Center for Innovation in Population Health, University of Kentucky

Introduction

The scientific study of safety culture in the child welfare field is nascent and growing. The Safety Culture Survey is an organizational assessment that assesses various aspects of safety culture in a child welfare jurisdiction. Many child welfare agencies implement this survey as a part of their internal continuous quality improvement efforts to better understand employees' perceptions of safety culture within the agency and to track how these organizational metrics change over time.

The Safety Culture Survey serves as an opportunity for employees to give feedback on agency culture and agency-specific practices, and data from the survey can prompt additional conversations about safety culture both agency-wide and at the team level. In addition, results can help to explore differences in how groups of employees experience aspects of safety culture within the overall agency structure.

This document serves as an introduction to the Safety Culture Survey, and it includes information about the survey itself, best practices for implementation, and data reporting. The Safe Systems Team at the Center for Innovation in Population Health (University of Kentucky) can provide technical support and consultation at all stages of the Safety Culture Survey administration, from planning to data reporting and coaching around team-based practices.

Table of Contents

Each title is hyperlinked to its location in the document for easier navigating, and each section header is hyperlinked back to the top of the document.

<u>Introduction</u>	1
Summary of Scales and Questions Included	2
Basic Implementation Timeline	3
<u>Confidentiality</u>	4
Appendix A: Standard Questions in the Safety Culture Survey	5
Appendix B: Sample Scripts for Messaging the Safety Culture Survey throughout Agency	11
Appendix C: Check-Up Tool and Debriefing Strategies for Teams	13

Center for Innovation in Population Health, University of Kentucky

Survey Summary

Appendix A provides the text for each item typically included in the Safety Culture Survey, which consists of three sections:

- 1. A set workforce and demographic questions
- 2. Scales measuring aspects of safety culture most relevant to a child welfare workforce
- 3. Additional questions designed to measure agency-specific practices
- 1. *Demographics*. The set workforce-related questions (e.g., average weekly work hours, agency tenure, district office) and demographic questions (gender, race, sexual orientation) can be highly customized to fit the needs of your agency and what you're hoping to learn from the administration of the survey.
- 2. Safety Culture Scales. Mindful Organizing, Emotional Exhaustion and Psychological Safety serve as the core group of scales, and the others are optional to include if you feel they would be beneficial. Most scales included in this survey have been validated in prior research studies. Below are definitions of the constructs measured in the organizational assessment:
- **Emotional Exhaustion:** a measure of your team's emotional reserves. Do your team members feel depleted, drained, and used up at the end of the day?
- Mindful Organizing: measures how teams monitor, plan, innovate, learn, and support each other
- **Psychological Safety**: measures whether or not team members feel accepted, respected, part of a team and free to speak up and take interpersonal risks
- Stress Recognition: measures how well individuals identify stress and its impact on decision-making
- Safety Climate: describes the relationship team members have with their supervisor. How well do team members' interactions with their supervisor support safe, reliable care of children and families?
- **Personal Safety Decision Scale:** measures the frequency by which employees engage in specific casework-related behaviors because of how they perceive their personal safety
- Workplace Connectedness: measures how connected employees feel to coworkers within the agency
- Workplace Safety: measures how safe team members feel in the office/work setting.
- Intent to Remain Employed in Child Welfare: measures some of the personal and professional factors that contribute to employees' intention to stay with child welfare work
- Racial Justice Scale (under development): measures an employee's comfort with and feelings of empowerment to affect change with respect to institutionalized racism, both within the child welfare system and their own agency
- 3. Agency Specific Practices. We are excited to partner with you on including or creating additional questions and scales that explore specific aspects of your agency practice. In the past, jurisdictions have included questions about huddles, COVID-19, and retention efforts.

Center for Innovation in Population Health, University of Kentucky

Basic Implementation Timeline

Preparation (typically 6-8 weeks for first implementation)

- 1. <u>Introductory meetings and level-set:</u> what are you hoping to learn about your agency/employees from the organizational assessment and how will that be useful?
 - a. Used to explore the assessment's purpose and get everyone on the same page
 - b. Identify a "point person" who will be responsible to answer questions from the UK team
- 2. Finalize survey document: what will be included in the survey?
 - a. What components of the standard survey would you like to include? Is there anything *not* included in the survey that you'd like to ask? We are happy to brainstorm with you!
 - b. Who needs to approve the final survey before it goes out to staff?
- 3. Finalize distribution list and "go live" date: who is the survey going to?
 - a. Is this going to everyone in the agency, or just some employees?
 - b. We will need a list of employee names/IDs and email addresses, though the survey can be administered completely anonymously if you prefer
- 4. <u>Advertising and messaging from agency:</u> helps to communicate agency's goal in doing the survey, as part of a larger goal of continuing to develop a culture of safety
 - a. We recommend messaging to come from multiple sources (commissioner, director, managers, team leaders) see Appendix B for example scripts.
 - b. Typically, messaging occurs over a 2-3 week timeframe

