Collaborating to Conduct a Child Welfare Workforce Needs Assessment and Select an Intervention

OVERVIEW OF EXPLORATION PHASE

The QIC-WD Continuous Workforce Development Process includes four major phases: Exploration, Installation, Initial Implementation, and Full Implementation¹. The goal of the Exploration phase is to identify and plan for implementation of a workforce strategy to find and/or keep good employees. This document provides supplemental guidance to the materials available through the Permanency Innovations Initiative², with adaptations for workforce applications. Steps 1–6 below are covered here.

Steps of Exploration Phase

- 1. Identify the problem we want to solve and what outcome(s) we want to target
- 2. Identify the population we intend to target
- 3. Identify potential causes of workforce challenges
- 4. Identify barriers or facilitators to addressing the challenges
- 5. Develop a theory of change
- 6. Assess and select a workforce strategy or intervention
- 7. Assess implementation supports (e.g., data to inform decision making)
- 8. Develop an implementation plan

TEAMING

The QIC-WD Continuous Workforce Development Process will be carried out using a team approach. Each site has an assigned three-person QIC-WD WIE team, comprised of specialists in workforce, implementation, and evaluation. Each site also has a dedicated Site Implementation Manager (SIM) and Data Coordinator (DC). The WIE team will provide support to the site in identifying team members and structure. Additional guidance on this process is available in the *Teaming Structure* document.

STEPS 1 AND 2: IDENTIFYING THE PROBLEM, TARGET OUTCOME, AND TARGET POPULATION

Overview

To identify the problem, target outcome, and target population, the implementation team will examine and interpret the agency's 1) recruitment, hiring, and retention metrics and processes, 2) organizational culture and climate, and 3) other workforce processes and initiatives. The process will be iterative and data-driven, with initial questions and examination of human resources (HR) data and processes leading to subsequent questions and further analysis of data, as needed.

Participants

The process will be guided by the assigned QIC-WD WIE team, in collaboration with the site DC and SIM. As different types of information are gathered, the WIE team, SIM, and DC will review the information to ensure clarity, do preliminary interpretation, and suggest supplemental questions. Then the results will be shared with the full project management team, to get their reactions and interpretations. The team may suggest follow-up analyses or questions to expand the scope or dig deeper. If the implementation team is diverse and sufficiently represents people who understand the data under exploration, the team

6/4/18

_

¹Permanency Innovations Initiative Training and TA Project. (2016). The development, implementation, and assessment approach. Washington, DC: U.S. DHHS, ACF, Children's Bureau.

² https://www.acf.hhs.gov/cb/resource/guide-developing-implementing-assessing-innovation

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

can undertake this step without additional participants. If key stakeholders are not represented, however, one or more should be invited to provide specialized input.

Data Sources

The following types of information are needed at this stage: metrics and processes regarding 1) the overall workforce for the target job(s) 2) recruitment, hiring, and turnover, 2) organizational culture and climate, 3) secondary traumatic stress, and 4) other workforce processes and initiatives. The process will be iterative and data-driven, with initial questions and examination of human resources (HR) data and processes leading to subsequent questions and further analysis of data, as needed. The team will also gather subjective data as needed to supplement the findings. Some information may already be available from the agency, such as through exit interviews or annual employee surveys. New information may be gathered through surveys, focus groups, or interviews.

Understanding the Overall Workforce

Before looking at specific recruitment, selection, and retention metrics, it will be valuable to explore general information about each site's workforce.

Target Job(s)

The project will focus on certain target jobs—those performed by frontline staff that are directly involved in the process of responding to or working with families in which there is an allegation or finding of child abuse or neglect. Depending on an agency's organizational structure, this may involve only a single job, perhaps with varying job duties and assignments across staff (e.g., intake, investigation or initial assessment, foster care, adoption), or it may involve several jobs (e.g., Child Welfare Specialist I, II, and III; Intake Specialist, Initial Assessment Specialist). Teams will decide which jobs are most relevant to achieving the goals of the project. If there is more than one relevant job and the answers to the questions below vary across jobs, look at the data separately (i.e., don't collapse across jobs, to avoid obscuring important differences).

Available Workers

Questions to explore: For each of the selected job or jobs, how many positions are there? How are the positions geographically distributed across the state or county? What percent are concentrated in urban, suburban, or rural areas? Of the total positions, what percent are currently filled? What percent are typically filled/vacant? Are there some that are not allowed to be filled (e.g., due to a hiring freeze)? If so, how many? Typically, what percent of current staff are in training (i.e., not carrying cases)?

Worker Demographics

Questions to explore: For the current staff, what are the demographics? Look at counts and percentages for available personnel information such as age, gender, race, education type & level, and licensing, and tenure.

Work Arrangements

Questions to explore: What are the various work arrangements? Is everyone full time or are there part-time employees? Are there shifts? Are there temporary workers? What about teleworking, flex schedules, or compressed work weeks?

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



Understanding Turnover

Turnover is one of the primary target outcomes for the project, so there will be significant focus on turnover data.

Internal Turnover

Questions to explore: What percent of people who leave the position stay in the job? What percent of people who leave the job stay in the child welfare division or agency? Note that if trainees have a different job title than permanent staff, be careful to eliminate this type of internal turnover from calculations (i.e., moving from a trainee job title to a permanent job title is expected and should not be lumped with other types of turnover).

Overall Turnover

To calculate an overall turnover rate, the most common formula is the number of people who left divided by the total number of employees, multiplied by 100 to arrive at a percentage. To determine the number of people who left, two things must be decided: 1) what constitutes leaving and 2) what time period is relevant. If possible, "leaving" should include internal turnover (i.e., anyone who leaves a position in the target job or jobs). A typical time period is one year, but other time periods are acceptable. Because turnover rates will vary significantly depending on the duration of the time period, however, it is essential that the time period be reported along with the rate. To determine the total number of employees, a decision must be made about the best indicator of the total number of employees. If the number is relatively stable, common approaches include selecting the number at the beginning, middle, or end of the time period. If the number is unstable (e.g., varies due to turnover), counts for a single point in time are not appropriate. Approaches that account for changes include 1) the average of the number at the beginning and at the end of the time period or 2) the average across all days in the time period. Agencies are likely to use some variation of the formula above, and the project team needs to be informed of the exact parameters used (i.e., what constitutes leaving, what time period, and how the number of employees is calculated) in order to properly interpret the results.

