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CONSULTING

California Department of Aging | CalGrows

Direct Care Worker Survey and Focus Group Report

Overview

Background and Report Organization

Overview

In 2022, Collaborative Consulting gathered input from Direct Care Workers (DCWs) to inform the development of a Direct Care Workforce Training and Stipends Program: **Growing a Resilient and Outstanding Workforce in Home and Community (CalGrows)**. Input was gathered through two methods:

- **Online survey:** DCWs were asked to describe and assess challenges, interests, and preferences related to training and incentives through a mix of closed and open-ended questions. DCWs were also asked about their roles, work settings, and experience. The survey was translated into Armenian, Cantonese, Mandarin, Spanish, and Tagalog and programmed online using Formsite. Over the course of three weeks, 610 survey responses were received in English, Spanish, Cantonese, and Mandarin.
- **Focus groups:** Three focus groups were conducted with a total of 10 DCWs working in adult daycare and adult day health center settings. Topics of discussion included training approaches, training challenges and interests, and preferences for training delivery and incentives.

The following summarizes the learnings from the survey and focus groups, highlighting the following areas:

- Gaps and challenges in DCW training that CalGrows can address; and
- Design considerations for CalGrows.

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Part I: Direct Care Worker Survey

Summary of Themes

I. Survey Summary: Training Gaps and Challenges

Lack of time for training and the limitations of training schedules are barriers to accessing training.

- Over half of survey respondents (55.9%) report not having enough personal time for training, and one-fifth (21.0%) report not being able to use work time for training.
- Existing training schedules do not meet the needs of DCWs with limited time, with one quarter (25.1%) reporting that training is not offered when they are available.
- Work schedules, work distractions, staff shortages, and finding replacements to cover responsibilities make it challenging for DCWs to attend training.

Training costs fall on DCWs, discouraging participation.

- Nearly one fifth (17.5%) of survey respondents report cost as a top barrier to accessing training. For example, training fees and costs associated with transportation and taking time off from work get in the way of participating in training.

“The most challenging thing about doing the training in the past is the fact that I had to take time off work to complete the training.”

Barriers to accessing training: most common responses*



*n=610. Respondents could select up to three responses.

I. Survey Summary: Training Gaps and Challenges

Past training opportunities have not met DCWs' expectations for quality or effectiveness.

Challenges in training delivery include:

- The curriculum isn't relevant to DCWs' work responsibilities or setting.
- Content lacks specific examples and scenarios.
- Visual resources to support instruction are lacking.
- Training delivery is lecture-based or dry, lacking discussion, interactivity, and/or hands-on practice.

Poor quality training and lack of follow-up training reduce DCWs' ability to apply and retain learning.

- Survey respondents report challenges applying and retaining learning from training, especially when training lacks depth, relevance, opportunities to address questions, and resources for review.
- Survey comments indicate that DCWs do not always have access to on-the-job support to practice learning gained from training.

"A lot of the training isn't relative to what we do, and the training that is has to do with company policy. Not helpful to the actual job and progress of clients and staff."

"When taking courses online, you learn the aspects of the task you are being trained on but do not have the ability to practice the task that was taught as it's all online."

"Some of the information is not retained because there has been a lot of information thrown at us at one time."

"[It's challenging] when they don't give you an introduction and they leave you with a video on an unfamiliar topic; it's difficult to understand without a training supervisor to facilitate the learning process."

I. Survey Summary: Training Topics of Interest

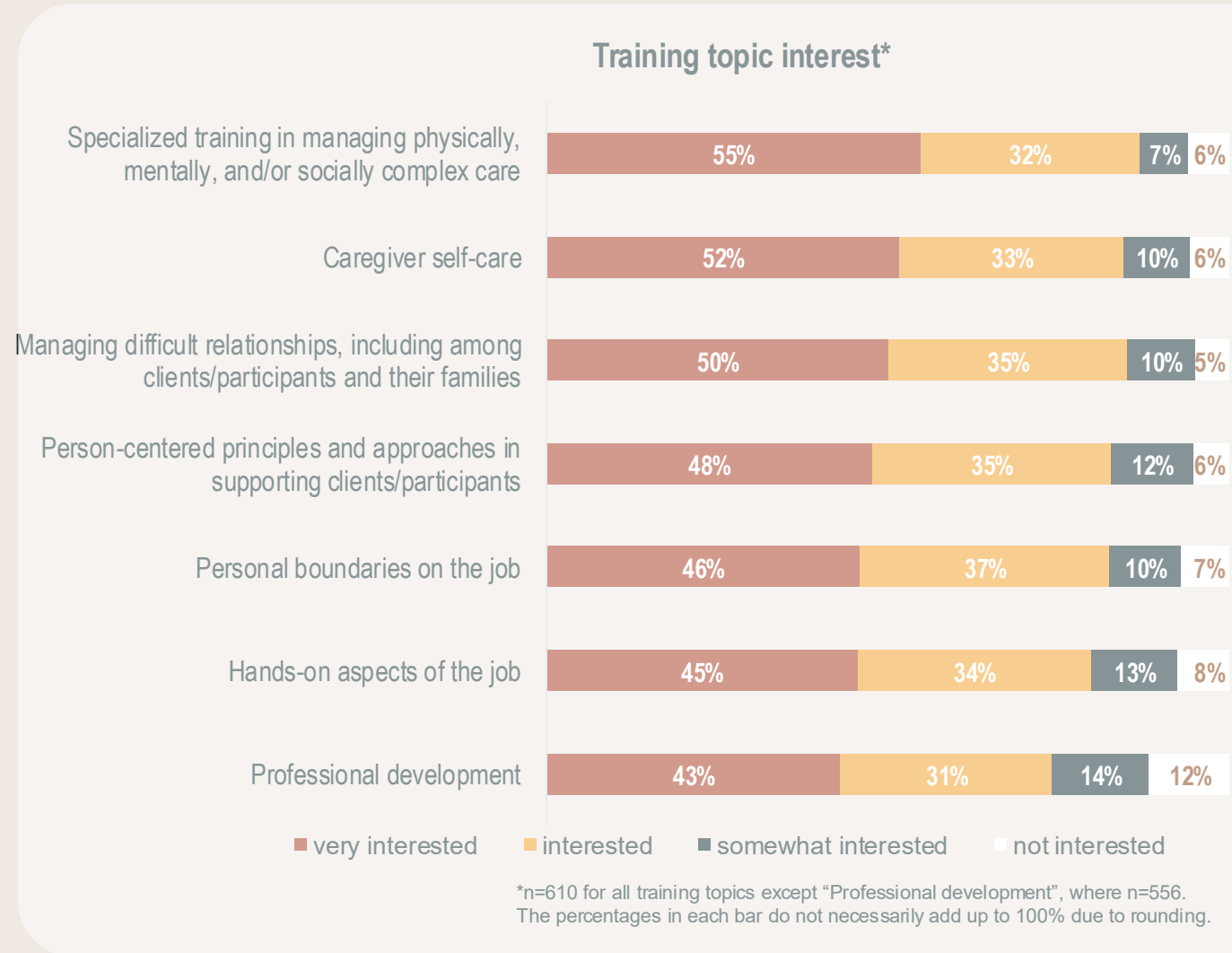
DCWs are eager for training in a variety of topics.

