

Instrument 9. Semi-structured employer discussion guide - revised

Semi-structured employer discussion guide¹

Thank you so much for meeting with me today. My name is _____ and I am with an independent research organization called Mathematica. We are conducting the Next Generation of Enhanced Employment Strategies (NextGen) Project for the Office of Planning, Research, and Evaluation (OPRE) 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.

According to the Paperwork Reduction Act, a government agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0545 and the expiration date is 04/30/2023. If you have any questions about this data collection, please contact [NAME] at Mathematica by calling [PHONE NUMBER] or emailing [EMAIL ADDRESS].

I would like to record our conversation so I don't miss anything. No one will listen to the recording except for people on the study team and the person who types it up. Is it okay with you if I record this conversation? If you want me to turn the recorder off for any reason or at any time, just say so. [INTERVIEWER: TURN THE RECORDER ON]

[Interviewer: State your name, the respondent's first name only, the location (if applicable; otherwise note that the interview is taking place via phone or video), and the date.]

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 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This information collection is not a subject of a Federal information collection project of the Department of Health and Human Services. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Office of Management and Budget, Paperwork Reduction Project (0970-0045), Washington, DC 20503. The OMB # is 0970-0045 and the expiration date is 10/31/2023. If you have any comments on this collection of information, please contact Mathematica at info@mathematica.org. A copy of the privacy protocol should be used.

Discussion questions by respondent type

	Respondent type		
	Leadership	Human resources	Supervisors or staff
A. Respondent background	X	X	X
B. Employer characteristics	X		
C. Experiences with intervention	X	X	X
D. Costs and financial supports	X	X	
E1. Work experiences	X	X	X
E2. Employees hired through intervention	X	X	X
F. Satisfaction and lessons learned	X	X	X

Note: Most respondents will answer either section E1 or E2, depending on employer role.

Interviewers: Bullet points indicate topics on which data must be collected. Italicized text indicates examples of questions that could be posed to respondent and probes to help elicit information. It is important to discuss each topic; the specific questions to ask will depend on the circumstances.

A. Respondent background

1. Thanks for agreeing to speak with me today. To start off, tell me a little about your employment experience and background with [name of employer].

- Job title
- Educational background
- Tenure with the organization and in current position
- Current job responsibilities

B. Employer characteristics

Note: Probe for any changes as a result of COVID-19.

1. Tell me a little about your organization.

- What is your mission?
- For-profit or non-profit. *E.g., for- or non-profit status (could include combination), cooperative*
 - *If for-profit, is it privately owned or publicly traded?*
- Line of business. *What does the organization make, produce, or sell? Or, what services does it provide (e.g., hospitality, retail, consulting)?*
- Market for product or service. *How is the market for your product or service compared with last year? Growing, declining, about the same?*
- Revenue. *What was it last year?*
- Locations. *How many? Where located?*
- Employees.
 - *How many?*
 - *How frequently do staff turnover?*
 - *How hard is it to hire workers? Do you have many vacancies right now?*
 - *Are any vacancies more challenging to fill than others?*

2. Employer involvement in community. *Is this the first time you have been involved with an intervention that helps the community? If not, how else have you been involved before? Have you offered job placements, training, or work experiences in partnership with other interventions before?*

C. Experiences with intervention

Note: Probe for any changes as a result of COVID-19.

1. Let's talk about your organization's involvement with [intervention name]. Let's start off by talking about your initial involvement with [intervention name] and move into your current partnership.
 - Initial involvement/exposure. *Tell me a little about how and when your organization first became involved with the intervention.*
 - Motivation for involvement with intervention. *What spurred your organization to partner with/collaborate with [intervention name]? Probes: challenges hiring qualified candidates, personal connection with someone at the program, wanting to give back, personal experience with target population*
 - Role in developing and refining the intervention. *Probe for details about amount and type of input provided in intervention concept development, planning, execution, and ongoing program improvements, who involved, any challenges encountered in determining their role*
 - What role do you play in intervention: do you provide jobs, work experiences, or something else? *Describe the nature of your current partnership with [intervention name].*
 - o *Hire [intervention name] participants*
 - o *Provide (paid or unpaid) work experiences such as internships, on-the-job training, apprenticeships, work-based learning opportunities to participants*
 - o *Other? Describe.*
 - Details of current arrangement.
 - o *Formal (e.g., MOU) versus informal agreement, terms thereof, challenges in determining agreement*
 - o *Employees/leadership of the employer involved in the partnership with the program (number, job titles)*
 - o *Communication with intervention staff: frequency, types of topics, challenges, successes (or what has worked well)*
 - Evolution of partnership. *Has the nature of the partnership changed over time? How so? What barriers did you face in partnering and how did you overcome them?*