Variation in Turnover

An overall turnover rate means very little on its own. It can tell us that there is an overall problem with retaining staff but it is not sufficient in helping us understand where the problem is most troublesome or why the problem exists in the first place. Depending on how much turnover varies across the agency, the overall rate can disguise problems in certain positions (i.e., low turnover in some positions can offset or mask high turnover in other positions). Thus, our initial approach for understanding turnover within a site will be to explore variation in turnover rates.

Variation Across Time

The first consideration is whether the overall rates have been relatively stable over time or have varied. The primary purpose of this first analysis is to ensure that subsequent analyses are done on fairly stable data. If possible, subsequent analyses will need to focus on data from a recent period of time that is relatively stable, sufficiently representative of current conditions, and includes enough turnover to be able to compare leavers and stayers. For example, if turnover spiked 9 months ago due to a new employment opportunity for staff (e.g., a new organization opened and recruited workers) but turnover has since returned to typical rates, it would be best to not use data from that period of time in subsequent analyses. Looking at variations in time can also point to important causal factors underlying turnover.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

Variation in Types of Leaving

There are important differences in types of leaving, and examining those differences can improve precision in our understanding of turnover. Begin with calculating an overall rate for voluntary turnover (initiated by the employee) and for involuntary turnover (initiated by the agency). Within involuntary turnover, it is useful to isolate the rate for dismissals (i.e., remove causes such as illness, disability, death) to focus on the extent to which performance issues contribute to turnover.

After looking at differences between voluntary and involuntary turnover, the next step is to explore variation within each type. Examining differences in who leaves, when they leave, where they leave from, and what types of duties or work arrangements they had gives us a better understanding of an agency's turnover and reveals where we need to dig deeper when conducting a root cause analysis. Five types of analyses are offered below, and they can be done in any particular order and in combination with one another if there is reason to think that might be appropriate.

Variation in Who is Leaving

This type of analysis focuses on individual characteristics of leavers as a potential factor in turnover decisions. One approach is to compare demographics of all staff (those employed at the beginning of the selected time period), voluntary leavers, and involuntary leavers. Look at counts and percentages for available individual information such as age, gender, race, education type & level, licensing, and previous experience. Note that if a demographic doesn't vary (e.g., everyone is required to be licensed), then there is no value in examining that information here. After identifying demographic factors that appear to be related to turnover, turnover rates can be calculated and compared for each type of demographic information (e.g., turnover rate for females vs turnover rate for males).

Variation in When Leaving Occurs

This type of analysis focuses on when staff are most likely leave. It is well established that tenure is related to turnover; leavers have shorter tenure than stayers. So it is not particularly enlightening to compare the tenure of leavers and stayers. Instead, explore these questions: What is the average tenure of voluntary and involuntary leavers? At what tenure are people most likely to leave? When does retention stabilize across most workers?

Variation in Where Leaving Occurs

This type of analysis focuses on geographical location as a potential factor affecting turnover. Depending on the size and structure of the agency, there may be existing distinctions such as regions or service areas. Other geographical variables might include urban vs rural or proximity to competing job opportunities (e.g., a public child welfare agency in a neighboring state or a private agency with offices in several cities). After identifying potential geographical variables, compare the locations of all staff (again, at the beginning of the selected time period), voluntary leavers, and involuntary leavers by looking at percentages in each location (e.g., 60% of all staff, 85% of voluntary leavers, and 61% of involuntary leavers are/were located in urban areas). After identifying factors that appear to be related to turnover, turnover rates can be calculated and compared for each type of location (e.g., voluntary and involuntary turnover rate by urban vs rural).

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



Variation in Leaving by Job or Duties

This type of analysis focuses on job titles or job duties as potential factors affecting turnover. Compare the percentages of all staff, voluntary leavers, and involuntary leavers in different jobs or job duties (e.g., 15% of all staff, 3% of voluntary leavers, and 1% of involuntary leavers have a hotline job or duties). After identifying factors that appear to be related to turnover, turnover rates can be calculated and compared for each type of job or duty.

Variation in Leaving by Work Arrangements

This type of analysis focuses on work arrangements (e.g., part-time vs full-time employment, teleworking, flex schedules) as a potential factor affecting turnover. Compare the percentages of all staff, voluntary leavers, and involuntary leavers involved in the various work arrangements used in the agency. If there are any factors that appear to be related to turnover, turnover rates can be calculated and compared for each type of working arrangement.

The preceding discussion describes how to look at several major factors independently, but the team should also consider exploring them in combination with another. For example, within certain geographical areas, employee demographic differences can be explored, or within certain jobs or duties, turnover timing can be explored. There are countless possible combinations, so it is not practical to explore all of them; instead, the project team, focus groups, or key stakeholders can provide insight on where to look. Descriptive statistics are also a helpful way to determine whether additional analyses are promising. The main thing to keep in mind is that in order to drill down further within each factor, there must be a sufficient amount of turnover to further dissect (e.g., if the amount of turnover within rural areas is low to begin with, breaking it down by additional variables is not likely to reveal much).

Understanding Recruitment and Selection

The second major target area of the needs assessment is recruitment and selection of staff. Recruitment is the process of attracting applicants to apply for positions, and selection is the process of evaluating and choosing candidates to receive job offers. The collective goal of these processes is to attract and select employees who are competent and committed. A number of HR metrics and processes will be assessed in order to understand the agency's recruitment and selection of staff.

Because recruitment and hiring processes include specific steps defined by law or agency policy, it is important for the team to understand all the steps before trying to interpret the associated metrics. These will vary by agency, but below are relevant factors and examples of steps that may be in place.

Depending on the labor market and available applicant pool, minimum qualifications for child welfare workers typically range across agencies from a bachelor's degree in human services or a related field, with no experience, to a master's degree in social work and several years of experience, with many possible combinations in between. Many agencies allow for various combinations of education and experience. Certification or licensing requirements may also be in place, either for at the time of hire or within a certain period after hire.

