

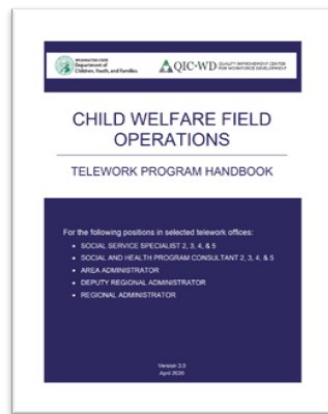
Telework

WASHINGTON DEPARTMENT OF CHILDREN, YOUTH & FAMILIES

Background

Washington’s Department of Children, Youth & Families (DCYF) began working with the QIC-WD in 2017 to better understand its workforce challenges and address its external turnover rate of about 26%. The team examined many contributing factors through a [needs assessment](#) and designed a [telework intervention](#). In addition to meeting project criteria, two other factors made telework a good fit as the QIC-WD intervention: 1) Child Welfare Field Operations (CWFO) had recent experience with implementing telework as a pilot project, and there was interest in expansion; and 2) there was a new executive order from the governor that required state agencies to increase the mobility and flexibility of work.

The site [logic model](#) outlined the inputs, activities, outputs and the expected outcomes based on the overarching [theory of change](#). In summary, the theory was that [telework](#) would improve employee performance and retention by improving workers’ experiences of their work environment (e.g., ability to focus, less travel, fewer hassles and discomforts associated with the office environment, and more flexibility), which would lead to greater work-life balance, improved work efficiency and less stress and burnout. DCYF established telework eligibility criteria for field staff, clearly defined telework expectations, and created guidance for supervisors in a telework [handbook](#) created to support project [implementation](#). Telework began in one region in 2019, and was rolled out to other regions later that year, see the [Site Overview](#) for a map and implementation timelines. The onset of COVID-19 in March 2020 impacted the project and study, with offices closing and almost all DCYF staff working from home.



The [evaluation](#) was organized as a cluster randomized control trial where clusters of telework-eligible staff were assigned to intervention or comparison groups at the office level. Eligible CWFO staff in the intervention offices were invited to telework if they desired. Implementation evaluation occurred among the intervention offices. Other data collection activities were conducted with both intervention and comparison groups.

Workforce Demographics

Of the 1,021 initial participants in the 50 offices eligible to telework, 426 participants in 25 offices were randomized to the intervention group and 595 participants in 25 offices were randomized to the comparison group. Combining data from surveys and human resources (HR) records, the profile of participants was consistent between the intervention and comparison groups. Over 80% of the staff were female, and over 70% were white. Of the survey respondents, 43.3% had children under 18, and their average age was between 40 and 41 years. On average, respondents indicated they were employed by DCYF for between 7 and 8 years. Most of the responding staff were Child and Family Welfare Services workers, followed by supervisors, Child Protection workers, and a relatively high number of staff with an “Other” function designation.

Evaluation Findings

The short-term outcome measures consisted of four main constructs within work and personal domains that were believed to be associated with the well-being of the workforce and the degree of integration with the work environment: 1) job intention and satisfaction; 2) health and mental health; 3) workplace perceptions and conditions; and 4) stress and burnout. These measures were included in the surveys administered over time. Comparison tests for the intervention and comparison groups were conducted using *t* tests, chi-square tests,

and as necessary, repeated measures ANOVA to assess differences between intervention and comparison groups for the baseline and final surveys. **In comparing the intervention and comparison groups on these four constructs, there were no differences in ratings.**

Turnover was assessed by linking eligible staff to their HR administrative data records that included their hire date and separation date, if applicable. Among the 1,021 eligible staff, 990 staff were matched to their respective HR records with usable tenure data. Of the included staff, 24 had a separation, 10 in the intervention group and 14 in the comparison group. The statistical analysis did not support one of the study's key hypotheses: **telework did not lower the likelihood of turnover for those participating in the telework intervention.**

From a productivity perspective, completion rates of mandated health and safety visits were used, and no differences between the intervention and comparison groups were found. By policy, these visits are to occur monthly. The time between visits for the intervention group was 31.53 days and for the comparison group was 30.21 days. This difference was statistically significant; however, the effect sizes are very small, making it difficult to conclude that the differences reflect meaningful improvements in productivity.

As a mixed methods study, the evaluation included interviews with 97 DCYF staff who were telework eligible and in the intervention group. Some of these staff started working remotely prior to the pandemic and others who began teleworking after the start of the pandemic. Most interviewees were female, had worked for the agency seven or more years, held the position of worker, were in the intervention group, and were in the Child Family Welfare Services unit. The interviewees were fairly well distributed across the six regions. Ninety-four of the 97 respondents mentioned having positive experiences with telework. While many of these perceived benefits are interrelated, **the major themes relate to increased productivity, decreased stress and improved health, and improved work-life balance.**

While respondents identified many teleworking benefits, they also **noted a number of challenges with a predominantly teleworking workforce. These included: loss of informal peer networking, onboarding, changing supervision and mentoring, and staff connectedness.**

On the basis of quantitative analysis, telework was not found to improve the work life of DCYF staff. That said, the qualitative results are more promising, and indicate improved work-life balance without a negative impact on productivity, a common concern among child welfare leaders considering a telework policy.

"I mean just the work-life balance with not commuting an hour and a half to two hours every day, it gives me so much more time to run, or do schoolwork or just spend time with people outside of work."

- DCYF Worker

The Team

This project would not have been possible without the support of DCYF and a dedicated Data Coordinator and Site Implementation Manager. DCYF provided essential data and valuable insight throughout the project.

The QIC-WD would like to acknowledge the work of the team members who contributed to the implementation and evaluation of the telework intervention. QIC-WD team members included Lisa Merkel-Holguin, Megan Paul, John Fluke, Ashley Long, Jonathan Litt, Taylor Herhusky, Bryan Maekawa, and Robert Blagg. The DCYF Site Implementation Manager was Theresa Burkheimer, followed by Sarah Meyer. The Data Coordinator position was held by Deleena Patton, followed by Tenaya Sunbury.