D. Costs and financial support

Note: Probe for any changes as a result of COVID-19.

1. What costs does your organization incur in working with [intervention name], whether a material cost or an in-kind contribution? *(for each, ask for amount)*
- What were your fixed/one-time costs: *e.g. staff time to screen applicants; equipment or supplies for participants; meetings with partners for planning*

- What are your ongoing costs: *e.g. staff time for mentoring, monitoring, training participants; ongoing communication with partners; lost productivity; wages for participants*
- 2. What material or in-kind resources does [intervention name] provide to your organization? *E.g., volunteers; equipment; subsidies; wrap-around support to participants (for each, ask if one-time or ongoing; amount)*

E1. Work experiences

Interviewer: only ask these questions if earlier responses indicated the organization offers work experiences (or something similar)—that is, if the employer does something other than hiring intervention participants. “Work experience” encompasses many related terms. We will know in advance what each intervention calls their “work experience” and can use that term throughout. Also probe for any changes as a result of COVID-19. These could include offering virtual work experiences, implementing social distancing or other safety measures, adding or discontinuing work experiences.

I’d like to talk a little more about the people your organization is working with through [intervention name] and what they do while they are here.

1. Work experience details. *Confirm which types of work experience offered: (1) internships or externships (paid or unpaid), (2) job shadowing, (3) apprenticeship, (4) job tours/mock interviews, (5) on-the-job training, and (6) other (specify). Collect the following information (for each, if more than one):*
 - Describe a typical experience of someone from [intervention name] who comes here for [work experience]. *Probes: main activities, their sequence, schedule (e.g., certain hours or days of the week), which staff from employer organization are involved.*
 - Screening. *Do you screen participants before accepting them for a work experience? What are the criteria? Does [intervention name] screen? Have you faced any challenges with the screening process?*
 - o *Do you assess participants to determine what activities they are a good fit for?*
 - o *Do you sometimes send people you think would benefit from [intervention name] to [intervention name]?*
 - o *How do these participants differ from your other employees in terms of their background?*
 - Pay. *Do you pay the participant or give them a stipend? How much? Offer any benefits (e.g. health insurance, holidays and vacation)?*
 - Supports. *Do you provide any supports, such as help with transportation, child care, or accommodations, to help participants stay employed?*
 - Opportunities for advancement. *Probe for extent to which participants can advance through different work experience (e.g., start with internship, progress to full-time employment); how participants selected for opportunities. How many do they hire into competitive employment?*

- Supervision. *Probes: frequency and mode of monitoring, attendance requirements, consequences for not attending, frequency of communication about participant with intervention and any challenges with this communication*
 - Duration of participation. *How long on average does someone stay at your organization for [work experience] (e.g., total hours or weeks/months)? How often are participants terminated before they are scheduled to leave? What are the common reasons for termination? How often do participants quit? What are the common reasons for quitting?*
 - Completion and next steps. *Probes: how is completion defined, what typically happens to participants (e.g., are they hired by the organization), follow-up contact (type, mode, frequency). For classroom-based training, probe on criteria for completion and whether certificates, credentials, or competencies are obtained.*
2. Do you provide formal education or training as part of a work experience? This does not include informal learning on the job.
- Type: (1) instructor-led, (2) self-directed, (3) other. *Collect the following information (for each, if more than one):*
 - Mode. *In-person (one-on-one or group), online, text-based*
 - Format. *Lecture, hands-on, group study*
 - Topic. *Work-readiness, occupational skills, literacy/high school equivalency*
 - Credentials. *Do participants obtain certificates or credentials? What are the requirements (e.g., certification test)? What types of employers recognize these certificates or credentials or require them for hiring?*
3. Let's talk more about the participants from [intervention name].
- Number and distribution. *How many participants do you have from [intervention name] currently? Is this number representative of how many participants you usually have? Does it vary during different times of year? What do these participants do? Are they all doing pretty much the same activities?*
 - Participant strengths. *Probe for some of the positive aspects of intervention participants, such as motivation, work ethic, desire for self-improvement. How do you define being productive or successful on the job? Are intervention participants as productive as other people you might be doing similar activities?*
 - Participant challenges. *What challenges have you observed participants often face to being successful while here? Probe for needed work accommodations for disability and details.*
 - Solutions to participant challenges. *What solutions, if any, does your organization provide to address these challenges? Probe for details about how, cost, who pays. To what extent does [intervention name] assist you in addressing these challenges?*