Recruitment for child welfare positions may be continuous or may be done only as needed, when a vacancy arises. When recruitment is continuous, a pool of eligible candidates (who have already passed certain stages of the process) is maintained and ready whenever a vacancy occurs. Alternatively, recruitment that occurs on an ad hoc basis starts after an employee leaves and permission is granted to refill the position. Naturally, continuous recruiting expedites the process and reduces the duration of the

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

vacancy, but it incurs costs that some agencies are unable to afford. In those cases, the hiring process can only be initiated when a vacancy arises, and the duration of the vacancy is much longer.

Recruiting can be focused internally or externally, with different requirements and strategies for each. Internal recruitment is sometimes a required first step before opening up the opportunity to applicants outside of the agency or outside of county or state government. A variety of recruiting strategies are used, such as the agency website, online job search engines, newspaper, community or college job fairs, radio, television, open houses, posters, brochures, social media, connections with college placement offices, internship and Title IV-E stipend programs, realistic job preview, and employee referrals.

The most typical hiring steps in child welfare include submission of an application and resume, screening for minimum qualifications, additional screening for other criteria, and a phone/video and/or in-person interview by an individual or panel. Interviews may be structured (i.e., with standardized questions and processes) or unstructured and may be allowed to vary across the agency. Other steps are not as common but could include additional competency assessments such as personality inventories, knowledge tests, or work samples. Many agencies also include a step of having applicants view a realistic job preview video at some point in the process, although there are no selection criteria associated with that step; the intent is for applicants to self-select out of the process if they anticipate a poor fit. For candidates who are offered a position, additional steps often include reference checks, a background check, and drug testing.

To review the steps involved in a specific agency's recruitment and hiring processes, the SIM or DC should connect the team with someone who is familiar with the processes, can explain them, and can respond to questions from the team. Or the SIM or DC can gather the information, present it to the team, and seek responses to questions they are not able to answer. The following questions should be explored, and answers should be presented to the team, both in writing and orally. If there is significant variability in the answers for any reason (e.g., differences across regions or offices), provide overall results and indicate where there are variations or exceptions.

- What are the minimum qualifications (e.g., level and type of degree, amount and type of experience, licensing requirements) for the target job(s), and how long have they been in place?
- How were the minimum qualifications established? Are they incorporated into agency policy, state statute, a labor contract, or some other regulation?
- Is recruiting done continuously or only as needed?
- What recruiting strategies are used (e.g., agency website, online job search engines, newspaper, community or college job fairs, radio, television, open houses, posters, brochures, social media, connections with college placement offices, internship program, realistic job preview, staff recruitment program/incentives)?
- For a given time period (dependent on the quantity of applicants and stability of recruiting and hiring processes), what is the breakdown of recruiting sources (e.g., 55% job board, 25% social media, 10% agency website, 8% job fair, 2% employee referrals) for all applicants? What about for all candidates who were hired in that same time period? If there are performance or turnover data tied to recruiting source, what is the breakdown of recruiting sources for high performers vs poor performers? For employees who stayed vs left? The goal here is to understand the relative effectiveness of different recruiting sources.
- What are the steps of the recruiting and hiring process, starting from the point of a new vacancy? Include who is involved at each step and variations across the agency. If there are internal postings (i.e., limited to current employees), please describe how the requirements or

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



processes differ for those, in contrast to recruiting and hiring processes for external candidates. Are any of the steps incorporated into agency policy, state statute, a labor contract, or some other regulation?

- Are there data regarding the timeliness of the recruitment and hiring processes? Overall, how long does it typically take to fill a position (starting from the time of a new vacancy or position requisition and ending with a filled position)? For people who are hired, how long does it typically take from the time of their application to the time they are hired? How long does it typically take for each major step of the process?
- How effective are the agency hiring processes in identifying candidates who perform well and stay with the agency? Has there been any formal evaluation of this?
- What is the typical vacancy rate?
- What is the overall selection ratio (number of people hired divided by the number of people considered for a position)?
- What percentage of people move from one phase of the recruitment and hiring process to the next? For example, what percent of applicants meet the minimum requirements? What percent of applicants who meet the minimum requirements get selected for the next step of the hiring process?
- What percent of applicants drop out of the hiring process? What percent of job offers are accepted? Are there particular points where dropout is highest? Is there information about why candidates drop out or reject offers?
- Is there information available about candidates' perceptions regarding the recruiting and hiring process? What about internal perceptions (among hiring managers, supervisors, etc.) regarding the recruiting and hiring process?

Understanding Organizational Culture and Climate

Through administration of the *Organizational Social Context (OSC)* measure³, the QIC-WD has gathered information about the agency's culture and climate from a sample of employees in the target job(s). *Culture* refers to the norms, values, and expectations that drive the way work is done in an organization, and *climate* refers to shared perceptions of the psychological impact of the work environment on employees' own well-being and functioning. In addition, the OSC also measures employees' job satisfaction and organizational commitment. The team will review the agency's OSC results to help understand the potential role of culture and climate on agency turnover and to inform decisions about selecting and implementing a workforce intervention.

Understanding Secondary Traumatic Stress

Through administration of the Secondary Traumatic Stress Scale (STSS)⁴ in some sites, the QIC-WD has gathered information about workers' experience of traumatic stress symptoms. Results will be used to help understand the potential role of secondary traumatic stress in agency turnover and to inform decisions about selecting and implementing a workforce intervention.

6/4/18

_

³ Glisson, C., Green, P., & Williams, N. J. (2012). Assessing the organizational social context (OSC) of child welfare systems: Implications for research and practice. *Child Abuse & Neglect*, *36*(9), 621-632.

⁴ Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. (2004). Development and validation of the Secondary Traumatic Stress Scale. Research on Social Work Practice, 14, 27-35.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

Understanding Other Workforce Processes and Initiatives

In preparation for looking at potential causes of and solutions to recruitment and retention issues, it will be helpful for the project team to be familiar with other workforce processes and initiatives. Again, the SIM or DC should connect the team with someone who is familiar with the processes or serve as a representative.

