Supporting Statement for OMB Clearance Request

Appendix M: Case Manager/Advisor Online Survey

Innovative Strategies for Increasing Self-Sufficiency (ISIS) – Follow-up Data Collection

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Appendix M: Case Manager/Advisor Online Survey

ISIS
INNOVATIVE STRATEGIES FOR
INCREASING SELF-SUFFICIENCY

Advance email to case managers/advisors

Dear [name of program staff member]:

As you may know, [name of local ISIS program] is participating in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) study. This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and its partners. The study will assess a range of promising post-secondary career pathways programs that promote the improvement of education, employment, and self-sufficiency for low-skilled and economically disadvantaged adults. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of ISIS program staff who provide direct support and services to participants. We are asking program staff like you to complete a brief survey to help us better understand the types of services provided as part of [name of local ISIS program] and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants, and professional and program context. Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the ISIS study team providing you with a link to a web-based survey form. The email will be sent from [sender], and it will reference [subject line] in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating ISIS programs across the nation.

Sincerely,

Abt Associates ISIS Project Director

Innovative Strategies for Increasing Self-Sufficiency (ISIS)
Case Manager/Advisor Survey

As you may know, [name of local ISIS program] is participating in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) study. This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and its partners. The study will assess a range of promising post-secondary career pathways programs that promote the improvement of education, employment, and self-sufficiency for low-skilled and economically disadvantaged adults.

As part of the ISIS study, we are asking program staff who provide direct support and services to participants (such as advising, case management, or employment support) to complete a brief survey to help us better understand the types of services provided as part of [name of local ISIS program] and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

Part A. Staff Background and Program Involvement

Please complete the requested information below or select the category for each item that best describes your background.

1. **What is your title?** _____

2a. How long have you been working in this position of [title from Q1] or a similar one at [name of local ISIS program]?
_____ years   _____ months

2b. On average, what percent of your time do you spend on [name of local ISIS program]? (Please enter a response from 1-100.)

_____% of your time

3. **Are you male or female?**
☐ Male
☐ Female

4. **What is your age?** _____ years

5. **Are you of Hispanic, Latino, or Spanish Origin?**
(Please select only one answer.)
☐ No, not of Hispanic, Latino, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, another Hispanic, Latino, or Spanish origin

6. **What is your race?**
(You may select one or more answers.)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian

7. **What is the <u>highest</u> level of education you have completed?**
(Please select only one answer.)

☐ Some high school (<u>no</u> diploma/<u>no</u> GED)
☐ High school diploma or GED
☐ Some college (no degree)
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's degree
☐ Doctoral degree or equivalent
☐ Other *(Please specify)*:_____

8. **Have you earned a <u>post-secondary</u> degree in any of the following academic areas?**
(Please select all that apply. If you have not earned a degree in an academic area, leave it blank.)

Academic Area	Degree Earned			
	Associate's Degree	Bachelor's Degree	Master's Degree	Doctoral Degree
8a. Adult Education				
8b. Business				
8c. Communication Arts				
8d. Education				
8e. Education/Elementary School				
8f. Education/Middle School				
8g. Education/Secondary School				
8h. Education/Reading				
8i. Special Education				
8j. Engineering				
8k. English				
8l. ESL				
8m. Guidance/Counseling				
8n. History				
8o. Language/Linguistics				
8p. Mathematics				
8q. Science (i.e., Biology, Botany, Chemistry, Physics, Health Sciences, Nursing)				
8r. Social Science (i.e., Anthropology, Economics, Political Science, Sociology, Psychology)				
8s. Social Work				
8t. Other academic area *(Please specify)*: _____				

9. In addition to these post-secondary degrees, do you hold any educational certifications?

☐ Yes

☐ No

10. If yes, please specify the subject area in which you are certified and the type of certification you hold. You may include temporary or emergency certifications. Please do not include certifications that are in progress.

Subject Area	Type Certification
a.	
b.	
c.	
d.	
e.	
f.	

