2 are built into services in order to promote an effective working environment that retains staff involved. This is particularly important in the development phase of new roles and services when considerable investment has been made in staff induction and training, and the possibility of replacing a member of staff who leaves a service could be difficult due to the innovative nature of their role.

It is also necessary to consider the impact that staff moving from existing services within Community Learning Disability Teams will have on the capacity of the team to fulfil its role if several experienced staff move into new services. Hence plans need to be in place to recruit staff into the posts left vacant by such developments. Such plans also need to consider the post qualification training necessary for people who may come into the vacant posts. All new services must be planned and developed with a view to how they fit into existing structures, rather than become parallel or disjointed services.

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Furthermore as services supporting people with a learning disability are now emerging separately within learning disability and mainstream services specific attention needs to be given to collaborative planning and working arrangements between services who have traditionally planned separately if the maximum gains are to be made for people with a learning disability and their families. Such collaborative arrangements should provide clear guidance on boundaries of responsibilities of teams, clarify the roles of staff, detail arrangements for providing appropriate clinical and managerial supervision and provide an equitable structure for career progression of staff entering new / revised roles or team structures.

**Conclusions**

As services shift away from an exclusively specialist orientation towards greater engagement with mainstream services, increased attention needs to be paid to redefining staff roles and relationships within and across services. This is often done on an ad hoc rather than planned basis and often after the new changes have been implemented rather than as part of the necessary planning for them.

## **Section 5: Staff in mainstream services working with people who have a learning disability.**

Despite the fact that 'inclusion' has been a policy aim in Northern Ireland since 1995 (DHSS, 1995), people with a learning disability continue to be encounter persistent difficulties in gaining equity of access to services as noted earlier. In particular, difficulties have been reported in accessing primary care and acute general hospital services within Northern Ireland (Barr et al., 1999; Barr, 2004b) and in other parts of the United Kingdom (Thornton, 1999; Giraud-Saunders et al., 2003; NPSA, 2004). To a large extent these stem from the attitudes of staff in these sectors.

### **Staff in Primary Care Services**

The views of professionals in primary care towards people with a learning disability and their limited skills in communication have been identified as factors influencing the service provided to people with a learning disability (Singh, 1997; Band, 1998). In a survey of General Practitioners in the WHSSB area, Finlay (2002) reported that 48% of General Practitioners and 49% of nurses did not feel they had adequate training to work with people with a learning disability, while 20% of General Practitioners and 17% of nurses felt that had. The remaining 32% of General Practitioners and nurses were uncertain about their degree of preparation. They reported limited preparation and uncertainty about how to work with people who have a learning disability. These findings are consistent with those reported elsewhere in the United Kingdom (Kerr et al., 1996; Bond et al., 1997; Stein, 2000; Gill et al., 2002).

Even so General Practitioners have generally positive attitudes towards people with a learning disability and whilst accepting of their responsibility to provide general medical services for people with a learning disability, they believe health screening should be provided within specialist services (Gill et al. 2002). In a survey of GPs within Down Lisburn Trust although the majority of General Practitioners felt health screening would be helpful for people with a learning disability, three quarters of those responding felt these would be better provided within specialist services. However after dealing with referrals from a contact with a health screening service provided by Community Nursing Learning Disability services, General Practitioners reported being more favourable to undertaking health screening themselves (McConkey et al. 2002). This would support the importance of collaborative working between specialist and primary care services and demonstrates that such collaboration could lead to improve equity of access to health screening in primary care settings.

Most surveys have taken place with nurses and General Practitioners with little information on the views of the wide range of other professionals. However research evidence also shows that people with a learning disability often do not avail of other health services within community settings (e.g. dentist, optician, audiologist, speech and language therapist, dietician) (Band, 1998). Given the reported impact and views of General Practitioners and nurses on the availability and access to services, further research is needed to establish the views of other professionals and their impact.

### **Staff in Acute General Hospitals**

It is recognised that nurses within acute hospitals also report experiencing difficulties in working with people with a learning disability. Indeed, the National Patient Safety Agency has recently highlighted the seriousness of this situation and after a

comprehensive process of consultation within England have identified the care of people with a learning disability in general hospitals as one of their top priority issues (NPSA, 2004).

Studies consistently report a limited confidence and uncertainty about what to do in working with people with a learning disability both in Northern Ireland (Slevin & Sines, 1996; McConkey & Truesdale, 2000; Barr 2004b) and elsewhere in the United Kingdom (NPSA, 2004). Nurses often reported limited knowledge, skills and experience towards caring for people with a learning disability. Likewise a study undertaken in Northern Ireland which included 167 student therapists (mainly physiotherapists and occupational therapists) reported that they had significantly less confidence and felt more unprepared to work with people with a learning disability than people with physical disabilities (McConkey & Truesdale, 2000).

Using focus groups with staff from general hospitals in one area in England, Cumella and Martin (2000) identified four key areas of difficulty, namely poor information on admission, limited staff training in the needs of people with a learning disability, risk to other patients (actual or perceived) and difficulties in obtaining consent that at times made staff wary of undertaking interventions. Nursing staff in acute general hospitals highlighted their lack of preparation to work with people with a learning disability during their pre and post qualification education.