Internship programs

Questions to explore: Is there an internship program of any sort? If so, what does it entail (e.g., who is eligible, what is the process for hiring, what are the duties, how long does it last, what typically happens to interns when they're done)? Is there any information available about perceptions regarding the program (e.g., from interns, workers, supervisors)?

Onboarding and socializing new staff

Questions to explore: What onboarding strategies are used to orient and socialize new staff? Is there any information available about workers' perceptions regarding onboarding?

Training and professional development for new and veteran staff

Questions to explore: Generally speaking, what are the general pre-service and in-service training requirements and opportunities for child welfare workers and supervisors (e.g., 8 weeks of preservice and 24 hours of annual in-service)? Are there any current or pending requirements (e.g., agency policy, statute, labor contract, consent decree) that the agency must follow related to training and professional development? If yes, please describe. Is there any information available about perceptions regarding training?

Coaching new and veteran staff

Questions to explore: Do child welfare workers receive any structured, individualized support in the field beyond regular supervision (e.g., mentors, coaches, field training specialists)? If yes, please describe. Is there any information available about perceptions regarding coaching?

Supervising new and veteran staff

Questions to explore: How many supervisors are there? What is the average supervisor/worker ratio, and to what extent does it vary? What are the minimum requirements and hiring process for supervisors? What are the training requirements and opportunities for supervisors? What supervisory model or approaches to supervision are required or in use? What information is available regarding the effectiveness of supervision? Is there any information available about perceptions regarding supervision?

Expectations, performance, and performance management

Questions to explore: Are there clear performance expectations for workers? Is there a structured performance review process for workers and supervisors? If yes, please describe the process, who is involved, how often, etc. What types of criteria or standards are included in the evaluation(s)? Is there a part of the process that ties to staff development? What is known about employee strengths and needs in terms of performance (e.g., from performance evaluations, case process or outcome data)? Is there any information available about perceptions regarding performance standards and evaluation?

Disciplinary process for problematic performance or behavior

Questions to explore: What is the process for disciplining staff for problematic performance or behavior? What are the typical reasons people are terminated involuntarily? Is there any information available about perceptions regarding disciplinary processes?

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

Education incentives or support

Questions to explore: What incentives or supports are there for workers and supervisors to continue their education (tuition reimbursement, educational leave)? Is there any information available about perceptions regarding education incentives or support?

Recognizing and rewarding good performance and/or longevity

Questions to explore: What strategies or systems are in place to recognize and reward workers and supervisors for good performance and/or longevity? Is there any information available about perceptions regarding recognition and rewards?

Promoting staff, career advancement opportunities

Questions to explore: What career advancement opportunities are available to workers and supervisors? Is there a career ladder? Does the agency have a structured approach to fostering career advancement for those who are interested? Is there any information available about perceptions regarding career advancement opportunities?

Pay and benefits

Questions to explore: What is the average pay for staff, and how and why does it vary? Are the pay and benefits considered competitive, relative to other jobs in the agency and external jobs? Is there any information available about perceptions regarding pay and benefits?

Caseload/workload management

Questions to explore: Are there caseload or workload standards? If yes, what are they? To what extent are they being met? What do available data say about caseloads and/or workloads? Is there any information available about perceptions regarding caseloads/workloads?

Union

Questions to explore: If there is a union, what are the implications for the project (i.e., what role does the union play in workforce decisions, what is the process for working with them)?

Employee attitudes and perceptions

Questions to explore: What information is available about employee attitudes and perceptions (e.g., through surveys or interviews of current or departing staff)? Are there existing reports of any recent attempts to gather such information?

Other Workforce Initiatives

Questions to explore: What strategies have been employed to manage or improve employee retention (that have not already been addressed through previous questions)? Are there any additional workforce initiatives the project team needs to be aware of (i.e., that may present opportunities, that should be avoided due to potential conflicts or redundancy, or that will serve as important contextual factors for the project)?

As the information above is discussed, the team should identify areas of opportunity for intervention and narrow the focus to one or more key problem areas and target populations. For example, if recruitment metrics and/or processes reveal room for improvement, then one problem area is recruitment, and the associated target population is applicants for the target jobs.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



Steps 3 and 4: Exploring Causes, Barriers, and Facilitators

Overview

The next steps in the process involve exploring causes of each identified problem as well as barriers and facilitators related to addressing the problem. To accomplish these steps, a root cause analysis will be conducted. A root cause analysis is a systematic approach to identifying the basic underlying reason(s) for a problem. A variety of tools and techniques are available to choose from, varying in complexity and suitability for the problem. Depending on the nature of the problem, there may be compound causes, where multiple factors combine to cause the problem. Alternatively, the root cause may vary in different circumstances. Throughout the process, barriers and facilitators to addressing the problem will naturally surface, and they will also be systematically assessed at the conclusion.

Participants

If the implementation team is diverse and sufficiently represents people who understand or are affected by the specific problems identified, the team can undertake the root cause analysis without additional participants. If key stakeholders are not represented, however, one or more should be invited to participate in the analysis. It will be important to ensure that participants can provide information or perspectives not only about current circumstances but also about agency history related to the problem and potential changes in the future that will impact this problem. Knowing why decisions were made or how processes did or didn't come to be can be very helpful to determining why things are the way they are. If it becomes evident during the process that participants do not know enough to diagnose the problem, additional input may be needed to complete the analysis.

Data Sources

Though team members' expertise and opinions are valuable to the process, it is essential that additional data sources be used to examine root causes. All the previously collected information—recruitment, hiring, and retention metrics and processes; organizational culture and climate; secondary traumatic stress; and other workforce processes and initiatives—will be useful here. Again, if it becomes evident that there is not enough information to diagnose the problem, additional information may need to be obtained to complete the analysis.

Techniques for Exploring Causes, Barriers, and Facilitators

The table below briefly describes several root cause analysis techniques⁵, which can be used in combination or in succession to refine thinking.

⁵ Anderson, B., & Fagerhaug, T. (2006). Root cause analysis: Simplified tools and techniques. Milwaukee, WI: ASQ Quality Press.

