

NCWWI Sharon Kollar

Stacy Gehringer ([00:06](#)):

Welcome and thank you for listening. I'm Stacy Gehringer, Director of Outreach at the Center for Advanced Studies in Child Welfare. CASCW is a research and training center located in the School of Social Work at the University of Minnesota Twin Cities. And today we're speaking with Sharon Kollar from the National Child Welfare Workforce Institute, also known as NCWWI. And we are going to hear more about the work they are doing to support the child welfare workforce. Welcome Sharon, can you tell us a little more about yourself and your organization?

Sharon Kollar ([00:37](#)):

Sure. Hi Stacy. It's so great to be here again. So I'm Sharon Kollar, I'm Director of NCWWI's Linked team, which really just means that I have a huge honor to work with a great group of people who we collect; we create, we disseminate information and tools that support workforce development of child welfare programs around the country. But we're just one team in this much larger Institute. So NCWWI is a federally funded Institute. We've been around since 2018 and we do a bunch of different things related to workforce development. We support partnerships between schools of social work and child welfare agencies. We provide stipends to students. So social work students are getting their bachelor's and their masters, and some of them are already working in the field of child welfare and they wanna advance their careers and others are brand new to child welfare they're in social work programs and they just wanna become child welfare workers. We also, we develop and test leadership training for child welfare supervisors and managers. We also do assessments and implementation support in child welfare programs, with the goal of really strengthening their workforce and their environments. But a really big part of what we do is here for the workforce about their organizations and help them identify strategies that they can implement to really improve again, sort of the overall health of their workforce.

Stacy Gehringer ([01:57](#)):

Wow. So you guys are busy over there

Sharon Kollar ([02:01](#)):

Just a little bit.

Stacy ([02:02](#)):

And when we look kind of across the workforce, it can sometimes be challenging to capture an accurate understanding of the needs. So NCWWI uses a tool, to help agencies identify workforce strengths and then also gaps impacting the overall functioning of the organization. Can you tell us more about what this tool is and kinda like what it looks like?

Sharon ([02:28](#)):

Sure, sure. So we have two tools that are sort of siblings to one another. We have a Comprehensive Organizational Health Assessment, which we call the COHA, you know, we in child welfare, we love our acronyms. So we call the, that assessment with the COHA and then we have a tribally specific health assessment. So that's the T-COHA and both of these tools really can be used in a couple of different ways. We use them as a diagnostic tool, right? So, um, we use these assessments to help a program identify where their workforce strengths are, what the gaps are and what's sort of impacting their overall functioning, but we also use it. So we do interventions in organizations. And so we wanna

measure the changes that have resulted from those interventions. And we'll use it as a sort of pre-post assessment, right?

So we'll do this full, comprehensive organizational health assessment or, or the COHA or the T COHA at the beginning. And we'll use that information to identify strategies and imple and we'll implement, an intervention. And then on the back end, we'll do the assessment again to see if we've been able to move the needle at all. So, data, you know, this assessment includes collecting data, right? So part of that is doing surveys. We also do individual and group interviews. We talk to agency staff and community partners and stakeholders. We also, besides just talking with and doing surveys, we also pull data for that already exists, right? So if there's community demographic data or agency performance indicators or outcome data, and then we also, if they have other reports or studies that exist, we like we do wanna get the full picture of what's happening in that organization. So it's one data that we're collecting in the moment, but also looking at the bigger picture in the history and context.

Stacy ([04:12](#)):

Wow. And so, I mean, child welfare workers are busy and so are their supervisors and middle managers and child welfare administrators. So can you talk more about how you engage these organizations and the workers themselves?

Sharon ([04:28](#)):

Yes. So, I mean, we're talking about a comprehensive assessment, right? It's a lot of work and it really requires a big investment from the organization. And so that investment means that we are working, you know, in this funding cycle of NCWWI we're funded to work directly with seven jurisdictions. And those are the primary places where we're doing these assessments. So we have two counties, two states, and three tribal child welfare programs that we're working directly with. And in those places, we have a whole implementation team that, is comprised of people throughout the organization. So they identify people at all different levels to be a part of the implementation team all the way from the worker level, up through executive level administrators. And they have committed to focusing on issues related to their workforce and the organization. So we work with them directly to figure out who are the staff?