Survey Administration (typically 4 weeks)

- 1. <u>Emails to employees.</u> The survey is typically hosted on REDCap, a HIPAA compliant survey platform. if the UK team is administering the survey, we will send out an initial email invitation and weekly reminders to employees who have not yet completed the survey.
- 2. <u>Participation update.</u> We will send along weekly participation updates, detailing participation rates for the agency, and any subsets (e.g., region or district office)

Data Reporting (4+ weeks, depending on what you'd like to learn)

- 1. <u>Initial Report:</u> 2 weeks after the survey closes, we will send you an initial passthrough of your data. This will include descriptive data of some elements like demographic information, as well as a broad look into the safety culture scales agency wide and compared across some groups of employees (by different job type, gender, race, etc.).
 - a. We will then schedule a meeting to review the data and discuss next steps.
 - b. What elements of the data would you like to dive more deeply into?
 - c. How would you like to report/message the results of the survey?
- 2. We view data analysis and data reporting as highly collaborative this part is generally quite organic depending on the learnings in which you're most interested.
- 3. How will you take these data moving forward? <u>Appendix C</u> includes ideas for Team Culture Conversations facilitating safety culture debriefing discussions with teams or regions.

Center for Innovation in Population Health, University of Kentucky

Confidentiality

Confidentiality. When providing technical support for the organizational assessment, we take the confidentiality of individual participants' responses to this survey extremely seriously. The survey is designed to be anonymized to the agency, though members of the IPH team are able to see individual responses so that we can track who has participated and who still needs to receive survey reminders by email.

We will <u>never</u> release individual participant responses back to the agency. When we report out on the results of this survey, the data are aggregated into groups of cases. Following CDC and AHRQ¹ data reporting guidelines, each aggregated group of data responses is comprised of at least 10 members, though we typically advise that these groups be much larger. If there is a group of survey participants smaller than 10 people, we are unable to report on that group. For example, if there is only a few people in a district who identity as Black and male, we would not report the data for Black male employees in that district to protect against those individuals being able to be identified.

In addition, there are some statistical analyses that cannot be done if group sizes are too small or too unequal. For example, if there are 20 male identified employees in a district and 200 female identified employees in the same district, we may not be able to do some analyses comparing men and women. We are always happy to discuss this in greater detail as questions arise.

¹ https://wonder.cdc.gov/ and https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/hospitalsurvey2-users-guide.pdf

Center for Innovation in Population Health, University of Kentucky

APPENDIX A: Scales and Questions

The following scales are included in each survey as the standard group of scales we employ. Mindful Organizing, Emotional Exhaustion and Psychological Safety serve as the core group of scales from which we generate the most meaningful discussion and language among organizational stakeholders. Most of the safety culture scales included in this survey have been previously validated in other research studies. For this reason, we ask that the safety culture scales remain intact, though some text can be adjusted to fit the language used in your agency.

Background questions can be added to ask about demographics such as age, race, job type, gender or anything else that you may want captured within your organization. Each survey should also conclude with a comments section.

In consultation with the University of Kentucky Center for Innovation in Population Health, language of the item stems can be manipulated to reflect more closely the language used within your specific organization.

Unless otherwise indicated, the response option for all statements is a 7 point Likert scale. 1 = Very Strongly Disagree, 2 = Strongly Disagree, 3 = Disagree, 4 = Neutral, 5 = Agree, 6 = Strongly Agree, 7 = Very Strongly Agree. Items with an asterisk (*) are reverse coded.

