

Instrument 6. Staff characteristics survey – revised

Next Generation of Enhanced Employment Strategies Project

Staff characteristics survey

Introduction & Consent

Mathematica is conducting the Next Generation of Enhanced Employment Strategies (NextGen) Project for the Office of Planning, Research, and Evaluation within the U.S. Department of Health and Human Services [FOR SITES FUNDED BY SSA: , in partnership with the Social Security Administration]. The study will help the government learn more about how employment programs serving people facing complex challenges can help them secure a pathway toward economic independence.

[INTERVENTION NAME] is participating in this study. As part of the study, we are asking you and other [INTERVENTION NAME]'s staff to complete a brief survey to help us understand your background and work experiences. This information is a key component of the data we are collecting to help us understand the structure and implementation of [INTERVENTION NAME]. Your participation in this survey is voluntary. You may choose not to respond at all or to skip any questions. We will keep all of your individual responses completely private and use them only for research purposes. We will not share them with anyone outside our research team. We will not share them with your supervisors or any other program staff. We will combine survey responses for reporting purposes, and we will never report names or identify any responses with a particular person.

The time to complete this survey will vary by person, but is expected to be no more than 25 minutes on average. You do not have to complete the survey in one sitting. You can start it and then return to finish it at another time. For each question, please provide the best response you can.

If you have any questions about the survey, please contact [NAME] at Mathematica by calling [PHONE NUMBER] or emailing [EMAIL ADDRESS].

Thank you in advance for taking part in this survey and providing important information to the study.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0545 and the expiration date is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at NextGenProject@mathematica-mpr.com.

A. Background

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

1. What is your job title?

2. How many years of experience do you have working for [INTERVENTION NAME]?

a. Less than one year

b. 1 to 2 years

c. 3 to 5 years

d. 6 to 10 years

e. 11 to 15 years

f. More than 15 years

3. Including your work for [INTERVENTION NAME], how many years of total experience do you have doing similar work?

a. Less than one year

b. 1 to 2 years

c. 3 to 5 years

d. 6 to 10 years

e. 11 to 15 years

f. More than 15 years

4. In your current position, are you: [Choose one only]

a. A permanent employee

b. A temporary employee (e.g., on a contract or acting as a consultant)

c. A volunteer

5. What is your current work status? [Choose one only]

a. Full-time employee (30 hours per week or more)

b. Part-time employee (1 to 29 hours per week)

c. Work on an as-needed basis

6. In your position as [job title from A.1], do you work [Choose one only]

a. Only with participants in [INTERVENTION NAME]

b. With participants in [INTERVENTION NAME] and participants in other programs run by your organization

c. Other (please specify)

7. What is your sex? [Choose one only]

a. Male

b. Female

8. Are you Hispanic, Latino/a, or Spanish origin? [Select one or more]

a. No, not of Hispanic, Latino/a, or Spanish origin

b. Yes, Mexican, Mexican American, Chicano/a

c. Yes, Puerto Rican

d. Yes, Cuban

e. Yes, Another Hispanic, Latino/a, or Spanish origin

9. What is your race? [Select one or more]

a. American Indian or Alaska Native

b. Asian

c. Black or African American

d. Native Hawaiian or other Pacific Islander

e. White

f. Other (please specify)

10. What is the highest level of education you have completed? [Choose one only]

a. Less than a high school diploma

b. High school diploma (not General Education Development or GED)

c. General Education Development or GED

d. Some college (no degree)

e. 2-year or 3-year college degree (Associate's Degree)

f. 4-year college degree (Bachelor's Degree)

g. Graduate degree (Master's Degree, such as Master of Social Work or Public Health)

h. Professional degree (Juris Doctorate, Medical Doctor, etc.)

i. Doctoral degree or equivalent

j. Other (please specify)

11. [For interventions that integrate health treatment] If you work in the medical field, what is your role? [Select all that apply]

a. I am not trained in the medical field

b. Nursing assistant

c. Licensed practical nurse

- d. Registered nurse
- e. Physician assistant or nurse practitioner
- f. General physician
- g. Psychiatrist
- h. Psychologist
- i. Clinical social worker
- j. Physical or occupational therapist
- k. Other (please specify)

B. Staff responsibilities and contact with participants

Please provide the requested information below or select the response for each item that best describes your responsibilities and contact with participants.

1. What are your responsibilities as part of [INTERVENTION NAME]:¹ [SELECT ALL THAT APPLY]
 - a. Recruiting and enrolling participants. *For example, conducting participant recruitment and outreach, intake, and enrollment.*
 - b. Direct service to participants. *For example, conducting assessment, counseling, job search assistance, supportive services.*
 - c. Group instruction or facilitation. *For example, occupational or vocational skills courses, soft skills workshops, GED preparation class.*
 - d. Managing/supervising staff. *For example, managing [INTERVENTION NAME] staff*
 - e. Managing/supervising participants. *For example, supervising people working in a social enterprise.*
 - f. Administrative or clerical. *For example, maintaining records or files, completing paperwork, answering phones and scheduling appointments, entering data.*
 - g. Engaging employers. *For example, assessing employer needs, communicating about participants.*
 - h. Conducting community or partner outreach and engagement. *For example, fundraising or marketing, but excluding participant recruitment.*
 - i. Coordinating services with other providers. *For example, case managers, counselors and mental health practitioners.*
 - j. Other (please specify)

2. About how many hours in a **typical** week do you spend on the following tasks for [INTERVENTION NAME]?² List a numerical value. If you did not spend time on a task,

¹ This question would be tailored to only include the responsibilities of staff in the program being studied.

