Direct support professionals (DSPs) provide an array of critical supports making it possible for people with intellectual and developmental disabilities (IDD) to live, work, and thrive in their communities. The pandemic has affected this work in many ways. This survey, completed by 323 DSPs from California, gathered information about the experiences of DSPs intended to inform efforts to prepare for future waves of the pandemic.

**WAGES**

DSPs reported on their wages before the pandemic and on whether they received extra pay for pandemic-related risks. Many received extra pay, although states and businesses had varying levels of access to additional dollars to compensate essential workers.

- **80%** feel their work is appreciated by their organization
- **92%** were classified as essential workers

**Of those receiving extra pay:**
- **11%** a lump sum bonus
- **3%** more than $3.01 per hour
- **10%** $2.01-$3.00 per hour
- **72%** $1.01-$2.00 per hour
- **3%** $0.01-$1.00 per hour
- **22%** received COVID-19 augmentation or bonus pay
- **78%** didn’t receive COVID-19 augmentation or bonus pay

**Mean hourly wage for DSPs before pandemic:** $15.12 (this wage is higher than expected or typical based on previous studies [NCI,2020])

**SCHEDULES AND STAFFING**

DSPs were asked to report on how the pandemic affected the number of hours they worked, where and when they worked, and how their role may have shifted.

- **33%** work more hours per week
- **33%** work the same hours per week
- **12%** work less hours per week
- **31%** work different shifts
- **37%** work in different settings
- **43%** additional responsibilities/different roles
- **2%** furloughed/laid off/unemployed/facility closed
- **30%** working remotely/telehealth now
- **2%** lived in residence

**The locations in which I work have been adequately staffed:** 69%

**If staff where I work display symptoms of COVID-19, they are guaranteed paid time off:** 70%
SAFETY MEASURES
DSPs were asked to report on the kinds of personal protective equipment (PPE) provided by their employer, whether they had adequate training in using PPE, and other safety measures that were taken.

- **80% gloves**
- **44% purchased fabric face masks**
- **56% disposable or paper face masks**
- **32% medical-grade face masks (N95)**
- **10% goggles/safety eyewear**
- **23% homemade face masks**
- **20% gowns**
- **1% neck gaiters**
- **43% face shields**

I have had an adequate supply of PPE to keep myself and the people that I supervise safe

<table>
<thead>
<tr>
<th>Safety Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
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<tr>
<td>Disposable or paper face masks</td>
<td>56%</td>
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</tbody>
</table>

80% gloves

I participated in a training on how to safely use PPE

I have had resources about COVID-19 available to me

86% gloves

REASONS FOR LEAVING DSP POSITION
The pandemic affected many aspects of peoples’ lives and their ability to work. DSPs reported on reasons that they or their co-workers were no longer working in direct support.

- **10% testing positive for COVID-19**
- **14% quarantine due to COVID-19 exposure**
- **14% fear of becoming infected**
- **14% childcare issues (e.g. daycare closed)**
- **5% fear of infecting others**
- **15% family reasons (e.g. caring for someone with health issues, homeschooling children)**

SOCIAL DISTANCING
DSPs were asked to gauge how well the people they supported were following social distancing measures.

- **86% excellent**
- **20% fair**
- **49% good**
- **8% poor**

We have had the space and ability to practice social distancing

We have had information to offer to the people to whom I provide support that was conducive to their learning styles

86% excellent

87% good
IMPACT OF ISOLATION ON PEOPLE SUPPORTED

Many people experienced social isolation during the COVID-19 pandemic. DSPs were asked about the consequences of increased isolation on the people they supported.

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>difficulty addressing dietary issues</td>
<td>20%</td>
</tr>
<tr>
<td>difficulty addressing pain management</td>
<td>8%</td>
</tr>
<tr>
<td>other health issues</td>
<td>15%</td>
</tr>
<tr>
<td>decreased exercise</td>
<td>59%</td>
</tr>
<tr>
<td>missed going out into the community</td>
<td>81%</td>
</tr>
<tr>
<td>increased behavior issues</td>
<td>45%</td>
</tr>
<tr>
<td>increased mood swings and/or depression</td>
<td>48%</td>
</tr>
<tr>
<td>more anxiety</td>
<td>53%</td>
</tr>
<tr>
<td>boredom</td>
<td>70%</td>
</tr>
<tr>
<td>loneliness</td>
<td>52%</td>
</tr>
<tr>
<td>academic concerns</td>
<td>14%</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS, ROLE, AND SETTING

DSPs self-reported demographic information and the primary setting where they worked.

- American Indian/Native American: 4%
- Asian: 8%
- Black/African American: 7%
- White: 52%
- Another race: 13%
- Two or more races: 15%
- Hispanic: 43%

- 75% female
- Average age: 45 years

(53% DSPs reported working in more than one setting)

Please contact Jerry Smith with questions at smith495@umn.edu. View the full report at z.umn.edu/dsp-covid19.

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