DCWs express high levels of interest in the training topics they were asked about in the survey.

- At least 74% of respondents report being “very interested” or “interested” in each topic. Specialized training in managing complex care is the topic of greatest interest.
- Very few respondents (less than 2%) report not having an interest in training on any topic.

Frequently mentioned topics of interest include:

- Specialized training, especially on caring for those with dementia, Alzheimer’s, or mental illness.
- Hands-on care, especially nutrition, CPR/first aid, lifting, and safety.
- Professional development, including leadership skills, learning about career opportunities, and training required for career advancement.



I. Survey Summary: Training Format

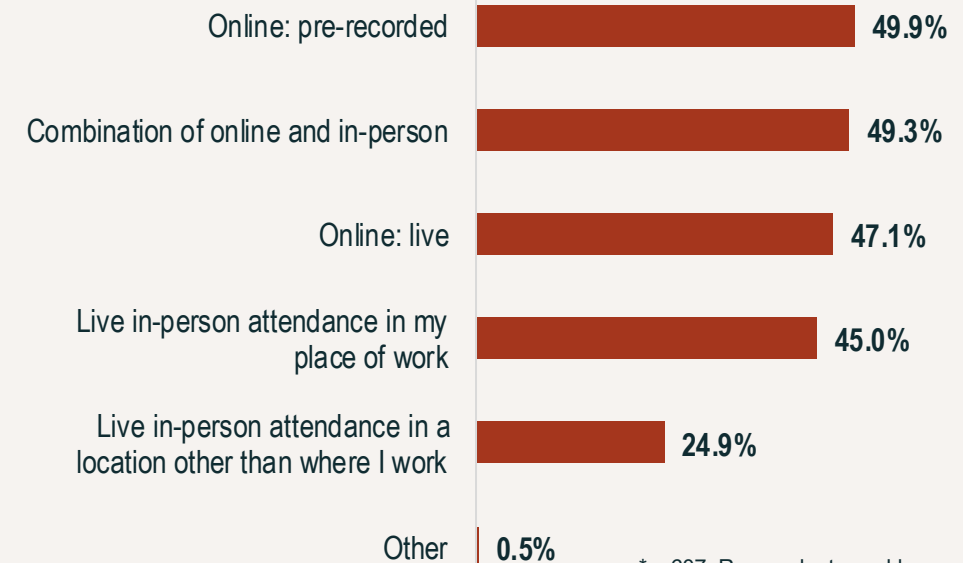
DCWs prefer to receive training online or in-person at work; preferences are influenced by logistical constraints and opinions about effective learning environments.

- Survey respondents are split in their preference for in-person or online training, with nearly equal proportions of respondents expressing an appreciation for pre-recorded online, live online, live in-person, or a combination of online and in-person training.
- DCWs prefer in-person training at work (45.0%) over offsite locations (24.9%).
- In the comments, some DCWs indicate they prefer online participation because of the self-pacing option or because transportation to an off-site location is challenging.
- On the other hand, DCWs commonly comment on the helpfulness of training that includes elements of live or in-person training, such as discussion with peers and trainers and hands-on practice.

“The ability to pause the training and return at a better time... allows me to take notes or take a break if needed.”

“The in-person sessions provide an opportunity to meet other caregivers and validate what you're learning.”

Preferred training format*



*n=607. Respondents could select up to three responses.

I. Survey Summary: Learning and Application

Instructional approaches that DCWs find effective include:

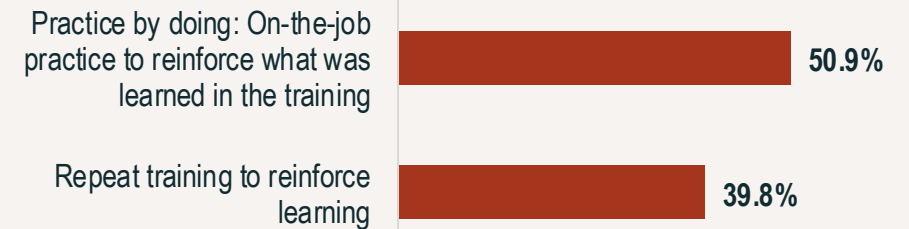
- Relevant content related to DCW responsibilities, care settings, and target populations.
- Concrete examples, such as specific scenarios and role-playing.
- Visual resources, including resources that can be reviewed before and after training (e.g., handouts, videos, presentations).
- Hands-on practice during training.
- Time to ask questions. One third (34.8%) of survey respondents report check-ins with the trainer as helpful for retaining learning.
- Group discussion and sharing with peers. One-third (33.2%) of survey respondents report that group discussion during training helps them apply the training to their work.

On-the-job practice and repeat training help DCWs apply what they learn.

- Half (50.9%) of the survey participants state that on-the-job practice is one of the most helpful approaches for learning training content.
- DCWs also find repeat and refresher training helpful (39.8%).

“Seeing examples of how to perform certain things, examples of how to manage certain situations and/or scenarios [has been one of the most helpful things about past training].”