E2. Employees hired through intervention

Interviewer: only ask these questions if earlier responses indicated the organization directly hires intervention participants, either subsidized or unsubsidized. Also probe for any changes as a result of COVID-19, such as the characteristics of employees or details about their employment.

I'd like to talk a little more about the people your organization is working with through [intervention name].

1. Employment and employee details. *Confirm which of subsidized or unsubsidized employment (or both). Collect the following information (for each, if more than one):*

- *Hiring. What is the hiring process for participants from [intervention name]? Does [intervention name] screen them? Do you give them screening criteria? Do these criteria differ from the process for people who are not intervention participants? Have you faced any challenges with the screening process?*
- *Number and distribution. How many participants hired from [intervention name] are working here currently? Is that number similar for how many participants you usually have? What do they do?*
- *Describe a typical experience of someone from [intervention name] who comes here. Probes: main activities, their sequence, length and schedule (e.g., total hours or weeks/months), which staff are involved. Are [intervention name] participants integrated into the workplace with other employees?*
- *Pay. Do you pay the participant an hourly wage? Offer any benefits (e.g. health insurance, holidays and vacation)? Does [intervention name] pay part of the wage?*
 - *If subsidized, details of how subsidy works.*
- *Supports. Do you provide any supports, such as help with transportation, child care, or accommodations, to help participants stay employed?*
- *Opportunities for advancement. Probe for extent to which employees generally and intervention participants specifically can advance and how they are selected for advancement opportunities. If not competitive (i.e., unsubsidized) employment at first, how many do they hire into competitive employment?*
- *Supervision. Probes: frequency and mode of monitoring, attendance requirements, consequences for not attending, frequency of communication about participant with intervention and any challenges with this communication*
- *Duration of employment. How long on average do employees in these positions stay employed at your organization? How often are they terminated? What are the common reasons for termination? How often do they quit? What are the common reasons for quitting? Have you noticed any differences between those employed through [intervention name] as compared to other employees?*
- *Participant strengths. Which participants do you think are most successful here? Probe for some of the positive aspects of intervention participants, such as motivation, work*

ethic, desire for self-improvement. Are they as productive as other employees doing similar jobs?

- Participant challenges. *What challenges have you observed participants often face to being successful while here? Probe for needed work accommodations for disability and details. Do these challenges differ across subgroups of participants?*
- Solutions to participant challenges. *What solutions, if any, does your organization provide to address these challenges? Probe for details about how, cost, who pays. To what extent does [intervention name] assist you in addressing these challenges?*

F. Satisfaction and lessons learned

1. What benefits does your organization derive in working with [intervention name]?
2. In your opinion, do the benefits outweigh the costs?
3. How satisfied are you with your involvement with [intervention name]? What are three things you like about the experience?
4. What are three things that could be improved about working with [intervention name]?
5. Do you plan to continue working with [intervention name] in the future? Why or why not?
6. What advice would you give to other employers considering working with [intervention name] or similar interventions?

Thank you! This conversation has been very helpful and informative for our study. We appreciate your input. Do you have any questions before we conclude? If you have any questions after today please feel free to contact me [provide a business card].