Tague, N. (2005). Quality toolbox. Milwaukee, WI: ASQ Quality Press.

Wilson, P. F., Dell, L. D., & Anderson, G. F. (1993). Root cause analysis: A tool for total quality management. Milwaukee, WI: ASQ Quality Press.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

Goal	Technique Description
Generate list of initial ideas about causes	Traditional Brainstorming: Group generates list of potential causes through either open or round-robin discussion.
	Brainwriting: Group generates list of potential causes by having individuals record and share their ideas in writing. Using a card or gallery method, ideas are written down and the next person adds or expands on collected ideas. Ideas are discussed, revised, or combined after they have all been recorded.
	Nominal Group Technique: Group generates a list of potential causes by having individuals independently record their ideas in writing and then take turns sharing one idea aloud with the group. Alternatively, written ideas can be combined and posted by the facilitator. Ideas are discussed, clarified, and prioritized after they have all been shared.
	Fishbone or Cause-and-Effect Diagram: Group collectively generates possible causes for a problem using a fishbone chart on a whiteboard.
	Potential Causes of Problem X Pactor 1 Case 1 Case 1 Case 1 Case 2 Case 1 Case 2 Case 3 Case 3 Case 3 Factor 3 Problem X Problem X
Organize ideas about causes	Affinity Diagram: Group organizes a large number of ideas into themes by sorting sticky notes on which each idea is written and discussing the resulting themes.
	Thematic Analysis: Individual or small group organizes ideas by reviewing the list, extracting themes, and then coding ideas in accordance with themes.
Explore factors that can reveal or eliminate causes	Is-Is Not Matrix: Group explores who, what, when, and where factors about a problem, with focus on what is AND what is not a potential cause.
Identify root cause(s)	Why-Why Diagram or Five Whys: Group delves into causes of a problem by repeatedly asking why in order to move past symptoms or surface-level explanations to a root cause.
	Root Cause or Fault Tree Analysis: Group delves into multiple causes of a complex problem using a why-why approach and depicting the results in a tree chart on a whiteboard.
	Performance Analysis: Group delves into causes of performance problems by walking through a flowchart of questions about potential underlying reasons for performance issues.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

Before using any of the techniques above, it is important for the team to understand the difference between symptoms, apparent causes, and root causes. A symptom is a sign of an existing problem, an apparent cause is the most immediate or obvious cause, and a root cause is the most fundamental underlying reason(s) for a problem (Anderson & Fagerhaug, 2006). Discussion of symptoms and apparent causes is valuable and can be particularly useful in the beginning but ultimately the goal is to arrive at root causes. There can also can be a tendency to confuse causes and solutions, which should be avoided at this stage (e.g., saying that a cause is insufficient training vs insufficient knowledge or skill). This is similar to confusing a service with a child or family's need (e.g., therapy vs. ability to manage temper). Note that any issue can be a symptom, apparent cause, root cause, or solution, depending on the circumstances, so there is nothing inherent about these qualities.

Some of the questions about HR data and workforce processes target symptoms or indicators, whereas some point more directly to causal factors. For example, the aggregate turnover rate is a global symptom that says nothing about underlying causal factors. Examining voluntary vs. involuntary turnover rate, however, starts to reveal a little more information about potential causes. Finally, information about employee attitudes and perceptions related to voluntary turnover is more closely tied to root causes. Thus, the degree of additional analysis required to get to root causes will depend on how deeply data were analyzed in the beginning steps of the Exploration phase.

When exploring symptoms and causes, a number of factors are likely to surface, and if they do not, it may be worth asking about them to advance the diagnosis: child welfare statute/policy/practice model, HR policy, settlement agreements or consent decrees, union agreements, goals/priorities, communication, decision making, planning, performance accountability/management, compensation and benefits, relationships, personnel, supervision, management/administration/leadership, caseload/workload, time, financial resources, technology or Information systems, equipment, physical environment, organizational culture, child welfare system partners, and external environment. These factors are not exhaustive or mutually exclusive (i.e., there is overlap, such as policy being the responsibility of administration).

The discussion will likely reveal the presence of critical barriers and/or the absence of critical facilitators, either now or in the past. These will be important not only to root cause analysis but also to discussion of how to address the problem through an intervention. Before concluding the root cause analysis of a problem, take inventory of the barriers and missing facilitators that were discussed. Consider whether there are additional barriers to addressing the problem, and generate ideas about potential facilitators that might help address the problem. Barriers and facilitators will be discussed further in subsequent steps.



STEP 5: DEVELOPING A THEORY OF CHANGE

Overview

After conducting a root cause analysis, the next step in the process is to develop a well-conceived theory of change. A theory of change provides a roadmap to address the root cause(s) of the identified workforce problem and describes how and why changes are expected to lead to the desired outcome(s). The theory of change is based in part on the data collected through the needs assessment, but will also be informed by the research to support the connections between each desired outcome. Depending on the needs of the agency, more than one theory of change may need to be considered, allowing teams to select an intervention from a range of options to address each target problem. Throughout the process, desired outcomes, causal links, assumptions, indicators, and a narrative will be developed. The theory of change will serve as a foundational document in intervention selection, ongoing planning and decision-making, and evaluation.

Participants

The WIE team will facilitate the development of a theory or theories of change with the implementation team. The implementation team will outline the desired outcomes, reason through the causal links, detail assumptions, and identify indicators associated with each step of the pathway. If the team is diverse and sufficiently represents people who understand or are affected by the problems and their potential solutions, the team can undertake this step without additional participants. If key stakeholders are not represented, however, one or more should be invited to participate in the development process. If it becomes evident during the process that participants do not know enough to identify desired outcomes, step through the causal links, articulate underlying assumptions, or determine appropriate indicators, then additional input may be needed.

Data Sources

All of the information collected through the needs assessment will be helpful here, and input from the implementation team is a necessary part of this process. However, it is essential that additional data sources (e.g., relevant research) be used to think through change pathways and articulate underlying assumptions about why the pathway will solve the problem. Again, if it becomes evident that there is not enough information to identify causal links and clarify a theory of change, additional information may need to be obtained to complete this process.