What helps participants apply learning: most common responses*



*n=603. Respondents could select up to three responses.

I. Survey Summary: Incentives

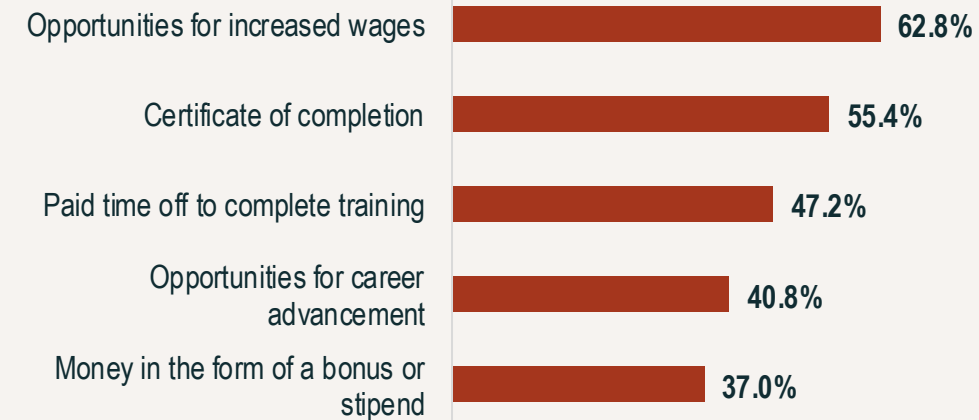
DCWs prefer to receive increased wages and certificates of completion as incentives for completing training.

- Nearly two thirds (62.8%) of DCWs prefer increased wages as an incentive.
- DCWs are very interested in a certificate of completion (55.4%) or opportunities for career advancement (40.8%).
 - DCWs express strong interest in career growth in the comments, with many sharing an interest in learning about career advancement and a variety of professional skills.
- Paid time off to attend training is also popular, with nearly half (47.2%) selecting it as a preferred incentive.
- If financial incentives are provided, DCWs prefer them to be paid incrementally; one third (33.8%) prefer to receive them at the beginning and end of the training, and one third (32.4%) prefer to receive payments incrementally after training.

“Trainings that happen during time off with no financial compensation [are challenging].”

“[Past trainings have been helpful when] certificate of completion and opportunities in advancement are offered.”

Preferred incentives: most common responses*



*n=608. Respondents could select up to three responses.

I. Survey Summary: Outreach

DCWs mostly hear about training opportunities through their workplace and colleagues (if they hear about training at all).

- The most common way DCWs hear about training opportunities is through their employer or supervisor (71.5%) or peers and coworkers (38.2%).
- Responses reinforce the importance of conducting outreach about training via employers and in DCWs' work settings but also suggest that outreach via other outlets is needed to reach DCWs who are not hearing about training opportunities.

"[I would like to know] how or who to go to, to learn more about the training programs there are out there available for us to take."

**How DCWs find out about training:
most common responses***



*n=610. Respondents could select multiple responses.

Part II: Direct Care Worker Focus Groups

Summary of Themes

II. Focus groups: Training Gaps and Challenges

DCWs do not consistently have access to high-quality onboarding or ongoing training.

- DCWs report receiving training via a one- to two-week onboarding at their workplace, involving rotations and learning from colleagues. A flexible approach to onboarding training works well in supportive work environments but is less effective where support from peers is not readily available.
- Some DCWs receive frequent learning opportunities beyond onboarding, such as monthly or weekly in-services; others report not receiving regular training.
- There is a need for periodic training to refresh DCW knowledge, help DCWs learn new ways of working with different clients, and prevent work patterns from becoming “complacent” or “stagnant.”

Lack of time and incentives are barriers to accessing training.

- Staff shortages can make it challenging to find time to attend training, and staff turnover heightens the need for training for new staff.
- DCWs who do not have access to on-the-job training lack incentives to attend training outside of work hours. For example, one participant shared that one of the few training opportunities available to her was training outside of regular workdays, but with no pay to attend or cover transportation costs, she could not participate.

“We’re really lacking in the training department, I think, for onboarding, especially... it’s kind of like a sink or swim, right? You hope somebody next to you is helping you... There’s not a super direct handbook, or training that comes along when you start here... Kind of like, you learn yourself.”

“What I would like to see as far as training for us is... reminders and catch-up classes... We sometimes get a little complacent and just because we’ve done things a certain way in the past, maybe there’s a better way to try something different.”

“We are short staffed, and time is always against us at this point.”

“If they want you to do a training that’s outside your Monday through Friday, on your Saturday, right? A lot of us live 30 minutes away... There should be more incentives.”

II. Focus Groups: Design Considerations

DCWs are interested in more training, particularly training related to working with special and complex populations.

- DCWs are interested in topics related to serving client populations with complex needs (e.g., Alzheimer's, dementia, mental health, and behavioral health issues).
- Even DCWs who report regular access to training feel they need more information to properly work with a client base with a range of different needs.
- Other topics of interest include safety, communication skills, movement training, and self-care.

DCWs prefer interactive training experiences alongside their colleagues and value having resources for reference.

- Interactive training is more engaging and fosters relationships and team building.
- Supplemental resources like a handbook, reading materials, and videos are helpful for filling in gaps when interactive or in-person approaches are not possible.

Hands-on learning using examples from the workplace facilitates DCW learning.

- DCWs like tailored and responsive support from colleagues during onboarding training and beyond.
- Using workplace-specific role play and scenarios is an effective instructional approach for training.

"I would like to know more about people with dementia... it's hard to anticipate what they want to do... I have a lot of information, but I feel like I don't have enough because everybody, every time, is different. And I'm like, 'I can't [go inside] their head and see what they're thinking.'"

"One thing that we've learned in our in-services that's really powerful is to go over a concept... and then picking the participants that [concept] would apply to that are currently right here. You might have even worked with them today. It really helped solidify that concept from the abstract to the practical application."

II. Focus Groups: Design Considerations

DCWs value ongoing opportunities for learning and growth; existing organizational practices provide mechanisms for delivering opportunities to DCWs.

