

CHAPTER 8

Manpower Management and Training

VISION

The disability sector will be staffed by trained manpower receiving competitive salaries according to their job scope. They will be given opportunities to attend training courses regularly to upgrade themselves. PWDs will receive quality service and care provided by trained manpower.

INTRODUCTION

1. The success of programmes and services for PWDs greatly depends on the availability of skilled manpower. VWOs often experience difficulties recruiting psychologists, social workers, nurses, occupational therapists, physiotherapists, speech therapists, SPED teachers and vocational training instructors. The lack of career prospects for skilled manpower in VWOs is a perennial issue that has plagued the sector. Annual turnover rates in the social service sector stands at 10-12%. In addition to recruiting and retaining skilled manpower, an additional challenge is to ensure that staff are able to update and upgrade their skills and knowledge.

EFFORTS OVER THE LAST FIVE YEAR

2. As early as 1988, under the report of the Advisory Council for the Disabled (ACD), manpower management within the disability sector was already identified as a weak link. The ACD recommended that skilled manpower be paid salaries based on market rates. Following this, the salary structure of skilled manpower in the disability sector has been guided by a set of NCSS guidelines.

3. In 2002, the VWO Capability Fund (VCF) was launched. It comprised a training grant which VWOs could utilise. The grant provides co-funding for training programmes, which include training courses, conferences, workshops, seminars and study trips.

4. VCF was also used to fund the setting up of two therapy hubs in 2005. The objective was to provide better career prospects and a supervised environment to attract the therapists to work in the social service sector. More details of the therapy hubs are described in the later part of this chapter.

5. The Social Service Training Institute was set up in 2003. Since then various disability-related courses were provided for the disability sector. For instance, a course on the management of sexuality in the intellectually

disabled has been offered since 2004. In 2005, a total of 51 VWO staff attended the training.

SHORTAGE OF ALLIED HEALTHCARE MANPOWER AND TEACHERS

6. Despite the efforts in the last five years, the issue of manpower management remains. The effect is felt most starkly in early intervention services. VWOs who manage the EIPIC services have highlighted that the lack of skilled manpower is hindering their ability to increase intake to realise their full capacity. This has led to a waitlist for EIPIC services. Altogether, 225 early intervention teachers are required in order for the EIPIC centres to run at full capacity. However, presently, there are only 101 early intervention teachers (See Table 8.1).

7. Although Singapore is not unique in facing a shortage of skilled manpower given the global competitive demand for professionals like therapists, there is still an imperative ***need to ensure that our children who require early intervention are not deprived of these services***. This is despite the seemingly large number of therapists produced locally every year, as these therapists are also engaged in other services such as the healthcare sector, of which many are bonded to. Some graduates also venture into private practice. These result in each graduating batch of therapists being highly sought after, and only a small number enter the early intervention sector. Across the entire social service sector for disability, it is estimated that from 2007-2009, an additional 20 physiotherapists, 20 occupational therapists and 15 speech therapists are needed annually.

Table 8.1 Projected Manpower Needs in EIPIC for Next Three Years

Professional Group	Target Group	Level	Current Manpower at EIPIC and CDU	Manpower Needs of CDU and EIPIC	Manpower Needed Within the Next 3 Years (including 10% attrition)	Annual Supply Needed Per Year	Current Training Capacity Per Cohort
Teachers	Teacher-Aides	Certificate	24	125	110	37	25
	Early Intervention	Diploma	101	225	136	45	25
Paramedical (Therapists)	Physiotherapists		14	27	15	5	45
	Occupational Therapists	21	35	15	5	40	
	Psychologists	Degree	16	23	8	3	120
	Speech Therapists		15	34	35	12	20 every 2 years

GUIDING PRINCIPLES TO MANPOWER MANAGEMENT

8. The Committee proposes the following broad principles for manpower management and training in the social service sector:

- a. **Salaries should be competitive:** Salaries must be competitive to attract and retain manpower in the sector. Benchmarks could be identified in the public sector, provided that the job scope is similar.
- b. **NCSS salary scales as guidelines:** The NCSS set of salary guidelines for the VWOs could be maintained but it must be clear that this is only for reference and VWOs could pay more for staff who are more qualified in order to attract and retain them as per their HR practices. The guidelines should be reviewed regularly to ensure that as a benchmark, it is competitive.
- c. **Programmes must be adequately staffed:** Programmes need to be adequately staffed to maintain service standards to users. VWOs should be pro-active in recruiting the manpower. Efforts should be put in place to ensure that the local pipeline of skilled manpower would be responsive to meet the changing needs of the disability sector.
- d. **Upgrading knowledge through continuing training must be encouraged:** Because of the diversity and complexity of disability issues, textbook knowledge must be complemented with skills learnt through on-the-job training and practicum. It is as important to ensure that knowledge and skills set are updated through relevant courses. This would keep up the professional development of the staff and ensure that up-to-date methods of intervention are employed.