11. What is your <u>primary</u> responsibility as part of [name of local ISIS program]?
(Please select only one answer.)
☐ Recruitment
☐ Intake and enrollment
☐ Academic advising (e.g., assistance with course selection, tutoring, etc.)
☐ Non-academic advising (e.g., assistance with personal/financial supports and guidance)
☐ Career advising (e.g., assistance with career and employment choices)
☐ Employment assistance (e.g., job readiness, job search, job placement)
☐ Other *(Please specify)*:_____

12. What other (secondary) responsibilities do you have as part of [name of local ISIS program]?
(Please select all that apply.)
☐Recruitment
☐ Intake and enrollment
☐ Academic advising (e.g., assistance with course selection, tutoring, etc.)
☐ Non-academic advising (e.g., assistance with personal/financial supports and guidance)
☐ Career advising (e.g., assistance with career and employment choices)
☐ Employment assistance (e.g., job readiness, job search, job placement)
☐ Other *(Please specify)*:_____

13. How much total work experience (including your current and prior positions) do you have in performing responsibilities <u>similar</u> to those you carryout as part of [name of local ISIS program]? (Please select only one answer.)

☐ More than 5 years
☐ 3 to 5 years
☐ 1 to less than 3 years
☐ Less than 1 year

14a. In your position of [insert title from Q1] at [name of local ISIS program], are you responsible for working with a number of participants on an ongoing basis (i.e., do you carry a "caseload")?

☐ Yes
☐ No

14b If yes, how many participants do you typically work with (i.e., how many are on your caseload)?

_____ # participants

15. In your position of [insert title from Q1] at [name of local ISIS program], are you a: (Please select only one answer.)

☐ Full-time employee
☐ Part-time employee
☐ Contractor

16a. Do you receive any fringe benefits (e.g., paid time off, health insurance) as part of your employment with [name of local ISIS program]?

☐ Yes
☐ No

16b. If yes, please select all that apply:

☐ Paid vacation
☐ Health insurance
☐ Life insurance
☐ Sick leave
☐ Tuition reimbursement
☐ Free or discounted tuition
☐ Other *(Please specify)*:_____

17a. Are professional development opportunities (e.g., workshops or training) available to you as part of your job?

☐ Yes
☐ No

17b. If yes, please select all that apply.

☐ Workshops/Trainings

☐ Professional conferences

☐ Professional association memberships or journal subscriptions

☐ Online learning resources

☐ Mentoring/Coaching

☐ Learning communities or listservs

☐ Other *(Please specify):*_____

18. Are the majority of the professional development opportunities available to you:

(Please select the <u>one answer that is most accurate</u>.)

☐ Paid by your employer and available during your normal work hours

☐ Paid by your employer, but on personal time

☐ Available at a cost to you, but provided time during work hours to attend/use

☐ Available at a cost to you, on personal time

19. How often do you attend/participate in professional development activities?

☐ More than 5 times per year

☐ 3-5 times per year

☐ 1-2 times per year

☐ Never

Part B. Type of Assistance Provided

20. Using a scale of 1 to 7, where 1 = None of My Time and 7 = Most of My Time, please indicate how much time you spend on each of the following activities:

Domain	Item	Scale						
		1 None of My Time	2	3	4	5	6	7 Most of My Time
Recruitment	a. Recruiting participants for the program							
Academic Advising	b. Advising participants on admissions requirements or pre-requisites							
	c. Advising participants on course selection							
	d. Assisting participants with enrollment in classes							
	e. Obtaining and reviewing participants' academic assessment results							
	f. Monitoring participants' day-to-day academic progress							
	g. Arranging instructional support such as tutoring or study groups for participants							
Non-academic advising	h. Advising participants on personal issues and needs							
	i. Advising or assisting participants with financial aid or scholarships							
	j. Referring or connecting participants to support services (childcare, TANF, SNAP, transportation, housing, etc.)							
	k. Assisting participants with developing skills needed for success at school, work, and other areas of life (either in a group setting or individually)							
Career Advising	l. Helping participants develop career goals							
	m. Providing career information and advice to participants							