Theory of Change vs. Logic Model

Although the terms theory of change and logic model are often used interchangeably, a theory of change is not the same as a logic model. The main difference between the two is that a logic model requires the selection of an intervention, whereas a theory of change does not. A theory of change should detail the pathways from the identified root causes to achieving the desired outcomes. A logic model, alternatively, describes the components of a specific intervention, including the associated inputs, activities, outputs, and outcomes. In general, a theory of change should be larger in scope—focusing on an overall goal—and should not be dependent on a specific intervention. Implementation teams will develop both a theory of change and a logic model during their work with the QIC-WD.

Theory of Change Components

The table below briefly describes each of the components for a theory of change and associated development strategies.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

Component	Description
Desired Outcomes	After discussing the root causes, barriers, and facilitators, implementation teams should look ahead toward the desired outcomes of the implementation effort. These outcomes typically involve changes that correct the root cause and may be changes in attitudes, knowledge, awareness, skills, behavior, policies, processes, or other environmental factors. Desired outcomes should be realistically achievable and understandable by everyone in the group. The ultimate long-term outcome for the QIC-WD is to support the hiring and retention of good employees.
Causal Links	The causal links detail a series of steps showing a causal progression between each desired outcome (sometimes called preconditions), from the root cause of the problem to a final long-term outcome. Information gathered during the needs assessment and discussed during the root cause analysis may be augmented to identify these steps, as this process is commonly accomplished by working backwards through the desired outcomes until reaching the earliest necessary precondition. This part of the theory of change development is interactive and will require the input from all team members to create the change pathway or pathways. It is important to note that a common pitfall during this step of the process is jumping too quickly to an intervention. Again, a theory of change should not be limited to a specific intervention, but rather should focus on creating pathways of change out of problems. A well-conceived theory of change can guide intervention selection and an appropriate intervention will nest into the theory of change. For each desired outcome, the team should consider what needs to happen in order to achieve the desired outcome. Final pathways are sometimes represented by creating "so that" chains, which use the term "so that" to connect each desired outcome and outlines the theory of change.
Assumptions	Assumptions are the underlying beliefs related to the desired outcomes and causal links. During the development of a theory of change, it is important to articulate these assumptions and assess why the proposed pathway will solve the problem. The team should make sure to list and identify assumptions throughout the process of naming desired outcomes and developing causal links. Additionally, the WIE team will work with the implementation team to ensure assumptions are supported by research, when possible. This will strengthen the plausibility of the theory of change and increase the likelihood that desired outcomes will be achieved. Consistently checking assumptions and naming them will assist in refining the theory of change both at onset and throughout the project.
Indicators	An indicator is anything that serves as evidence that an outcome has been achieved. The team should be thinking about and identifying indicators throughout the theory of change development process. These indicators will inform the evaluation,

⁶ Organizational Research Services. (2004). *Theory of change: A practical tool for action, results, and learning.* Baltimore, MD: Annie E. Casey Foundation

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



Component	Description
	including helping the implementation team monitor and assess progress in achieving the desired outcomes.
Narrative	After the desired outcomes, causal links, assumptions, and indicators have been thoroughly discussed and documented, a brief narrative summarizing the theory of change should be created to explain the overall logic and justify why the intervention is expected to be successful.

Modifying the Theory of Change

It is important to develop a quality theory of change, as this will serve as a foundational document in intervention selection, ongoing planning and decision-making, and evaluation. The implementation team should use the information learned throughout the Continuous Workforce Development Process to modify the theory of change, as necessary.



STEP 6: ASSESSING AND SELECTING A WORKFORCE INTERVENTION

Overview

After conducting one or more root cause analyses and developing a corresponding theory or theories of change, the next step in the process is to assess and select a workforce intervention to implement. The process will involve researching potential interventions, evaluating the possibilities against seven criteria, and deciding on a final recommendation.

Participants

The WIE team will take primary responsibility for researching potential interventions and presenting that information to the implementation team. The implementation team will participate in evaluating the possibilities and recommending a final choice. If the implementation team is diverse and sufficiently represents people who understand or are affected by the problems and their potential solutions, the team can undertake this step without additional participants. If key stakeholders are not represented, however, one or more should be invited to participate in the decision process. If it becomes evident during the process that participants do not know enough to evaluate and decide on potential interventions, additional input may be needed.

Data Sources

Research and Best Practice

To identify potential interventions, the WIE team will review workforce research and best practices, both within and outside of child welfare.

Selection Criteria

When evaluating the possible interventions, the team will consider the following factors, which are further detailed at the end of this section: 1) alignment with agency need and theory of change, 2) level of evidence, 3) generalizability, 4) scope and magnitude, 5) evaluation potential, 6) contribution to a diverse array, and 7) mutual agreement.

Needs Assessment Data

Finally, to evaluate potential interventions against the seven criteria, the team will consider all the information collected, analyzed, or generated thus far—workforce metrics and processes, organizational culture and climate, secondary traumatic stress, the root cause analysis, barriers and facilitators, and the theory of change. In addition, and related specifically to criteria #4 and #5 above, the change and evaluation readiness survey results will be important to consider; further details about these are covered at the end of this guide.

Process

The process of reviewing, evaluating, and selecting a recommended intervention will be achieved through team discussion, in accordance with the decision-making processes established in the team charter. More formalized and structured group decision-making approaches can be used, such as decision matrices, criteria filtering, or multivoting.

Criteria for Assessing and Selecting a Workforce Intervention

1. Alignment with Agency Need and Theory of Change

The intervention will address an identified recruitment and/or retention need of the agency and is aligned with the theory of change. The intervention will not address every need and may not address the most significant or pressing need. In addition, instead of directly targeting a need or root cause, an intervention may serve as more of a protective factor to offset a problem or its consequences.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

2. Level of Evidence

There is reason to believe the intervention has promise for making a detectable improvement in recruitment and/or retention but it has not been well tested, or possibly not tested at all, in child welfare. Belief in the efficacy of the intervention should be based on review of relevant empirical evidence and/or a strong theory of change. Note that for many interventions, there is little or no empirical evidence, which can create uncertainty when considering this criterion. The lack of solid evidence, however, highlights the need for this project and a strong theory of change.