RECOMMENDATIONS

Recruitment and Salary Structure of Skilled Manpower in the Disability Sector

9. The Committee notes that VWOs generally appreciate the salary guidelines that NCSS issues. However, **the Committee recommends that the guidelines should be reviewed regularly to ensure the competitiveness of salaries.**

Manpower Management in the Disability Sector

10. Having competitive salaries can alleviate the shortage of manpower if there is a sufficient local supply. There remain some jobs in the disability sector that cannot be sufficiently filled by local manpower presently, particularly for therapists for the early intervention services. As an interim solution, the Committee sees the need to consider overseas recruitment to supplement the local supply. In order to ensure that standards of overseas skilled manpower are comparable to our locals, since mid-2006, MOH has implemented qualifying examinations for occupational therapists and physiotherapists desiring to work locally. The Committee welcomes this move.

11. However, recruitment from overseas remains just an interim solution, and the Committee feels that there is a need to address the crux of the issue through developing our local talent pool. **The Committee proposes that MOE and MOH work with the institutions of higher learning to increase training places for teachers, therapists and allied healthcare professionals** to ensure that there is a local manpower supply for early intervention services. Increasing the local training places would also help to provide manpower needed for other disability services (e.g. homes and DACs) and also elderly services (e.g. step-down healthcare services).

12. Apart from putting the training courses in place, **the Committee also recommends introducing training awards** so as to attract staff and help in breaking the back of the problem of the long EIPIC waitlist. These awards should be targeted at grooming more teachers and therapists, and would complement the scholarships currently being offered by NCSS under the VCF Scholarship Grant.

Training Opportunities for Skilled Manpower

13. While training needs should continue to be coordinated by MCYS and NCSS, in keeping with the mainstreaming of disability issues, other key ministries and agencies have important roles to play as well. **The Committee proposes that MOE plays the leading role in ensuring that special and general education staff are provided with the training in pedagogy to handle special needs children in special schools and in mainstream schools. The Committee also recommends that MOH provides professional leadership for training of paramedical staff in the sector.**

14. Such training courses often require staff to be absent from work for a long period of time, a luxury which many service providers are unable to provide. To encourage training and upgrading opportunities for staff, **the Committee proposes that service providers be given assistance to ensure sufficient coverage of duties while the staff undergo the relevant training.**

15. The committee also recommends the establishment of core competency and structured training framework for skilled staff, and other specialist personnel in the disability sector. This should be done at three levels across the sector for the respective skilled manpower as well as across the various programmes:

- a. Generic knowledge and basic skills;
- b. Disability specific skills and specialisation; and
- c. Specialised knowledge and skills e.g. management of challenging behaviours, socio-legal issues, caregiver needs etc.

Encourage the Utilisation of Therapy Hubs

16. In January 2005, NCSS appointed the Society for the Physically Disabled and Society of Moral Charities to each manage a therapy hub. Both therapy hubs recruit, supervise and manage a pool of qualified therapists to provide therapy services to clients at VWOs on a contractual basis. Besides offering a cost effective approach for VWOs to provide quality rehabilitation services for clients, the therapy hubs also present opportunities in terms of mentoring, professional and career development for therapists. This was in response to feedback from the VWOs that smaller organisations have difficulties recruiting and training skilled staff due to the inability to offer an attractive career path for the therapists.

17. Both therapy hubs are currently funded by VCF, which would run out by end 2006. The Committee recognises the good work done by the therapy hubs and **recommends that their services continue**. In view of the cessation of VCF funding, **the Committee recommends that MOH and NCSS consider co-funding a proportion of the overhead operating cost of the two Therapy Hubs**. Being a paramedical intervention, **the Committee also proposes that MOH provides the professional leadership to enhance the development of the therapy hubs**.

18. **The Committee also recommends that more VWOs utilise the services of the therapy hubs**. Only with greater support from the sector would the hubs be able to grow and develop the required expertise. In the long term, having a pool of specialist manpower would benefit the sector tremendously.

CONCLUSION

19. By taking a multi-pronged approach, from clear recruitment guidelines to competitive retention packages, the Committee believes that it would be a huge step in trying to keep skilled manpower in the sector. This would help the sector to grow professionally and develop expertise in the various skill sets.