Evidence is available from within Northern Ireland (Marshall et al, 2001; McConkey et al, 2003) and elsewhere in the United Kingdom (Jones & Kerr, 1997; Martin et al., 1997) to show that when primary care and specialist learning disability staff work collaboratively, the health status of people with a learning disability can be improved. Equally, collaboration between acute general hospital services and learning disability service has resulted in the development of several Acute Liaison Nurses within the England and Scotland. At present no similar posts exist with Northern Ireland. These nurses have a role in providing training for staff as well as contributing to policy development, research and service development. A network of Acute Liaison Nurses known as 'Access to Acute' now exists across the United Kingdom. These projects have been evaluated very successfully and have taken considerable steps towards achieving equity of access to healthcare (see [www.fons.org/networks/nnidn/a2a](http://www.fons.org/networks/nnidn/a2a)).

In addition Health Facilitators have been appointed with a specific role in working between learning disability and primary care services within services in England, Scotland and Wales, in effect providing the co-ordinating link (Department of Health, 2001). However, at present there is no equivalent to Health facilitators within Northern Ireland.

In order to further the objective of inclusion, the perceptions and needs of staff within non-learning disability services must be considered and action taken to provide the support needed for inclusion to become an accepted aim of these services. To be effective collaborative working needs must go beyond providing information to primary care and acute general hospitals services about what needs to be done, it needs to include practical support, training and sharing of information. Further education and opportunities to develop skills in working with people with a learning disability are required and should emphasise the need for skills in communication, legal and ethical issues (particularly informed consent and restraint), working with families, working with people who present challenging behaviour and the resources available to support people with a learning disability (Band, 1998; Barr, 2004; NPSA, 2004).

Such collaborative arrangements should be evaluated against the degree they result in an increased capacity among mainstream services to support people with a learning

disability and must go beyond families of people with a learning disability or staff in learning disability services providing parallel services. It can also be expected that such developments as those noted above in relation to primary and acute care services will also be necessary for staff in wide range of other services, the key point being that inclusion will never be achieved if the knowledge, skills and values are not in place within mainstream services.

### **Conclusions**

In future the focus on staffing for learning disability services will need to embrace mainstream provision. In particular means will need to be found for sharing the knowledge and expertise that has accumulated within specialist services for meeting the particular needs of people with a learning disability. However this process has begun and initial results seem promising.

### **Concluding Comments**

The impact of organisational arrangements and working practices can have a major impact on staff stress, work satisfaction, staff turnover and most importantly directly and indirectly on the people with a learning disability and their families who use services. As new services become increasingly built around more dispersed smaller units with the consequent need for increased numbers of staff, careful thought has to be given to steps to increase the recruitment and retention of staff. A career in working with people with a learning disability needs further publicity; jobs in learning disability services should be presented as positive and desirable position and publicity should highlight the benefits of undertaking such work.

There is also the need to move towards more joined-up planning with mainstream services in order that their service developments and those of learning disability services, provide coherent rather than fragmented or competitive services. This level of planning is also necessary within learning disability services as new team structures, staff roles and supervision arrangements are developing, which in turn has major impacts on the work on existing professionals and on community learning disability teams.

There is also a need to invest in the development of the necessary knowledge, skills and values in staff within specialist and mainstream services. This will require longer term planning to have adequate numbers of trained staff available in the future. Above all any changes to staffing and services should be evaluated against the increase in quality of care and support they provide to people with a learning disability, their families and carers. To date, this evidence base is sadly lacking.

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## Appendix 2.1: Factors influencing the retention of staff.

Hatton et al., (1999; 2001) identified the broad areas that influenced retention of staff in learning disability services and for each area the direct and indirect contributing factors. These were as follows:

<b>Broad Areas identified</b>	<b>Directly contributing factors</b>	<b>Indirectly contributing factors</b>
General distress	Wishful thinking Work – home conflict Role ambiguity	Lack of staff support Bureaucracy Work home conflict Younger staff age Receiving less training as part of job
Job Strain	Wishful thinking Stress linked to lack of staff support Alienative communication Role ambiguity Stress linked to lower job status Longer contracted hours	Lack of staff support Bureaucracy Less support form supervisors and colleagues Greater role conflict Greater person –organisation mismatch concerning tolerance and being orientated towards staff Greater role conflict Greater stress linked to low status job Greater person –organisation mismatch concerning tolerance and being orientated towards staff Less orientation towards working in services for people with a learning disability Younger staff age Receiving less training as part of job Greater role conflict less job control Greater person –organisation mismatch concerning rewards for staff Being male Not having dependents
Work satisfaction	Less stress linked to low status job Support form supervisors Greater influence over Work	Less role conflict Greater job control Greater person –organisation fit concerning rewards for staff Receiving more supervisor feedback More staff meetings Doing fewer domestic tasks

	Less alienative communication	Receiving more supervisor feedback Harder subjective labour conditions Greater person – organisation fit concerning tolerance and being orientated towards staff Less role conflict Less stress linked to low status job Greater orientation to working in community based services
	Support form colleagues	Receiving more supervisor feedback
	Older staff age	
Intention to leave	Less job satisfaction	Low levels of support from supervisors and colleagues Low influence over work decisions High levels of stress from low status job High level of alienative communication Younger staff age
	Higher job strain	High use of wishful thinking High stress associated with lack of staff support and bureaucracy High role ambiguity High level of alienative communication Working longer contracted hours
	Younger age	
	Easier subjective labour conditions	Less community employment orientation Younger staff age
Job search Behaviour	Less work satisfaction	Low levels of support from supervisors and colleagues Low influence over work decisions High levels of stress from low status job High level of alienative communication
	Higher job strain	High role ambiguity High level of alienative commitment (feeling trapped in a poor organisation) Working longer contracted hours
	Easier subjective labour orientation	Less community employment conditions