- Examples include:
 - Huddles across roles to discuss clients and scenarios.
 - In-services that are responsive to DCW requests.
 - Staff flexibility to provide on-the-job training when needs arise.
 - Opportunities to shadow colleagues working in different departments.
 - Support groups to process grief and other job-related challenges.
- Focus group participants who expressed high levels of satisfaction with the on-the-job training opportunities they receive shared an approach to ongoing training and support for DCWs (see Promising Practice Spotlight).

“We are constantly learning new things - reintroducing ideas and then bringing in new ideas.”

Promising Practice Spotlight:

DCW Training and Support at an Adult Daycare Center

- Launch a two-week onboarding process, involving rotations and support from peers to find interests and build comfort levels.
- Create opportunities to assess onboarding outcomes and training needs after the initial two weeks.
- Provide monthly in-services based on the needs and requests of the DCWs.
- Conduct daily morning meetings and huddles to keep the workforce up-to-date with client needs. Provide client files for reference.
- Build an on-the-job network, including social workers, nurses, and floor supervisors, providing opportunities for collaboration, learning, and daily support for DCWs as needs emerge.

II. Focus Groups: Design Considerations

DCWs want incentives that defray training costs.

- DCWs would like to be paid hourly wages while attending training and receive help with costs incurred to attend training (e.g., transportation reimbursement).

DCWs are interested in incentives that recognize the skills they gain as a result of participating in training.

- DCWs like the idea of receiving certificates as a training incentive, but only if they are actionable; for example, only if certificates are recognized across different workplaces.
- Some DCWs feel that wage increases should be offered when they acquire new skills in training if they are expected to perform those skills in their job (e.g., bilingual certification training).

DCWs are interested in growth opportunities, but career ladders need to be formalized and made visible.

- Some DCWs work in organizations where the environment supports trying out different roles, depending on the organization's needs and the DCW's interest and initiative. Other DCWs feel their employers don't recognize their hard work or proactively support advancement opportunities.
- Experience with formal career pathways is not common among DCWs, and some focus group participants requested clarity on what is meant by a career ladder.

"I feel like if you receive training to do something new in your position, that should come with a raise and not a bonus. A bonus is a one-time thing. But if you're going to be doing this for quite a while in the long run, it needs to be a raise, not a bonus."

"To be acknowledged for [training, with a certificate], I think that would be great. And then ... if you do choose to move somewhere else it shows all the training that you did get and the stuff that you do now."

"There's a feeling of, 'That's your department, you're staying there unless you move on.' ... We work so hard. We show how well we can do in our programs. It would be nice to have that support and say, 'Hey, we have an opening soon,' instead of just reaching outside, 'What can we do to build you up and work you into this position?'"

Part III: Direct Care Worker Survey

Survey Results by Question

III. Survey Results: Respondent Characteristics

Most survey responses were completed via the English-language version of the survey. Responses were received in four of the six languages in which the survey was made available.

Survey responses, by language:

Language	Count	%
English	473	77.5%
Spanish	81	13.3%
Cantonese	54	8.9%
Mandarin	2	0.3%
TOTAL SURVEYS RECEIVED	610	100.0%

Duplicate survey responses were identified and excluded using respondent contact information when provided.

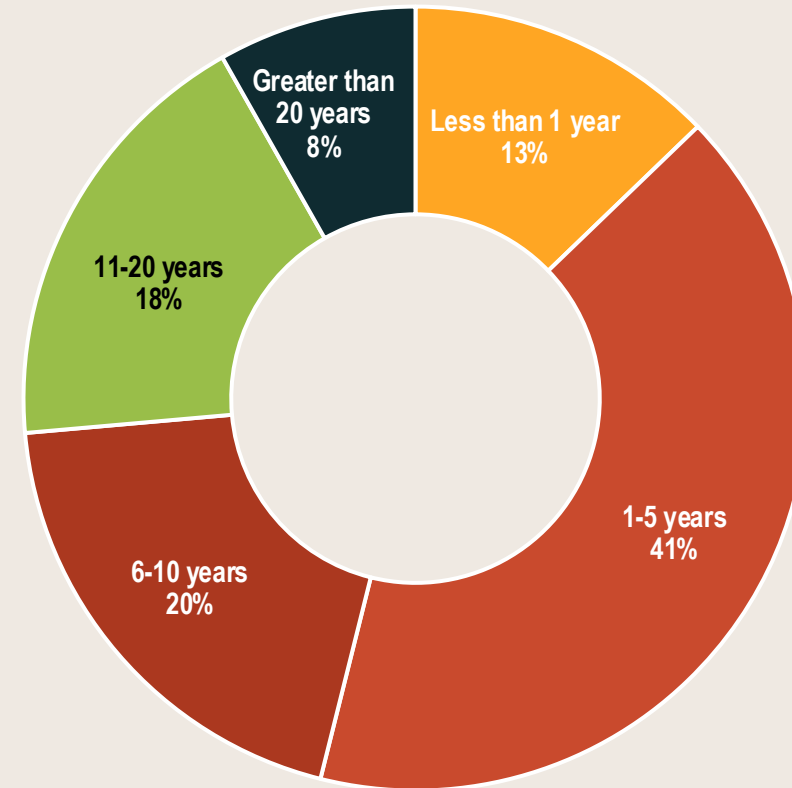
III. Survey Results: Respondent Characteristics

Over half of the survey respondents had five or fewer years of experience. Respondents had worked as DCWs from a minimum of 2 weeks to a maximum of 50 years and had an average of 8.1 years of experience.

How long have you been a direct care worker?

Average years (SD)	Min	Max
8.1 (8.8)	2 weeks	50 years

N=523. The survey question did not specify the units in which to respond; responses were converted to a number of years where possible. Responses that were only a number and did not specify a time unit were excluded.



III. Survey Results: Respondent Characteristics

DCWs reported diverse roles, ranging from hands-on care to social work, case management, and management. The most common DCW role reported was caregiver, including people who described responsibilities related to hands-on personal care.