Core Assessment

Mindful Organizing

- 1. When giving a report to another employee, we usually discuss what to look out for.
- 2. My team spends time identifying activities we do not want to go wrong.
- 3. My team discusses alternatives to improve how we go about our normal work activities.
- 4. My team has a good understanding of each other's skills and talents.
- 5. We discuss our unique skills with each other so we know who has relevant specialized skills and knowledge.
- 6. My team talks about mistakes and ways to learn from them.
- 7. When errors happen, my team discusses how we could have prevented them.
- 8. When we attempt to solve a problem in my team, we take advantage of the unique skills of our colleagues.
- 9. When a child and/or family related problem occurs in my team, we all get together to figure out the solution.
 - a. When a problem occurs in my team, we all get together to figure out the solution. This version of Question 9 is provided to participants who do not work directly with children and families.

Center for Innovation in Population Health, University of Kentucky

Psychological Safety

- 1. If you make a mistake in our team, it is often held against you.*
- 2. The people on my team value each other's unique skills and talents.
- 3. Members of my team are able to bring up problems and tough issues.
- 4. It is safe to take an interpersonal risk in our team.
- 5. On this team, people are sometimes rejected for having different ideas. *
- 6. It is difficult to ask other members of this team for help. *

Emotional Exhaustion

- 1. I feel burned out from my work.
- 2. I dread getting up in the morning and having to face another day on the job.
- 3. I feel emotionally drained from my work.
- 4. I feel used up at the end of the work day.

Additional Assessment Scales

Stress Recognition

- 1. Fatigue impairs my performance during emergency situations.
- 2. I am less effective at work when I am fatigued.
- 3. I am more likely to make mistakes in tense or hostile situations.
- 4. When my workload becomes excessive my performance is impaired.

Safety Climate

- 1. Compared to other supervisors in my work setting, my supervisor pays greater attention to the safety of children and families.
- 2. My supervisor says a good word whenever a job is done with attention to the practices that keep children and families safe.
- 3. My supervisor seriously considers staff suggestions for improving safety for children and families.
- 4. My supervisor approaches employees during work to discuss safety issues that affect our children and families.
- 5. As long as there is no harm to children and families, my supervisor does not care how the work is done.*
- 6. Whenever the pressure builds up, my supervisor wants us to work faster, rather than by the rules.*
- 7. My supervisor only keeps track of major safety problems that affect our children and families and overlooks routine problems.*

Workplace Connectedness

- 1. I am able to work with my co-workers without sacrificing my principles.
- 2. I use "we/us" rather than "they/them" when I talk about my co-workers to others.
- 3. When I face challenges my co-workers provide the help and support I need.
- 4. I have things in common with my co-workers.

Center for Innovation in Population Health, University of Kentucky

Workplace Safety

- 1. I feel safe going to and from my workplace on a daily basis.
- 2. I feel safe in my office environment.
- 3. Office safety is important in my organization.
- 4. I feel that I am protected in my work setting.

Personal Safety Decision Making

Note: This scale is measured on a 5-point Likert Scale. 1 = Never, 2 = Rarely (1-2 times), 3 = Occasionally (monthly), 4 = Frequently (weekly), 5 = Very Frequently (almost daily).

In the past 12 months, how often:

- 1. Have you left before entering a home because you felt uncomfortable?
- 2. Have you ended a visit early because you felt uncomfortable?
- 3. Have you done a telephone "check-in" to avoid a visit due to concerns about safety?
- 4. Have you met a client in a public place instead of the home?
- 5. Were there times when you wanted to decline an assignment based on client history of prior violence?
- 6. Were there times when you wanted to decline an assignment based on dangerousness of location/neighborhood?
- 7. Have you recommended closing a case because of risk of violence?

Intent to Remain Employed in Child Welfare

- 1. I intend to remain in child welfare as my long-term professional career.
- 2. I will remain in child welfare even though I might be offered a position outside of child welfare with a higher salary.
- 3. I would leave child welfare work tomorrow if I was offered a job for the same salary but with less stress.
- 4. The personal and professional benefits outweigh the difficulties and frustrations of working in child welfare.
- 5. I am actively seeking other employment.
- 6. I feel the personal and professional gratification of working in child welfare to be greater than those in other professions.
- 7. I frequently think about quitting my job.
- 8. I am committed to working in child welfare even though it can be quite stressful at times.
- 9. My intention to remain employed in child welfare is strong than that of most of my colleagues.

Center for Innovation in Population Health, University of Kentucky

Racial Justice Scale – under development

- 1. I feel equipped to speak with children and families about issues related to race.
- 2. I speak to children and families about issues related to race.
- 3. My team talks candidly about how our racial biases affect our work.
- 4. I feel safe bringing up issues related to race with my team.
- 5. When a youth or family is being treated unfairly due to their race, I feel safe to tell someone within my organization who can help.
- 6. When someone I work with is being treated unfairly due to their race, I feel safe to tell someone within my organization who can help.
- 7. I believe public child welfare is an institutionally racist system.
- 8. I believe I have the ability to positively impact outcomes for Black, Indigenous and People of Color (BIPoC) within my span of control in [my jurisdiction].