You know, how can we engage staff? How can we make sure that staff have time to complete the surveys? We do have some incentives, right? So we can raffle off, you know, gift cards or, you know, find other ways to, we, have bring food. And we, you know, we find other ways to really, when we bring people in for the focus groups to give them other benefits, besides just providing information. But one of the really big incentives outside of that is that we have an agreement that, and sort of a promise or an understanding that, you know, their feedback is gonna be used to make changes, right. So we're not just asking them to complete a survey and then we write a report and that data goes up on a shelf, right? We're saying, if you tell us, really tell us what's going on and are, are vulnerable with us and let us know what's happening in your organization. We are gonna do our best to make improvements in that organization as well. So we share a de-identified report back with them. And we also, again, have this implementation team that's really gonna take what they're really look, dig, dig deep into that data and say, what are the strategies then that we need to implement to make a difference.

Stacy ([06:18](#)):

So it's kind of that social contract that can be a motivating factor for some of the, the, um, responses to get some of the responses you're looking for.

Sharon ([06:27](#)):

Yeah, absolutely.

Stacy ([06:28](#)):

Cool. So we've talked about how you conduct these assessments, but now let's hear a little bit about what you're measuring.

Sharon ([06:36](#)):

So it's, again, this is a comprehensive tool, you know, I'll just give you, I'm gonna give some ideas around. I can tell you some of the things that we cover, but it would take us a long time to cover all of them. So we won't do that. Um, so some of the areas that we focus on again are around, uh, workforce recruitment, recruitment, and retention issues, uh, perceptions about service delivery. What is, uh, how able is this agency to really implement change? And it covers all levels, right? So we're looking at everything from the big community level to organizational then down into the unit or office level, and then at the personal or individual level. So some of the measures look at organizational climate workplace, prejudice and discrimination. There's also scales that look at bias or psychological safety we're, uh, exploring peer supports. What does supervision look like? How satisfied are individuals with their jobs. And then we have questions about self care and burnout and secondary traumatic stress, as well as those big community questions about what are the public perceptions of child welfare and, um, what are some of the community resources that exist?

Stacy ([07:42](#)):

Wow, that's a lot of ground to cover. And how many workers did you survey?

Sharon ([07:47](#)):

So in this round that we've surveyed about 2000 workers, uh, with the COHA and then even more with the Tribal Comprehensive Organizational Health Assessment. You know, our tribes are sovereign nations, so they own their data. And it's really important for us to respect that. So our Tribal COHA, um, that information is owned by the tribe, and we won't be discussing that data here. Um, cuz it was really just used expressly to support their workforce efforts, but we have a little more leeway to do some additional analysis with our public sites. And so that's the information we'll talk about here.

Stacy ([08:20](#)):

Right. That makes sense. And as you and your team tease out these results, can, are you able to summarize some of the important findings you've heard from folks in the field?

Sharon ([08:31](#)):

Yeah, sure. You know, I think we're really finding some interesting things and it's a process, so we're still, again like 2000 people. There's a lot of data and there's a lot of measures and so we're working our way through those. But today I thought maybe we could highlight what we're seeing in our public sites related to workforce workplace discrimination, world distress, worker wellbeing, and peer support. Those really seem to be at the top of the list right now.

Stacy ([08:55](#)):

Great. Let's dig in.

Sharon ([08:56](#)):

All right. So let's start with workplace discrimination. So what we found in this area was that, you know, child welfare case workers who are Black, Indigenous and Persons of Color perceived significantly more workplace discrimination than their White colleagues. We found that workers were really more likely to report workplace discrimination in their organizational structure and climate than they were from direct personal experience. So for example, that would look like receiving fewer opportunities for advancement was more, we'd hear that more often than someone feeling socially isolated. And then kind of, you know, as we would expect, greater perceptions of workplace discrimination were significantly associated with lower job satisfaction, lower psychological safety and higher burnout. And those results are really independent of whether, of what, of the caseworker's own racial or ethnic identities.