Role	Count	%
Caregiver*	174	28.5%
Certified nursing assistant (CNA)	63	10.3%
Social worker	41	6.7%
IHSS provider	35	5.7%
Personal care aide/assistant (PCA)	34	5.6%
Nurse/registered nurse (RN)/licensed vocational nurse (LVN)	27	4.4%
Case manager	24	3.9%
Direct support professional (DSP)	21	3.4%
Program/site manager/director	19	3.1%
Family caregiver	19	3.1%
Home health aide (HHA)	15	2.5%
Program aide/assistant	15	2.5%
Activity assistant/coordinator	12	2.0%
Physical or occupational therapist or aide	9	1.5%
Other**	52	8.5%
Unspecified/unknown	61	10.0%

n=610. The survey question asked, "What kind of direct care work do you do?" and was open-ended. Responses were recoded to categories of roles. Respondents could be coded into more than one category.

* Caregiver includes those respondents who responded caregiver and those who described hands-on personal care for people generally or by listing the tasks they perform.

** Other includes Administrative role, Administrator, Behavioral aide, Care coordinator, Care partner, EMT, Congregate coordinator, Housing advocate, Housing assistant, Intake coordinator, Kitchen worker/supervisor, Mobility manager, Nurse care manager, Outreach coordinator, Physician, RDH/RDHAP, Referrals specialist, Registered dietitian, Transition coordinator, Transportation coordinator, Transportation provider.

III. Survey Results: Respondent Characteristics

Respondents represented a range of settings. Commonly reported care settings were PACE, staffing agencies, and ADHC/CBAS.

Setting	Count	%
Program of All-inclusive Care for the Elderly (PACE)	126	20.7%
Staffing agency (including but not explicitly limited to home care)	96	15.7%
Adult Day Health Center (ADHC) / Community Based Adult Services (CBAS)	81	13.3%
Nonprofit	71	11.6%
Home (includes IHSS, private, and unspecified home care providers)	70	11.5%
Adult daycare	54	8.9%
Health center/clinic/hospital	46	7.5%
Public agency/county	12	2.0%
Skilled nursing facility or rehabilitation facility	6	1.0%
Other*	27	4.4%
Unspecified/unknown	30	4.9%

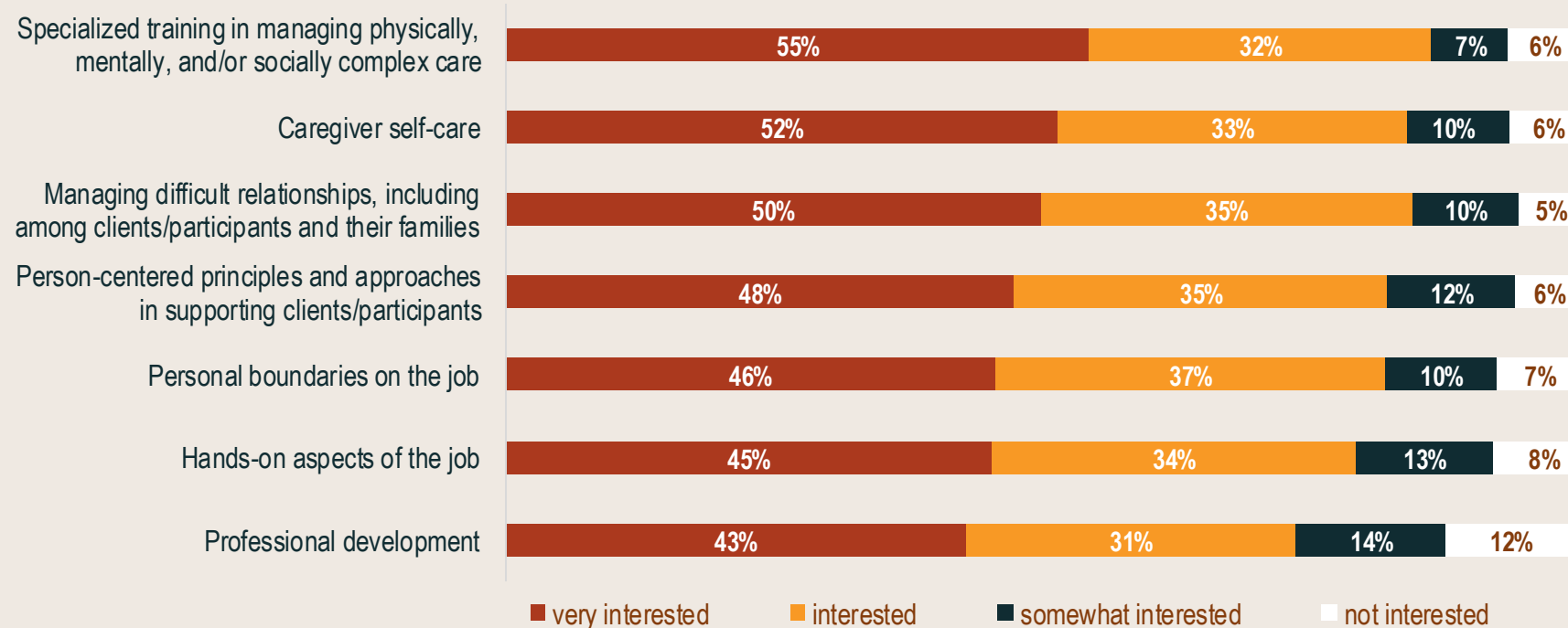
N= 610. The survey question asked, "What type of organization do you work for?" and was open-ended. Responses were recoded to categories of settings. Respondents could be coded into more than one category.

*Other included Assisted living, Insurance, Long term care facility, None/self, Nursing home, RCFE, and School.

III. Survey Results: Training Topics of Interest

DCWs had high and similar levels of interest in all suggested training topics. Specialized training in complex care was the topic for which the largest percentage of DCWs reported “very interested” or “interested.”

How interested are you in receiving training on the following topics?



N=610 for all topics except “Professional development”, where n=556. The “Professional development” training topic was missing from the Cantonese version of the survey. The percentages in each bar do not necessarily add up to 100% due to rounding.