3. Generalizability

The intervention could be manualized and used by other agencies if successful. In other words, the intervention will not be so tailored to a given agency's needs that the process or results would be irrelevant or not applicable to other agencies.

4. Scope and Magnitude

The intervention will be of sufficient scope and magnitude that it capitalizes on but does not exceed the resources and organizational capacity of the QIC-WD and the agency. Some interventions may require adaptation or even development, which could require significant resources and time; thus, readiness of the intervention for implementation is a consideration. Resources include, but are not limited to, a Site Implementation Manager, a Data Coordinator, an assigned QIC-WD WIE team (workforce, implementation, and evaluation specialists), and implementation team for the duration of the project. Organizational capacity includes having (1) a relatively healthy organizational culture and climate, (2) stable and supportive leadership, (3) structures that allow for strategic and tactical planning and decision making, (4) ability to be engaged and partner with outside entities through clear communication, (5) cultural competence including the effective management of group dynamics in a diverse system through building of trust, teaming, and resolving conflict, (6) a workforce that has some mental and emotional space to take on a change effort and implement an intervention, (7) management, supervisors and a workforce that are receptive to innovation, evaluation, and routinely utilizes data for decision making and improvement efforts, and (8) adequate resources to install, implement, evaluate and sustain an intervention such as adequate staffing and workload levels.⁷

5. Evaluation Potential

The intervention can be implemented in a way that allows for rigorous evaluation to test effectiveness. This means that the site will be able to hold the intervention steady and be able to supply the QIC-WD data (HR, administrative, surveys of staff) to evaluate implementation and outcomes. The strongest design can control for alternate explanations for results (e.g., through randomization of teams or counties to condition or use of propensity score matching or other quasi-experimental designs).

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

⁷ Barbee, A., DeSantis, J. P., & Richards, T. (2017) APHSA introduction to the special issue: Building capacity in child welfare systems. *Training and Development in Human Services: The Journal of the National Staff Development and Training Association*, *9*(1), 5-19.



6. Contribution to Diverse Array

The intervention allows the QIC-WD to test an array of interventions across sites, in order to maximize the contribution to the child welfare workforce knowledge base.

7. Agreement

The intervention is mutually agreed upon by the agency, the QIC-WD, and the Children's Bureau.



Summary of Questions

The table below summarizes the questions posed throughout the preceding discussion. Note that all questions apply only to the identified target job(s) for the project. Depending on available information and resources, it is possible that some questions cannot be answered, either at all or exactly as requested. If there are related questions that can be answered instead or in addition to what is listed below, that would be very helpful to the project team. It will also be very valuable for the team to receive data dictionaries and examples of existing reports related to recruitment, hiring, or turnover.

Overview of the Workforce

Available Workers

Note: If there is more than one relevant job and the answers to the questions below vary across jobs, look at the data separately (i.e., don't collapse across jobs, to avoid obscuring important differences).

How many positions are there?

How are the positions geographically distributed across the state or county?

What number and percent are concentrated in urban areas versus rural?

Of the total positions for each job, what number and percent are currently filled?

What number and percent are typically filled/vacant?

What number and percent (if any) are not allowed to be filled (e.g., due to a hiring freeze)?

Typically, what number and percent of current staff are in training (i.e., not carrying cases)?

Worker Demographics

For the current staff (in the identified job), what are the demographics? Look at counts and percentages for available personnel information such as age, gender, race, education type & level, and licensing, and tenure.

Work Arrangements

What are the various work arrangements (e.g., full-time vs part-time, shifts, temp workers, teleworking, flex schedules, compressed work weeks)?

What number and percent of people are in each of the various types of work arrangements?

Turnover

Note: Be sure to report how turnover was calculated (i.e., what constitutes leaving, what time period is covered, how the denominator was calculated).

Internal turnover: What number and percent of people who leave the position stay in the job? What number and percent of people who leave the job stay in the child welfare division or agency? Note that if trainees have a different job title than permanent staff, be careful to eliminate this type of internal turnover from calculations (i.e., moving from a trainee job title to a permanent job title is expected and should not be lumped with other types of turnover).

Overall turnover: What is the overall turnover rate?

Exploring Variation in Turnover

Turnover variation across time: How has turnover varied over time (e.g., in the last 1-2yrs)? Has it been relatively stable or has it varied?

Variation in types of leaving: What is the overall turnover rate for voluntary turnover (initiated by the employee) and for involuntary turnover (initiated by the agency)? Within involuntary turnover, what is the rate for dismissals only (i.e., terminations due to performance issues)?

Variation in who is leaving: Compare demographics of all staff (those employed at the beginning of the selected time period), voluntary leavers, and involuntary leavers. Look at counts and percentages

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



for available individual information such as age, gender, race, education type & level, licensing, and previous experience.

Variation in when leaving occurs: What is the average tenure of voluntary and involuntary leavers? At what tenure are people most likely to leave? When does retention stabilize across most workers?

Variation in where leaving occurs: Given relevant geographical variables (e.g., regions, urban vs rural), what number and percent of all staff, voluntary leavers, and involuntary leavers are in each location?

Variation in leaving by job or duties: What number and percent of all staff, voluntary leavers, and involuntary leavers are in each job or types of duties?

Variation in leaving by work arrangements: What number and percent of all staff, voluntary leavers, and involuntary leavers are involved in each the various work arrangements?

Recruitment and Selection

Minimum Qualifications

What are the minimum qualifications (e.g., level and type of degree, amount and type of experience, licensing requirements) for the target job(s), and how long have they been in place?

How were the minimum qualifications established? Are they incorporated into agency policy, state statute, a labor contract, or some other regulation?

Recruitment and Selection Processes and Metrics

Is recruiting done continuously or only as needed?

What recruiting strategies are used (e.g., agency website, online job search engines, newspaper, community or college job fairs, radio, television, open houses, posters, brochures, social media, connections with college placement offices, internship program, realistic job preview, staff recruitment program/incentives)?