Stacy ([09:51](#)):

Yeah. Those are some troubling results and particularly concerning for BIPOC workers. What can organizations do to address this? Did you find anything in the assessment responses?

Sharon ([10:03](#)):

We did, you know, what we heard and what we, what we've learned, what we're learning is that it's important to address workplace discrimination by holistically assessing and our hiring practices, our promotional practices, looking at again, sort of looking at additional data to see who's being promoted. Who are we hiring? What does that pathway look like? Providing mentoring and professional development resources are key, especially to staff who are Black, Indigenous and People of Color. And offering, so that social support and resources. I think the other piece, you know, again, what we're hearing is that there are varied experiences based on people's race and ethnicity. And it's important for us to really have open conversations about those varied experiences so that we can help bridge some of those gaps in understanding and start to really have a better under, you know, better connections and community with one another. So we know, you know, what people are experiencing,

Stacy ([10:56](#)):

Right. And really understand that nuance

Sharon ([10:59](#)):

Mm-hmm

Stacy ([10:59](#)):

And so another topic area you assessed is this idea of moral distress, related sometimes I think into workplace discrimination, but can also stand alone. So what exactly is moral distress? And can you walk us through how workers are experiencing this?

Sharon ([11:18](#)):

Sure. So moral distress is a, can seem a little complicated, but it's also something that when we describe it to, we sort of describe it back to workers and are like, yes, absolutely. This is exactly what my experiences have been. So moral distress happens when any professional knows what the ethically appropriate action is, but they can't take that action. And the thing that's standing in the way could be internal an internal constraint or a personal constraint, or could be something that's external or related

to the institution or the setting, or, you know, contextual. And then not being able to take that action. Then it leads to painful feelings and psychological difficulties. And so we know, right case workers are facing morally complex situations on a daily basis. And, but we don't often acknowledge it. And that includes these, this, you know, experiences of moral distress.

Stacy ([12:10](#)):

Okay. This is a complicated topic. Can you give an example of this?

Sharon ([12:15](#)):

Sure. So, you know, we know people come into this field to help children and families and helping, you know, as a core value, right? So it's integral part of their identity. It's personal it's professional. We come to this field because we want to be able to help. But there's often constraints that get in the way of helping a family. Right. And then when that happens, we feel frustrated. There's anxiety, there's guilt, there's sadness, there's we feel powerless. There's this whole variety of distressful feelings. And we can't help people that we feel like we should you know, have that ability to do so. So say for example, you know a workers working with a family and the you know, the court's involved and the court is mandating that the child cannot be reunified with their parent until the parent completes a substance abuse treatment program, but there are no programs available. Or the wait list is really long, or the services that are available, aren't culturally appropriate to the family or to the parent. So in this case, there are these systems constraints that are preventing the case worker, preventing the parent from getting the help that they need. And that then just causes trauma, right? It causes trauma for the parent and the child who are separated as well as the worker's feelings of distress, cuz they really, they can see what needs to happen. And there are these constraints that are standing in the way.

Stacy ([13:35](#)):

Wow. And from the results, you said over 60% of workers encountered morally distressing conditions and more than 40% of workers reported that their job required them to do things against their better judgment. That's a significant, part of the child welfare population.

Sharon ([13:54](#)):

It is, it really is.

Stacy ([13:56](#)):

So what else is important to know from these results?

Sharon ([14:01](#)):

Yeah. So I think these, to anyone who's working in working in child welfare, I think these results are not surprising, right? So more than half of the workers we talked to or that we surveyed reported that there were too many rules and regulations that we're interfering with how well they can do their jobs. Right. I mean, we hear that all the time. And then we also saw that low psychological safety was the main factor associated with moral distress. So that included feeling unsafe to take risks, feeling undermined in their expertise and even being afraid to disagree with their supervisor.

Stacy ([14:34](#)):

Yeah. That makes sense that workers who experience this dissonance and, and this distress might also feel psychologically unsafe. That's a lot to navigate on top of already stressful work with children and families. So what can child welfare agencies do to effectively address this?