III. Survey Results: Training Topics of Interest

Client care topics of interest include:

- Specialized training, especially in caring for those with dementia, Alzheimer's, or mental illness (n=79)
- Hands-on care, especially nutrition, CPR/first aid, lifting, and safety (n=51)
- Managing difficult relationships with clients and their families, including addressing behavioral challenges and de-escalation (n=48)
- Information on connecting clients to resources and services (n=21)
- Best practices or resources to use in client care (n=9)
- Communication skills (n=9)

Professional and career development topics of interest include:

- Self-care, including managing stress, anxiety, and burnout (n=19)
- Leadership/management skills (n=17)
- Learning about career ladders or opportunities for advancement (n=17)
- Benefits and financial planning (n=14)
- Managing relationships with colleagues (n=12)
- Training for a specific role (n=11)
- Professional networking and collaboration (n=8)
- Technology/computer training (n=6)

Many respondents hoped for training on any topic that would help them improve in their job (n=43)

n=417. Responses of N/A or none were excluded from analysis. Most common themes are shown. Counts are approximate.

"I'm hoping to learn more about dealing with participants who suffer from mental health issues as well as age related cognitive decline."

"I would like to learn more about management and how be able to develop a strong group to accomplish goals in a timely manner."

"Work life balance, mental health care as a care worker."

"Anything that may help me grow within my company."

III. Survey Results: Learning Application

Half of the respondents reported that on-the-job practice is one of the most helpful approaches to applying learning from training.

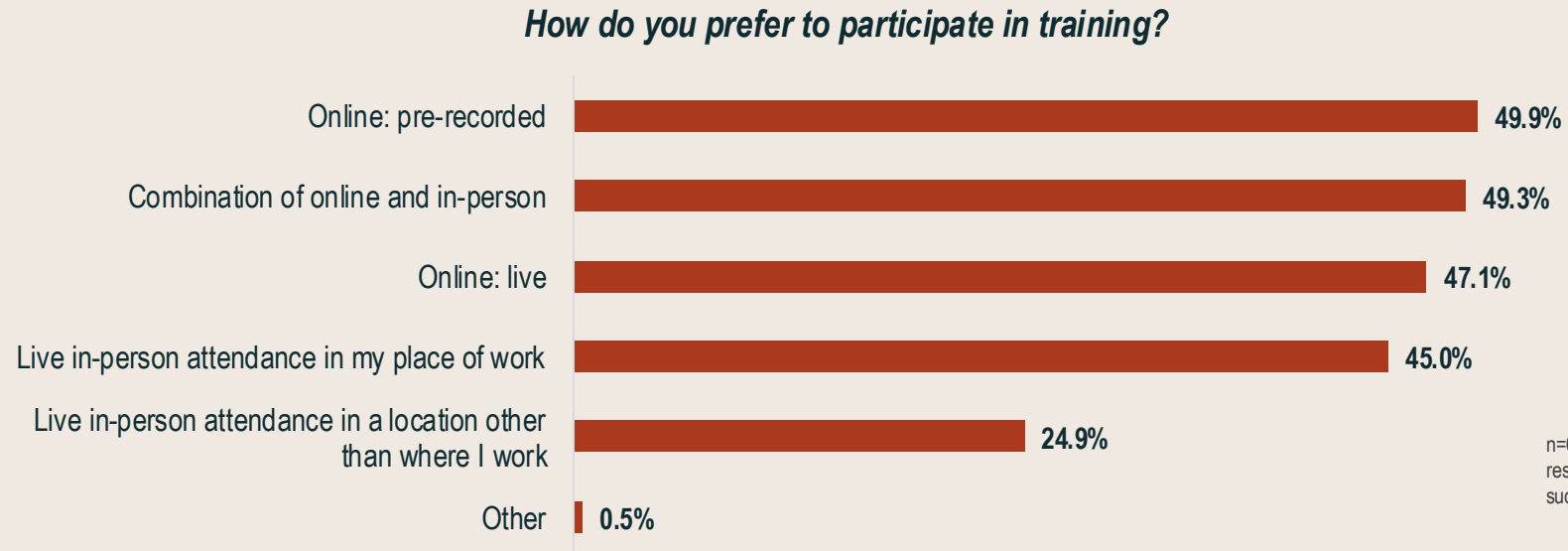
What would help you apply what you learn in training to your work?



n=603. Respondents could select up to three responses. The most common "Other" response was additional, on-demand resources, e.g., manual, audio, videos (n=8).

III. Survey Results: Training Format

DCWs were split in their preference for online versus in-person training.



n=607. Respondents could select up to three responses. "Other" responses included using resources such as handouts, manuals, or videos (n=3).

III. Survey Results: Training Barriers

The most common barriers to accessing training were time- and schedule-related.