We are currently in the process of ongoing testing and validation studies for the racial justice scale. Because this scale has not yet been validated or published, we would encourage any agencies who use it to interpret the results with caution. This scale is designed to measure a construct that is crucial to the work of child welfare agencies, and we are actively working to develop and validate this scale with the partnership of a number of member jurisdictions.

Workforce and Demographic Variables

The following items are sample demographic variables commonly used in assessments with partner jurisdictions. Any item can be removed or changed to reflect the language most appropriate for your agency.

- 1. In the past year, have you completed home visits and/or worked alone with children and families?
 - a. Yes
 - b. No
- 2. Please select the job type that best describes you:
 - a. Direct Service
 - b. Support Staff
 - c. Administration
- 3. Do you work in a management position?
 - a. Yes
 - b. No
- 4. How long have you worked in your current department?
 - a. Less than 1 year
 - b. 1 to 5 years
 - c. 6 to 10 years
 - d. 11 to 15 years
 - e. 16 to 20 years
 - f. 21 years or more

Center for Innovation in Population Health, University of Kentucky

- 5. How long have you worked in your current position?
 - a. Less than 1 year
 - b. 1 to 5 years
 - c. 6 to 10 years
 - d. 11 to 15 years
 - e. 16 to 20 years
 - f. 21 years or more
- 6. How long have you worked at [agency]?
 - a. Less than 1 year
 - b. 1 to 5 years
 - c. 6 to 10 years
 - d. 11 to 15 years
 - e. 16 to 20 years
 - f. 21 years or more
- 7. How long have you worked in the child welfare field, including both [agency] & other prior employment?
 - a. Less than 1 year
 - b. 1 to 5 years
 - c. 6 to 10 years
 - d. 11 to 15 years
 - e. 16 to 20 years
 - f. 21 years or more
- 8. Typically, how many hours per week do you work?
 - + Answered on a sliding scale from 1-100
- 9. Please select the race with which you most identify:
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White or Caucasian
 - f. Multiracial
 - g. None of these describe me
 - h. Decline to answer
- 10. Do you identify as being of Hispanic, Latino or Spanish origin: (participant can select more than one answer)
 - a. No, not of Hispanic, Latino or Spanish origin
 - b. Yes, Cuban
 - c. Yes, Mexican, Mexican American or Chicano
 - d. Yes, Puerto Rican
 - e. Yes, another Hispanic, Latino, or Spanish origin
 - f. Decline to answer

Center for Innovation in Population Health, University of Kentucky

- 11. Please select the sexual orientation with which you most identify:
 - a. Asexual
 - b. Bisexual
 - c. Gay or lesbian
 - d. Heterosexual
 - e. Pansexual
 - f. Queer
 - g. None of these describe me
 - h. Decline to answer
- 12. Please select the gender identity with which you most identify:
 - a. Female
 - b. Male
 - c. Transgender Female
 - d. Transgender Male
 - e. Gender non-conforming, gender non-binary, or genderqueer
 - f. Intersex
 - g. None of these describe me
 - h. Decline to answer
 - 13. If you would like to provide additional information/description of the identity or identities with which you most identify, please do so here: (open text box)

Center for Innovation in Population Health, University of Kentucky

APPENDIX B: Sample Scripts

Announcement from Senior Executive (e.g., Commissioner, Secretary, Director) to staff:

Beginning [date], we will survey [survey participant roles]. The purpose of this survey is to gain a better understanding of the department's safety culture. Specifically, the survey will seek to understand how our infrastructures and processes support safety. It will also serve as an important source of information that will guide our efforts to improve safety and the quality of services for children and families. It is vitally important that each of you complete the survey.

The survey was developed in collaboration with a team at the University of Kentucky. The survey should only require 15 minutes or less to complete. **Individual survey submissions will be kept completely confidential.** The submitted surveys will be solely handled by the University of Kentucky. <u>Only</u> aggregated results from the survey will be shared with the department.