Domain	Item	Scale						
		1 None of My Time	2	3	4	5	6	7 Most of My Time
Employment Assistance	n. Assisting participants with internships/externships/clinical placements							
	o. Helping participants prepare resumes							
	p. Identifying job openings for participants							
	q. Referring participants to job search/placement services							
	r. Conducting mock interviews with participants							
Other								
	s. Other *(Please specify)*: _____							

Part C. Nature and Amount of Assistance Provided

21. On average, how often do you have contact with participants through each of the following methods?

	Scale				
	1 **Never**	**2** **A Few** **Times** **per Year**	**3** **About** **Once a** **Month**	**4** **2 to 3** **Times a** **Month**	**5** **Once a** **Week or** **More**
a. In person, individual session					
b. In person, group session					
c. Over the phone					
d. By email or other electronic communication					
e. Other method (Please specify): _____					

22. In general, who initiates the majority of the participant meetings?

☐ I do
☐ Another program staff member does
☐ The participant does
☐ Equally me or another person (program staff or participant)
☐ It varies case to case

23. On average, how often do you...

	Scale				
	1 **Never**	**2** **A Few** **Times** **per Year**	**3** **About** **Once a** **Month**	**4** **2 to 3** **Times a** **Month**	**5** **Once a** **Week or** **More**
a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					
b. Communicate with program managers or supervisors about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					

24. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements:

	Scale				
	1 **Strongly** **Disagree**	**2**	**3**	**4**	**5** **Strongly** **Agree**
a. Staff in this program make an effort to get to know the participants well.					
b. Staff in this program make an effort to learn about participants' personal and family situations.					
c. Staff in this program closely monitor the academic progress of its participants.					
d. Staff in this program make an effort to learn about participants' career and employment goals.					

25. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how much you <u>agree</u> or <u>disagree</u> with the following statement:

If people in my job do good work, we can really improve the lives of participants.

Scale				
1 **Strongly** **Disagree**	**2**	**3**	**4**	**5** **Strongly** **Agree**

26. In your opinion, which three of the following personal problems or challenges most frequently stand in the way of participants successfully completing the program?
(Please select up to <u>three</u> answers.)

☐ Motivational issues
☐ Mental health issues
☐ Substance abuse issues
☐ Physical health issues
☐ Domestic violence issues
☐ Other domestic issues (e.g., marital or relationship issues)
☐ Child care or dependent care issues
☐ Transportation problems
☐ Child behavioral issues
☐ Homelessness or housing problems
☐ Criminal history
☐ Legal problems
☐ Financial issues
☐ Other *(Please specify):*_____

27. **In your opinion, does your program offer sufficient support services to participants with the following issues?**

	Yes	No	Don't Know
a. Motivational issues			
b. Mental health issues			
c. Substance abuse issues			
d. Physical health issues			
e. Domestic violence issues			
f. Other domestic issues (e.g., marital or relationship issues)			
g. Child care or dependent care issues			
h. Transportation problems			
i. Child behavioral issues			
j. Homelessness or housing problems			
k. Criminal history			
l. Legal problems			
m. Financial issues			
n. Other *(Please specify)*: _____			

28. <u>**Based on the practices in your program,**</u> **what would you say is the more important goal of the program?**
   - To help participants move along the career pathway *by **finding employment in their desired field as quickly as possible***
   - To help participants move along the career pathway ***by continuing their education*** **with the aim of achieving further credentialing to support higher-skilled employment**

Scale						
1	2	3	4	5	6	7
Employment To help participants move along the career pathway *by finding employment in their desired field* as quickly as possible			**Both Equally**			**Education** To help participants move along the career pathway *by continuing their education* with the aim of achieving further credentialing to support higher-skilled employment