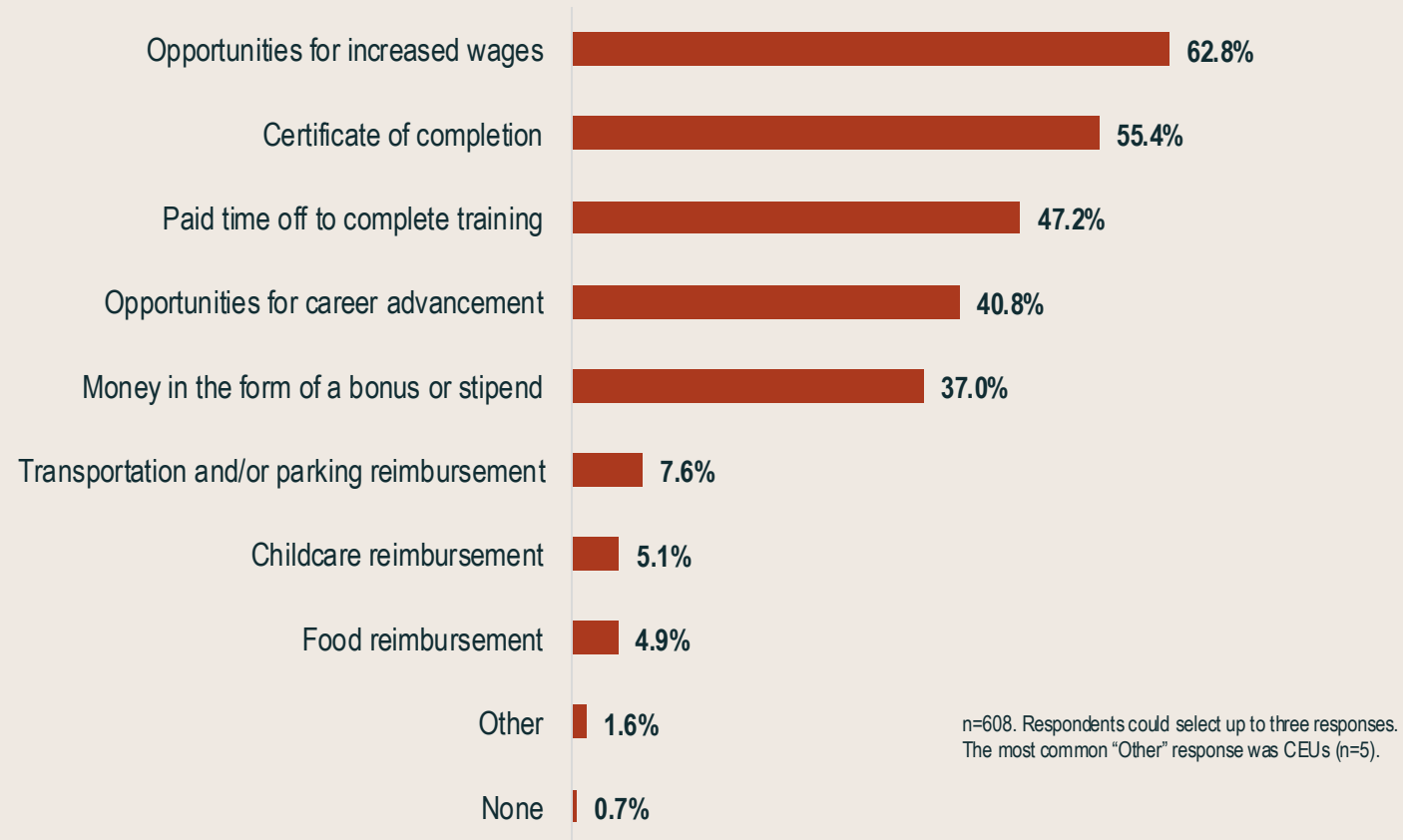
What are the biggest barriers to accessing training for your job?



III. Survey Results: Incentives

DCWs most preferred opportunities for increased wages as an incentive for completing training.

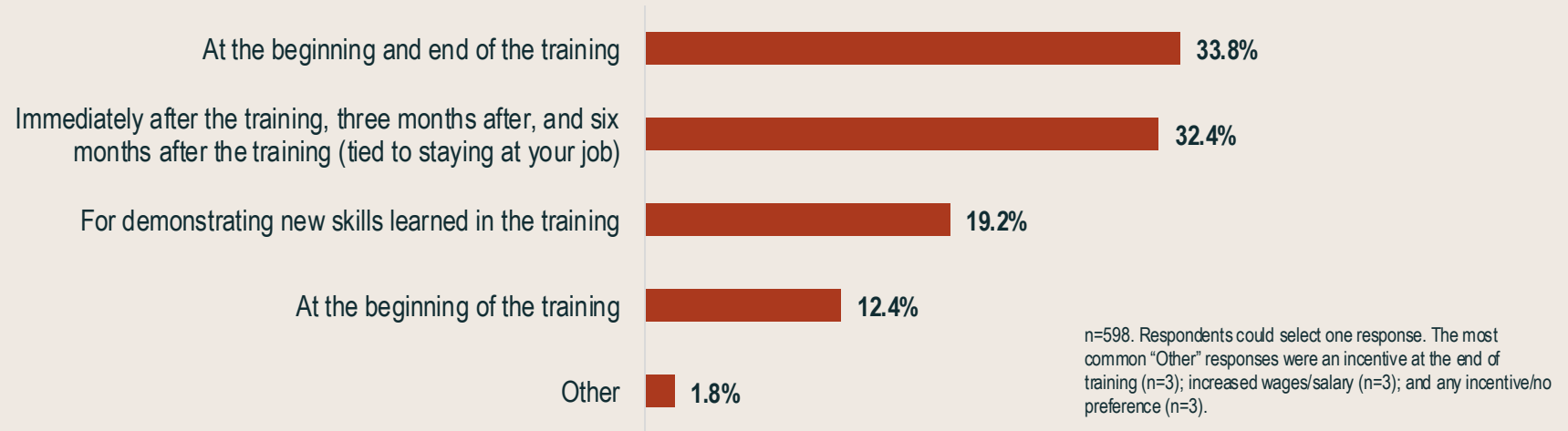
What incentives would you like to receive to complete a training course?



III. Survey Results: Incentives

DCWs preferred financial incentives to be distributed incrementally over time.