Sharon ([14:50](#)):

That's a great question, Stacy. I mean, I think we're always, you know, collecting this information. We really wanna know, right. What can children, what can our agencies actually do to make an impact on this? And, you know, I think the first thing with a lot of these, these pieces is really just acknowledging and understanding the experiences that our workers are having that is vital to their wellbeing for our, our administrators, our executive level, our supervisors, even to say, yes, we know that you're gonna be having these ethically challenging moments and that our system is gonna stand in the way of what needs to happen. Like that's that we know that this is a reality of the work and normalizing it and acknowledging it is a really important piece. You know, workers need to be able to feel safe, speaking up about the distress that they're feeling and that can help them be more empowered to advocate for their family's needs.

So that, you know, that could look like organizations, you know, really focusing on positive, psychological safety. It can be trying to really de-stigmatize those perceptions of failure and trying to at least reduce if not eliminate the culture of blame that exists in so many of our organizations. And, you know, I think we put a lot on supervisors, but supervisors can really play a key role in this. Right. And so part of our job as an organization is to train and support our supervisors and how they within their unit are creating a psychologically safe climate. And so that's training in support of our supervisors, but then also with all training and new case worker training, even, and ongoing professional development, normalizing this concept around moral distress and talking about the impact of it.

Stacy ([16:25](#)):

Yeah, I'm hearing you say it's critical that child welfare supervisors and managers sort of take the lead in setting this tone and culture around the, this issue in order for the workers to actually feel well supported and that's just foundational. What else did you learn in terms of worker wellbeing and, and what agencies can do to best support their workers?

Sharon ([16:50](#)):

Sure. So I think, you know, we're talking about wellbeing throughout this conversation. And one of the things that emerged from the data was this idea of having really a holistic framework that looks at worker wellbeing. So there, so we sort of, you know, in the data, in terms of looking at it, we're able to pull out three general areas of wellbeing. So that's the physical, the psychological and the social. So physically, you know, physical wellbeing includes taking precautions to maintain staff's physical safety, identifying and addressing where secondary traumatic stress is happening and really helping our staff to figure out what their self care plans look like. And those including concrete actions and accountability, knowing the self care is only a small piece of the puzzle. You know, then there's the psychological level. So the psychological piece, you know, piece of that framework is things like encouraging all staff to make decisions and learn from their mistakes without shaming or blaming, right.

We've already talked a little bit about that type of environment and trying to move away from it. Ensuring that staff who are Black, Indigenous or People of Color, that they have emotional, their emotional support, as well as all other staff. And, you know, that question around mobile flexible workforce, that's part of psychological wellbeing as well. And then there's the social piece, right? That's sort of the fun piece, you know, really thinking about how are we inclusive in our organizations? How

are we equitable in our climate and creating, we can fix that. You know, we can look at that through problem based work groups or distributive leadership, but it's also making sure that everyone has access to supports and that we're then doing the fun stuff, like facilitating social gatherings, having happy hours, or other celebrations of life events and celebrations of successes, both, you know, personal and professional, right? Like having opportunities for people to really connect with one another in a social setting.

Stacy ([18:43](#)):

So just to kind of resummairize that holistic framework has the three pillars, physical, psychological, and social. And so the shift is really to have that holistic lens or approach. And most of us in social work learned about self care in some way shape or form, in school or in training, but it is important to tease out what that really means and how agencies can actually support holistic health of their workers and normalize that self-care can look different for different people at different stages and so forth. And so self-care, for some people might look like processing with a colleague who can relate to that experience. Can you talk about what you found in terms of that peer support?

Sharon ([19:29](#)):

Yes. I mean, I think you'd hit the nail in the head in a sense, right. That self-care is important. We all talk about it, but self-care is only one part in that self-care sometimes is peer support and peer care. So we looked at peer support in a couple different angles. You know, we looked at social and emotional support, which is, you know, listening to each other's concerns, allowing opportunities to talk and offer encouragement, but then also peer support can look like more of an operational lens. So that's, you know, how do we cover each other's cases? How do we offer one another tangible resources, which it could include, you know, consulting on cases. And what we found was that it's not one or the other, right? Like all types of peer support are associated with more favorable views of the organizational climate, greater job satisfaction, and more likely to stay in the job. And so we asked, you know, we ask case workers, you know, what, what keeps them, you know, in their work or in their positions and other agencies. And the number one reason that they stay in their jobs is really the opportunity to make a difference for children and families. But number two, number two is that they stay because of their relationships with their coworkers.