For a given time period (dependent on the quantity of applicants and stability of recruiting and hiring processes), what is the breakdown of recruiting sources (e.g., 55% job board, 25% social media, 10% agency website, 8% job fair, 2% employee referrals) for all applicants?

For a given time period (dependent on the quantity of applicants and stability of recruiting and hiring processes), what is the breakdown of recruiting sources (e.g., 55% job board, 25% social media, 10% agency website, 8% job fair, 2% employee referrals) for applicants who were hired?

What are the steps of the recruiting and hiring process, starting from the point of a new vacancy? Include who is involved at each step and variations across the agency. If there are internal postings (i.e., limited to current employees), please describe how the requirements or processes differ for those, in contrast to recruiting and hiring processes for external candidates.

Are any of the recruiting/hiring steps incorporated into agency policy, state statute, a labor contract, or some other regulation?

If there are performance or turnover data tied to recruiting source, what is the breakdown of recruiting sources for high performers vs poor performers? For employees who stayed vs left?

Overall, how long does it typically take to fill a position (starting from the time of a new vacancy or position requisition and ending with a filled position)?

For people who are hired, how long does it typically take from the time of their application to the time they are hired?

How long does it typically take for each major step of the hiring process?

What is the typical vacancy rate?

What is the overall selection ratio (number of people hired divided by the number of people considered for a position)?

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



What percentage of people move from one phase of the recruitment and hiring process to the next? For example, what percent of applicants meet the minimum requirements? What percent of applicants who meet the minimum requirements get selected for the next step of the hiring process?

What percent of applicants drop out of the hiring process? What percent of job offers are accepted? Are there particular points where dropout is highest? Is there information about why candidates drop out or reject offers?

Is there information available about candidates' perceptions regarding the recruiting and hiring process? What about internal perceptions (among hiring managers, supervisors, etc.) regarding the recruiting and hiring process?

Organizational Culture and Climate and Secondary Trauma

What did we learn about the agency's *culture* and *climate* from the administration of the Organizational Social Context (OSC) Measure?

Note: *culture* refers to the norms, values, and expectations that drive the way work is done in an organization, and *climate* refers to shared perceptions of the psychological impact of the work environment on employees' own well-being and functioning.

What did we learn about workers' experience of traumatic stress symptoms from the administration of the Secondary Traumatic Stress Scale (STSS)?

Other Workforce Processes and Initiatives

Internship programs

Is there an internship program of any sort? If so, what does it entail (e.g., who is eligible, what is the process for hiring, what are the duties, how long does it last, what typically happens to interns when they're done)?

Is there any information available about perceptions regarding the program (e.g., from interns, workers, supervisors)?

Onboarding and socializing new staff

What onboarding strategies are used to orient and socialize new staff?

Is there any information available about workers' perceptions regarding onboarding?

Training and professional development for new and veteran staff

Generally speaking, what are the general pre-service and in-service training requirements and opportunities for child welfare workers and supervisors (e.g., 8 weeks of pre-service and 24 hours of annual in-service)?

Are there any current or pending requirements (e.g., agency policy, statute, labor contract, consent decree) that the agency must follow related to training and professional development? If yes, please describe.

Is there any information available about perceptions regarding training?

Coaching new and veteran staff

Do child welfare workers receive any structured, individualized support in the field beyond regular supervision (e.g., mentors, coaches, field training specialists)? If yes, please describe.

Is there any information available about perceptions regarding coaching?

Supervising new and veteran staff

How many supervisors are there?

What is the average supervisor/worker ratio, and to what extent does it vary?

What are the minimum requirements and hiring process for supervisors?

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



What are the training requirements and opportunities for supervisors?

What supervisory model or approaches to supervision are required or in use?

What information is available regarding the effectiveness of supervision?

Is there any information available about perceptions regarding supervision?

Expectations, performance, and performance management

Are there clear performance expectations for workers?

Is there a structured performance review process for workers and supervisors? If yes, please describe the process, who is involved, how often, etc.

What types of criteria or standards are included in the evaluation(s)?

Is there are part of the process that ties to staff development?

What is known about employee strengths and needs in terms of performance (e.g., from performance evaluations, case process or outcome data)?

Is there any information available about perceptions regarding performance standards and evaluation?

Disciplinary process for problematic performance or behavior

What is the process for disciplining staff for problematic performance or behavior?

What are the typical reasons people are terminated involuntarily?

Is there any information available about perceptions regarding disciplinary processes?

Education incentives or support

What incentives or supports are there for workers and supervisors to continue their education (tuition reimbursement, educational leave)?

Is there any information available about perceptions regarding education incentives or support?

Recognizing and rewarding good performance and/or longevity

What strategies or systems are in place to recognize and reward workers and supervisors for good performance and/or longevity?

Is there any information available about perceptions regarding recognition and rewards?

Promoting staff, career advancement opportunities

What career advancement opportunities are available to workers and supervisors? Is there a career ladder?

Does the agency have a structured approach to fostering career advancement for those who are interested?

Is there any information available about perceptions regarding career advancement opportunities?

Pay and benefits

What is the average pay for staff, and how and why does it vary?

Are the pay and benefits considered competitive, relative to other jobs in the agency and external jobs?

Is there any information available about perceptions regarding pay and benefits?

Caseload/workload management

Are there caseload or workload standards? If yes, what are they?

To what extent are standards being met? What do available data say about caseloads and/or workloads?

Is there any information available about perceptions regarding caseloads/workloads?

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.



Union

If there is a union, what are the implications for the project (i.e., what role does the union play in workforce decisions, what is the process for working with them)?

Employee attitudes and perceptions

What information is available about employee attitudes and perceptions (e.g., through surveys or interviews of current or departing staff)? Are there existing reports of any recent attempts to gather such information?

Other Workforce Initiatives

What strategies have been employed to manage or improve employee retention (that have not already been addressed through previous questions)?

Are there any additional workforce initiatives the project team needs to be aware of (i.e., that may present opportunities, that should be avoided due to potential conflicts or redundancy, or that will serve as important contextual factors for the project)?