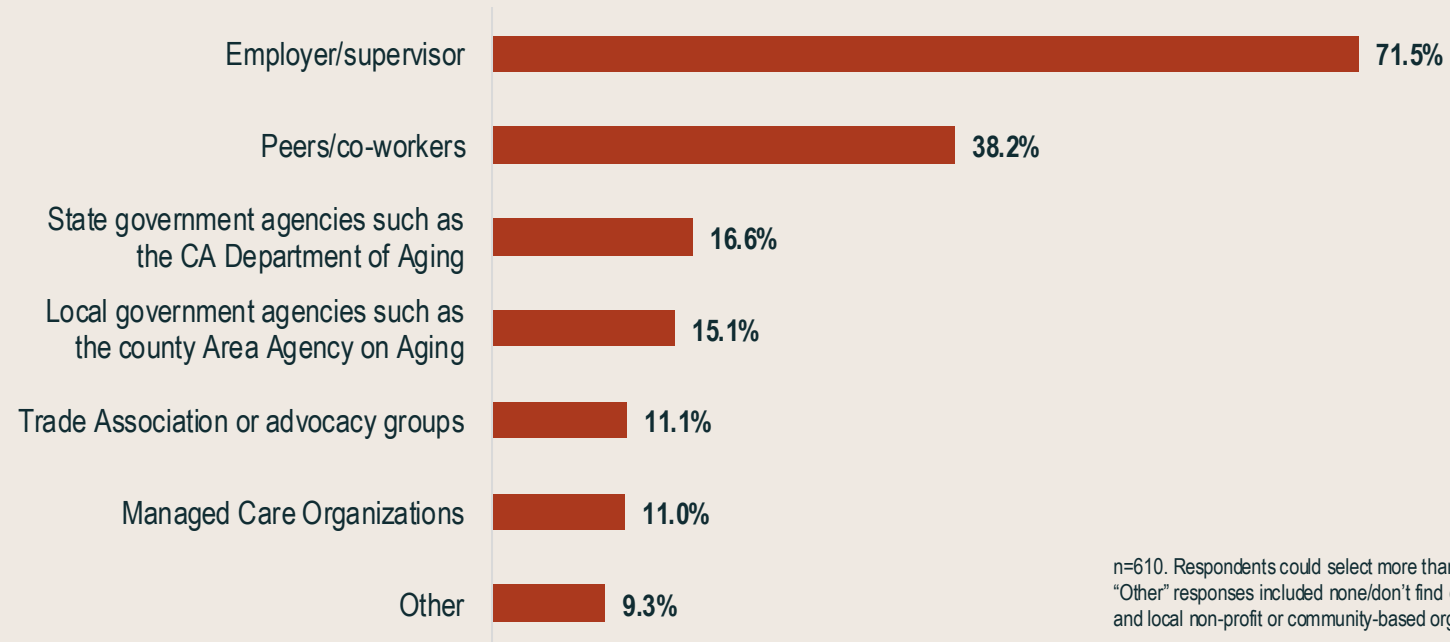
Which approach to financial incentives would you prefer?



III. Survey Results: Outreach

DCWs heard about training from employers and peers.

How do you currently find out about training opportunities?



n=610. Respondents could select more than one response. The most common "Other" responses included none/don't find out (n=22); internet search (n=8); and local non-profit or community-based organization (n=5).

III. Survey Results: Additional Comments

Describe what has been most helpful about the training you have taken in the past.

Training topics that were relevant and actionable in the workplace and supported skill acquisition, career growth, and increased confidence as a caregiver:

- Training topics relevant or helpful to DCW work, e.g., CPR, first aid, lifting/transferring (n=200).
- Gaining new or updated skills (n=43) and reminders and refreshers on skills (n=16).
- Acquiring skills that help better serve clients, grow in career, increase confidence, or reduce stress (n=35).
- Earning CEUs or credit towards certificates or licenses (n=8).

Training that occurred in preferred settings and modalities:

- Training during paid and work hours (n=21).
- Preferences for online/remote training (n=19) or in-person (n=15) training.

Instruction that included hands-on learning, on-the-job or case practice, visual resources, and peer support:

- Hands-on learning and opportunities to practice, including on-the-job practice (n=50).
- Visual resources, including graphics, videos, handouts, and materials for review (n=35).
- Sharing and learning with/from peers, e.g., group discussions, opportunities to be trained/coached (n=31).
- Instruction that deploys examples, scenarios, or role-play (n=16).
- Engaging and experienced instructors (n=15).

“Applicable subjects of interest where the training can directly be applied to work.”

“Repeat training to retain what I learn.”

“They were live, in-person. Included time for hands-on practice of skills being discussed.”

“Concrete handouts that review the training and offer how-to directions.”

n=500. Most common themes are shown.
Counts are approximate.

III. Survey Results: Additional Comments

Describe 1-3 things that have been the most challenging about training you have taken in the past.

Lack of time to attend available training:

- Lack of personal time and finding time off or away from work responsibilities (n=105).
- Limited training schedules that align with preferred times or availability (n=24).

"Finding the time, in my personal life; Financially paying for training; Missing work, which impacts my paycheck."

"Time of day almost always inconvenient."

Barriers to training accessibility related to transportation, cost, or language:

- Inconvenient or off - site locations and transportation barriers (n=22).
- Cost to attend training or unpaid training (n=21).
- Language barriers or poor translations in training content/assessments (n=18).

"If training is needed after-hours, childcare can be an issue as well as transportation."

Lack of clarity and relevance in training content, and instructional approaches that did not effectively support engagement and learning:

- Training content unclear, disorganized, repetitive, or lacking in relevance (n=38).
- Lack of engaging/helpful instruction techniques and resources (e.g., specific examples, hands-on practice, handouts/visual resources, discussion, interactive elements) (n=31).
- Challenge with remote formats, such as pre-recorded, online, or Zoom-based training (n=23).
- Trainings were not the right length for the information covered – either too short or too long (n=21).

"Some of the topics were difficult for me, maybe because the Spanish translation was confusing."

"Training was not relevant to my work or goals."

Topics that were challenging to understand, apply, or retain:

- Challenging training topics (n=92).
- Challenges related to translating knowledge into practice or retaining learning (n=21).

"Remote training platforms were not conducive to what was being taught."

n=429. Most common themes are shown.
Counts are approximate.

III. Survey Results: Additional Comments

Is there anything else you would like to add that we did not address in the survey?

- Additional suggestions for helpful training approaches and learning supports, e.g., use specific examples, provide resources such as handbooks or online reference libraries, include hands-on practice (n=9).
- Suggestions related to making training more accessible, e.g., providing schedules in advance, providing different date/time options, and providing training during work hours (n=9).
- Additional description of barriers to training, e.g., limited staffing, lack of employer support, lack of awareness of training opportunities (n=9).
- Suggestions for training topics generally relevant to or commonly a gap among DCWs, e.g., cultural awareness/sensitivity, bathing assistance, working with clients with dementia, and computer skills (n=7).
- Comments on the need for increased pay/salary for DCWs (n=7).

n=71. Most common themes are shown.
Counts are approximate.

"It would be nice to have a place you can go online to give you step-by-step instructions when having difficulty with a task while with a client."

"I would love for training to be done during work hours. Makes it easier, schedule wise."

"All of our trainings have to be approved by our director. I do not think I have ever been denied a training, but it is kind of daunting knowing the one that signs your paycheck is the one that decides if you get to train or not."

"So many direct care workers do not understand how to handle dementia or how to work with families."

"Do not feel like we are valued or compensated enough for the hard work we do."



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