Stacy ([20:35](#)):

Hmm. That's some really important and frankly, unsurprising data that connecting and building relationships with colleagues can perhaps be protective against burnout or turnover. Wow. And so in respect to that, can child welfare agencies do to better promote these types of peer support?

Sharon ([20:57](#)):

Great question, Stacy. You know, I think we often, you know, we think about peer support, we think, oh, we'll just, you know, as long as we put people together, they'll be, you know, they'll connect with one, another people will find their people, but we really have to be intentional about it also and make space for people to rely on each other for support. So, you know, agency leaders can provide more of those opportunities by creating mentoring programs, really intentionally connecting peers with one another, they can set up time, special time, you know, organized time for informal discussions and support groups for that social gatherings. Again, we're back to that social piece of wellbeing. And then also using our unit meetings in our team meetings to connect with one another, to find ways that we're then supporting one another. You know, we've heard stories about supervisors who will use part of their

team meetings just to break off, you know, there'll be on zoom, right. We were all, you know, we were all working virtually for so long and you know, supervisor will start their meeting by just dividing everyone up into pairs and like, let people connect with one another. They can talk about whatever they want. Right. But just giving them those opportunities to connect one on one and build those relationships with one and another, that's outside of necessarily talking about the work. They can talk about the work, but that, that's just a, you know, that could be a piece of it.

Stacy ([22:10](#)):

Right, right. Especially after a few years of some really challenging times for folks in the field and then as well as for the children and families they serve. Wow. It's been great to talk with you and just to get a fresh perspective on what's going on in the child welfare work first right now, and to hear the results of these assessments. So can you just summarize a few takeaways for our audience to leave with?

Sharon ([22:36](#)):

Sure. You know, I would say one of the really important things is just listening, listening to the workforce and acting on the feedback that they provide. Right? Our Leadership needs to be paying attention and creating spaces and opportunities for people to voice their experiences, to support one another, to learn from one another that, you know, really making those moves around our organizational culture is so important and that it comes, but it also, so it comes from both sides, right? So the leadership needs to sort of set the tone, but we also, as workers and as supervisors, it's important for us to take the risk of really being vulnerable and sharing what our needs are. And, you know, in some systems it's really more challenging to do that in others, but if we're really dedicated to the children and families that we're looking that we're serving in our communities, that having a healthy workforce is key.

And so again, sort of, listening's not enough knowing what the issues are, is just one piece, but investing time, investing resources for really a team based approach that looks at the workforce health, organizational health, and, can identify and implement strategies to really make a difference. I mean, ultimately we're all here for the same goal, which is really thriving communities and, and hoping that people can do well. And so part of that is making sure the people that are helping the people have the resources to do that and the environment to do that.

Stacy ([24:00](#)):

Yeah. That's great. Finally, Sharon, what resources are available for our listeners?

Sharon ([24:05](#)):

Sure. So NCWWI has thousands of resources really around workforce development. We have this huge resource library, like I said, I have this great team of folks who are always looking for one we're pulling out the things that we're learning in our conversations, but we're also looking across the world really to find out what's working in, in child welfare workforce development. And so we have a huge resource library that includes tools and guides. And we have one page research summaries that actually highlight some of the things that I talked about today. We host learning exchanges. So we invite people to come to our events. In September we're celebrating Workforce Development Month. And so we'll have a great worker recognition event on September 13th of this year. And every year we do an event in September just to say, thank you to the workforce, to help provide an opportunity for people to reflect and recharge. And we're really excited about that. It's usually a really, exciting, time.

Stacy ([25:02](#)):

Yes. And we'll link all of the, one pagers and the resource library and any upcoming events from NCWWI we will definitely link that as well. So it has been a pleasure and encouraging to hear all the work that NCWWI is doing, to support the child welfare workforce. Thanks for taking the time to share this information today. I know you're really busy, so appreciate it, Sharon.

Stacy ([25:23](#)):

All right. Thanks Stacy. It's been really fun.

([25:28](#)):

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