

NEBRASKA DIVISION OF CHILD AND FAMILY SERVICES

Building a Resilient Workforce

Nebraska Division of Child and Family Services (DCFS) is a state-operated child welfare system. The Division is housed in the Department of Health and Human services and is divided into five service areas. DCFS has about 400 frontline child welfare workers (Child and Family Services Specialists or CFSS), 70 supervisors, and 15 field administrators. In 2017, DCFS had an annual [turnover rate](#) of about 30%. They applied to be a QIC-WD site with the goal of strengthening their child welfare workforce.

When DCFS started working with the Quality Improvement Center for Workforce Development (QIC-WD), an Implementation Team was established to participate in an extensive [needs assessment](#) process, determine an intervention, and support implementation. The needs assessment took many months and included surveys and a review of Human Resources (HR) data. Burnout,



depersonalization, professional development, working relationships, supervision, career ladders, and secondary traumatic stress (STS) were all identified as potential areas for intervention. The survey found that 53% of respondents indicated that they had recently experienced elevated levels of STS symptoms. That finding, coupled with the Implementation Team's desire to develop an intervention that responded to the needs of the existing workforce, led to the decision to address STS. A [theory of change](#) that addressed work-related traumatic stress was ultimately used to guide program development.

The Implementation Team created [CFS Strong: Building a Resilient Workforce](#), a multi-part intervention to address STS and improve worker retention, as laid out in their [logic model](#). *CFS Strong* includes an adaptation of [Resilience Alliance](#) (RA), supplemented with [resiliency reminders](#) and [Peer Support Groups](#) (PSG), and [Restoring Resiliency Response](#) (RRR©), created by the New York Society for the Prevention of Cruelty to Children (NYSPCC). The intervention was [designed to build resiliency](#) among frontline workers and supervisors and provide therapeutic support in response to traumatic events.

The site began to [implement](#) *CFS Strong* in 2019. Kick-off meetings were held with leadership and supervisors to explain the intervention and its expected impact on STS and ultimately turnover (see [Logic Model](#)). The QIC-WD [randomly assigned](#) supervisory teams to attend RA groups, followed by PSG. DCFS identified external facilitators to lead the RA groups. In preparation for implementation, RA facilitator manuals were distributed as part of a training, a

This [video](#) highlights the experience of workers, supervisors, and administrators who were involved in *CFS Strong*.



PSG guidebook and Resiliency Reminders were created, and fidelity surveys were developed to monitor implementation.

RA groups met weekly for six months. There were 14 groups and each one was made up of two supervisory teams (one supervisor and five or six caseworkers) which totaled about 12 people, including supervisors.

Attendance at groups was strongly encouraged and 52% of those in the *CFS Strong* group attended 70% or more of the RA sessions. Attendance was disrupted by changes in teams, vacation, sick leave, turnover, schedule conflicts, or a lack of desire to be part of the RA group.

Satisfaction with RA was moderately high, with

attendees rating it 3.75 on a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree. Attendees reported that the program was practical and applicable to their job.

PSG started at the conclusion of the RA sessions. The groups were made up of the same supervisory units but they met less frequently (typically monthly) for an additional six months. PSG started in early 2020 and many groups were impacted by COVID-19; some groups paused their meetings until in-person sessions could resume, whereas other groups met on-line. PSG were peer-led and each group determined who would lead the session. After two months, ninety percent of PSG attendees who participated in the survey at the end of each meeting reported that they were confident that they could successfully apply what they learned in each PSG session to their job. Other comments captured in the surveys include:

- “...when I encounter a difficult situation, I am able to more easily work through it while staying positive.”
- “The members of the group were able to openly discuss their difficult situations they have experienced throughout the last week. There was a lot of support given throughout the session. Also, we focused on how to continue with positivity even when things get tough.”
- “CFS Strong concepts have given me better tools to be resilient in these difficult times.”

RRR© was piloted in two locations but ended up being delivered virtually over WebEx in a variety of locations. The RRR© facilitators were a sub-set of the RA facilitators with mental health credentials and child welfare experience. RRR© was delivered on an as-needed basis when a traumatic event occurred (i.e., child fatality, child experiencing severe physical or sexual abuse or neglect, homicide cases due to domestic violence, violence or threats of violence against staff, other work-related acts or events of a similar serious nature). RRR© sessions could be delivered to an individual or a small group and were scheduled as quickly as possible following a request. Fewer than 20 people participated in RRR© during the 6-month pilot and survey responses indicate the sessions were moderately helpful. (This [video](#) features one participant's experience.) A more robust implementation and evaluation of RRR© is necessary to draw conclusions about its effectiveness.

The QIC-WD [evaluation](#) included survey and HR data to determine the impact of *CFS Strong* over time. Unexpectedly, the intervention had no measurable effect on STS, burnout, or resilience. However, there were measurable positive effects on turnover intentions (e.g., improved intent to stay at one's current position over the 6 or 12 months following RA). Unfortunately, there was no positive effect of *CFS Strong* on actual turnover.

DCFS created a Protection and Safety Development and Resiliency Manager and team (separate from its work with the QIC-WD). This team works on training and resiliency for all staff including promoting wellness and positive messaging/signage. They will be responsible for sustaining any elements of *CFS Strong*, using what was learned through the implementation and evaluation of RA, PSG and RRR© to continue to build a resilient workforce and reduce turnover.

All Nebraska [DCFS resources](#) summarized here can be found the [QIC-WD website](#).