² This question would be tailored to only include the responsibilities or tasks of staff in the program being studied.

mark it as zero (0) hours. Your best estimate for each task is fine. The total hours should sum to the number of hours you work in a typical week. If you attend meetings, please allocate those hours to the most appropriate task or tasks.

Task	Hours in a typical week
a. Recruiting and enrolling participants	
b. Direct service to participants	
c. Group instruction or facilitation through workshops, education, or training	
d. Managing/supervising staff	
e. Managing/supervising participants in a social enterprise	
f. Administrative and clerical tasks, including data entry	
g. Engaging employers	
h. Community or partner outreach and engagement (including fundraising and marketing, but excluding participant recruitment)	
i. Coordinating services with other providers	
j. Other tasks (please specify)	
TOTAL	

SOFT CHECK

IF A5=A (FULL TIME) AND (B2.TOTAL <30 OR B2.TOTAL >50)

OR A5=B (PART TIME) AND B2.TOTAL > 29

OR A5=C (AS NEEDED) AND B2.TOTAL > 50

THEN DISPLAY:

PLEASE CHECK THAT THE TOTAL HOURS SUM TO THE NUMBER OF HOURS YOU WORK IN A TYPICAL WEEK. PLEASE REVIEW AND UPDATE YOUR RESPONSES OR CLICK NEXT TO CONTINUE.

3. In the past 12 months, have you received formal training from an instructor or content expert on skills that you need for your job? If yes, how long was the longest formal training you received?

- a. I did not receive any formal training.
- b. 1 to 2 hours
- c. Half a day
- d. A full day

e. Multiple days

4. [Ask only if social enterprise:] If you supervise or manage participants in your current position for [INTERVENTION NAME], how many participants do you typically manage or supervise?

[ENTER NUMBER][If response to Q4 is 0, GO TO SECTION C.]

5. In the past month, about how many participants were on your caseload? That is, about how many participants were you responsible for working with on an ongoing basis?

[ENTER NUMBER]

[If response to Q5 is 0, GO TO SECTION C.]

6. Using a scale of 1 to 5, where 1 = No time at all and 5 = A lot of time, please indicate how often you use the following methods when communicating with participants.

	SELECT ONE RESPONSE				
	N O T I M E A T A L L	V E R Y L I T T L E	S O M E	Q U I T E A B I T	A L O T O F T I M E
a. In person, one-on-one	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. In person, group session	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Over the phone	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. By email, text, or other electronic communication	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. Other method (<i>please specify</i>)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

7. Do you use formalized program tools or resources (e.g., a program manual or curriculum) when working with participants?

a. Yes

b. No

C. Perceptions of [INTERVENTION NAME]

Now we would like to ask you about your perceptions of the usefulness of the services [INTERVENTION NAME] offers.

1. In your opinion, if participants engage in and complete the services provided by [INTERVENTION NAME] now, how helpful will these services be in helping them get a job? [Use a scale of 1 to 5, where 1 is not at all helpful and 5 is extremely helpful]

NOT AT ALL HELPFUL	SLIGHTLY HELPFUL	MODERATELY HELPFUL	VERY HELPFUL	EXTREMELY HELPFUL
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

D. [INTERVENTION NAME] organizational practices

[NOTE: If Coronavirus pandemic challenges remain a concern, ask D1r, D1s, and D1t. Else skip D1r, D1s, D1t.] Please select the response for each item that best describes your understanding of and experiences working for [INTERVENTION NAME].

1. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly you agree or disagree with each of the following statements about your workplace right now:

	SELECT ONE RESPONSE PER ROW				
	STRO NGLY DISA GREE	SOME WHAT DISAG REE	NEIT HER AGR EE NOR DISA GREE	SOMEWHAT AGREE	STRONGLY AGREE
a. Staff make an effort to get to know participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Staff make an effort to learn about participants' family situations	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Staff make an effort to learn about participants' career and employment goals and motivation to work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Services are tailored to meet participants' needs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. Participants are matched to jobs based on their skills, abilities, and interests	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. Staff are able to spend the time needed with participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SELECT ONE RESPONSE PER ROW

	STRO ONGLY DISA GREE	SOME WHAT DISAG REE	NEIT HER AGR EE NOR DISA GRE E	SOMEWHAT AGREE	STRONGLY AGREE
g. The program has the capacity to serve the people in the community that need services	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. Staff have the skills they need to do their jobs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. The program encourages and supports professional growth for staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j. Staff members work together as a team	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
k. Frequent staff turnover is not a problem	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
l. Staff have discretion in how they carry out their responsibilities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
m. Staff are kept informed of key decisions	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
n. Staff concerns, ideas, and suggestions are incorporated by management when making decisions about the program	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
o. I am satisfied with my job	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
p. I receive constructive feedback to help me advance in my career	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
q. I am not too stressed or overworked to do my job effectively	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
r. Staff were provided the necessary support during the COVID-19 pandemic	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
s. Staff were provided the necessary support, materials, and guidance needed to support clients during the COVID-19 pandemic	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
t. I faced challenges in working due to COVID-19 (for example, lack of child care, lack of transportation, risk of illness for myself or my family)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Thank you for your time filling out this survey.