Results from the survey tool will be used in the following ways:

- As a diagnostic tool to assess the status of the safety culture
- As an intervention to raise staff awareness about safety issues
- As a mechanism to evaluate the impact of safety improvement initiatives
- As a way to track changes in safety culture over time

You will receive a link to the web-based survey on Monday and the survey will remain open for four weeks. Following data analysis, our commitment is that the survey data be made available to all respondents. Again, your individual survey responses will be kept completely confidential. [name] will be the point person for the survey within [agency]. If you have questions about the survey, contact [name] at [email] or (555) 111-0000. Thank you.

Announcement: from Senior Executive to supervisors

We sent announcement of our [date] rollout of the safety culture survey under a separate email. I am now asking you, the leaders in our department, for your support in garnering maximum participation rates. Our goal is a minimum response rate of 75% for all [survey participant roles]. Our commitment to you is that we will review the data for opportunities and work with you to improve our processes.

Please help us promote the survey. This is a wonderful opportunity for us to assess the perceived culture of our department. Thank you.

Center for Innovation in Population Health, University of Kentucky

Announcement: reminder email from Senior Executive to all survey participants

As promised, we have opened the Safety Culture Survey link. We ask that each of you complete this survey within seven days of this email. You may be assured that your answers are confidential; all data will be collected by a third party at our partner agency, the University of Kentucky. If you have questions about the survey or have not yet received an invitation to take the survey, contact [name] at [email] or (555) 111-0000. Thank you.

As previously mentioned, the survey is a wonderful opportunity for us to better understand your perception of our safety culture. Our goal is that a minimum of 75% of our targeted staff to participate in the survey. The survey will be closed on [date]. Once consolidated and reviewed, we will make the data available for review and together explore our opportunities for improvement.

Announcement: reminder email from supervisor to team members

On [date], you will receive a link to the web-based survey. The purpose of this survey is to gain a better understanding of the department's practices, as part of our larger agency goal of advancing a culture of safety. Data from this survey will serve as an important source of information that will guide our efforts to improve safety and the quality of services for children and families. The survey should only require 15 minutes or less to complete.

Individual survey submissions will be kept completely confidential. The survey was developed in collaboration with a team at the University of Kentucky. The submitted surveys will be solely handled by the University of Kentucky. Only aggregated results from the survey will be shared with the department.

This is a wonderful opportunity for us to better understand your perception of our safety culture, and it is vitally important that each of you complete the survey. Our goal is that a minimum of 75% of our targeted staff to participate in the survey. If you have questions about the survey or have not yet received an invitation to take the survey, contact [name] at [email] or (555) 111-0000. Once consolidated and reviewed, we will make the data available for review and together explore our opportunities for improvement. Thank you.

Center for Innovation in Population Health, University of Kentucky

APPENDIX C: Culture Conversation Tool

Using the Check-up Tool

- 1. Develop safety culture check-up tools for each region and for each team within each region. The UK team is happy to partner with you on creating reports, data slides, or other ways to present and message data from the organizational assessment.
 - a. Check-up tools can include the region/team's percent positive data (how many people responded as "agree" or better) on each scale and on each survey item.
 - b. The tools should be disseminated to regional leadership prior to sharing teamlevel data with their teams.
- 2. Schedule individual, roundtable safety culture debriefings with each region to discuss their data. Use results to drive team culture conversations with regional and team members around how to interpret results, and what can be gleaned from each scale.
- 3. If desired, assign a "scribe" to keep a record of and summarize key discussion points and learnings that come from the debriefing meetings.
 - a. Specific quotes from employees at different levels of the agency can help you get a richer understanding of how things are going at your agency.
 - b. These quotes, key learnings, and discussion points are considered to be qualitative data that can be analyzed to help summarize the debriefings and offer a different look at the concepts measured in the Safety Culture Survey.

Team Culture Conversations

- 1. Gather your team
 - a. Make it as safe and welcoming as possible. Your goal is to create an atmosphere that promotes conversation for 60-90 minutes.
- 2. Share the data
 - a. Give your team a few minutes to look over it
 - b. Define each measure and explain its importance in teams
 - c. Let them know which scale will be the focus of today's discussion
- 3. Use the following prompts to guide your discussion:
 - a. How do these descriptions and results compare to your experience?
 - b. What does [scale, e.g. psychological safety] mean to you?
 - c. How would it look on our team if our score on [scale] was 100%?
 - d. What one thing can we change to improve [scale]?
- 4. Invite and plan for any additional follow-up conversations, either with your team or with agency leadership to further discuss results.