29. <u>**In your opinion**</u>, **which do you feel the more important goal of the program should be?**
    - To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
    - To help participants move along the career pathway *by continuing their education* with the aim of achieving further credentialing to support higher-skilled employment

Scale						
1	**2**	**3**	**4**	**5**	**6**	**7**
Employment To help participants move along the career pathway *by finding employment in their desired field* as quickly as possible			**Both Equally**			**Education** To help participants move along the career pathway *by continuing their education* with the aim of achieving further credentialing to support higher-skilled employment

30. <u>**In your opinion**</u>, **if participants get the typical services provided by your program, how helpful will these services be to them in getting a job in the field they are studying?**

Scale						
1	**2**	**3**	**4**	**5**	**6**	**7**
Little Help in Getting a Job						Considerable Help in Getting a Job

31. <u>**In your opinion**</u>, **if participants get the typical services provided by your program how helpful will the services be to them in feeling better about themselves?**

Scale						
1	**2**	**3**	**4**	**5**	**6**	**7**
Little Help in Feeling Better About Themselves						Considerable Help in Feeling Better About Themselves

Part D. Professional and Program Context

Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly do you <u>agree</u> or <u>disagree</u> with each of the following statements about [name of local ISIS program] and your experiences in your position?

Domain	Item	Scale				
		1 Strongly Disagree	2	3	4	5 Strongly Agree
Staffing	32. Frequent staff turnover is a problem for your program.					
Staffing	33. Staff in your program are able to spend the time needed with participants.					
Staffing	34. Staff in your program have the skills they need to do their jobs.					
Staffing	35. Your program has enough staff to meet current participant needs.					
Staffing	36. Staff in your program are well-trained.					
Staffing	37. A larger support staff is needed to help meet needs at your program.					
Training	38. Staff training and professional development are priorities in your program.					
Training	39. You learned new skills or techniques at a professional training in the past year.					
Training	40. Your program holds regular in-service training.					
Training	41. The budget in your program allows staff to attend professional training.					
Supervision	42. Your program is managed well.					
Supervision	43. Your program has supervisors who are capable and qualified.					

	Domain	Item	Scale				
			1 Strongly Disagree	2	3	4	5 Strongly Agree
•	Supervision	44. When needed, program supervisors devote much time and attention to staff supervision.					
	Supervision	45. Management decisions for your program are well planned.					
	Supervision	46. You have confidence in how decisions at your program are made.					
	Supervision	47. You meet frequently with supervisors about participant needs and progress.					
	Supervision	48. Staff concerns are ignored by management when making decisions about your program.					
•	Growth	49. Your program encourages and supports professional growth for the staff.					
•	Growth	50. Keeping your knowledge and skills up-to-date is a priority for you.					
•	Growth	51. You do a good job of regularly updating and improving your skills.					
•	Growth	52. You regularly read professional articles or books in your field of expertise.					
•	Growth	53. You review new techniques or updates in the field regularly.					
	Satisfaction	54. You are satisfied with your present job.					
	Satisfaction	55. You feel appreciated for the job you do.					

	Domain	Item	Scale				
			1 Strongly Disagree	2	3	4	5 Strongly Agree
	Satisfaction	56. You give high value to the work you do.					
	Satisfaction	57. You are proud to tell others where you work.					
	Satisfaction	58. You like the people you work with.					
	Satisfaction	59. You would like to find a job somewhere else.					
•	Mission	60. Some staff members seem confused about the main goals for your program.					
•	Mission	61. Your duties are clearly related to the goals for your program.					
•	Mission	62. Your program operates with clear goals and objectives.					
•	Mission	63. Management for your program has a clear plan for its future.					
•	Stress	64. The heavy staff workload reduces the effectiveness of your program.					
•	Stress	65. You are under too many pressures to do your job effectively.					
•	Stress	66. Staff members at your program often show signs of high stress and strain.					
•	Stress	67. Staff frustration is common where you work.					

Thank you for your time in filling out this questionnaire.