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# RESTORATIVE STAFFING

BY ALLEN KRAUS

Public health and human service programs face tough times: unrelenting financial pressure, incessant calls for higher quality, and growing demand from people who need help.

The programs can't respond by repeatedly cutting budgets. If this is all they do, service delivery will shift from tight belt to tourniquet. Instead, they need to transform operations through integrated services, consolidations, shared services, new customer relationships, and other strategies that serve more people better with less.

Changes like these are tough to devise and tougher still to execute. Two-thirds fail due to poor strategies, leadership difficulties, and lack of support.<sup>1</sup> Among those that succeed, much of the credit goes to broad participation in the effort; success rates approach 80 percent when employees get involved and feel ownership in change.<sup>2</sup>

The good news is that there's sound footing for change. Health and human service programs attract people who bring plentiful caring, respect, and commitment to the job and who want to "make a difference in the lives of many."<sup>3</sup> Inspired by the mission, they gain fulfillment from helping prevent an eviction, treat an illness, or stabilize a family. If they believe change will help their clients, they'll back it. But they want to improve the odds by becoming "part of the process of resolving the issues that they are confronting." Together, fulfillment and involvement strengthen commitment, and commitment enables change.

Unfortunately, disaffection often blocks commitment. Many employees describe confusion, caution and blame at work, which breed distrust and stifle their ability to serve clients well.<sup>4</sup> They also describe poor work among some peers and little accountability for this, contributing to "why bother?" attitudes.

Reasons for this vary. Some programs push short-term goals to the detriment of healthy working conditions. For example, perverse results such as school testing scandals occur when we forget that how you reach a goal is as important as the goal itself. Negative public perception of programs often dampens pride in the work. And the stress of the jobs, combined with muddled hiring standards, allow poor attitudes to grow. Change won't take under these conditions.



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## REKINDLE COMMITMENT

The work to rekindle commitment begins by listening—through interviews, focus groups, and surveys—to learn what employees appreciate and what they most want to change. Effective listening moves beyond mere engagement measures to identify elements of commitment and capacity, discern cause and effect, and pinpoint organizational levels and locations that need attention.

From our own listening we often find strength in teamwork, customer orientation, and commitment to productivity, and we hear staff ask for more involvement and autonomy, stronger coworkers, greater accountability, and added recognition. The road to commitment typically follows directions like these:

- **Involve staff deeply in change.** Bring them into the room—figuratively through listening and literally through planning sessions—to strengthen business decisions, and build support for them. And delegate implementation to cross-cutting teams trained in process improvement, influencing stakeholders and other essential skills.

- **Give employees more control over their work.**<sup>5</sup> Health and human service jobs require intuitive, experience-based decisions for complex problems. Instead of writing procedures to govern every move, employees want leaders to understand issues from their perspective, provide feedback and support, allow more choice over what, when and how they do their work—and to "have their backs" all the while.

- **Raise the bar in hiring and promotion.** Many of these jobs are "tough for people...not selected accurately for the work and who walk into situations they've never experienced in their personal life." Programs that can literally save people's lives frequently hire on the basis of multiple-choice tests and interviews guided more by

untrained intuition than accurate insight into what the work requires. There's a better way—behavior-based screening that probes for what it really takes, including emotional intelligence, perceptiveness, influence, and other abilities and characteristics ("competencies").<sup>6</sup> The more complex the job and the higher the stakes, the more crucial it is to ground personnel decisions in job-specific competencies.

- **Enforce accountability for respectful, productive work.** As one person notes: "It's our job to treat people with respect and compassion. Our workers should see this as an honor, a privilege to make a difference for others." Build accountability for this by promoting values and behaviors that encourage respect, compassion, teamwork and related values, and by strengthening staff through accurate assessment, development and discipline.

- **Recognize staff by acknowledging good work.** Most employees ask for basic personal recognition more than additional money: "A simple thank you for your hard work and long crazy hours."<sup>7</sup> Formal awards are nice, but nothing motivates like frequent, specific, personal thanks.<sup>8</sup>

## RAISING THE BAR IN CHILD WELFARE—A CASE EXAMPLE

In one attempt to strengthen capacity and commitment, New York City's Administration for Children's Services combined involvement and competency development to revamp the way it hires child protective workers, with exceptional results.

Confronted with nearly 20 percent attrition and complaints about performance, the agency began the work by listening—asking focus groups of high-performing employees what their work requires and what excites them about it. The program derived job

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competencies from what the employees shared and created a marketing campaign using their exact words, including these:

*“You never know what’s on the other side of the door when you go to a family’s home...the bravery crept up on me.”*

*“It’s like being in the eye of the storm. Everything around you is unsteady and you’re the calm one, working to help a child and family in trouble.”*

*“It’s my street smarts that help make me as successful as I am.”*

*“No two days are alike, ever.”*

A team of operations, personnel, technology, and marketing people moved candidate sourcing onto the web, created a novel self-screening process, implemented competency-based hiring, and launched a marketing campaign (see <http://implexpartners.com/sites/default/files/Child-Protection-Ads.pdf>). The agency—and the entire city—learned what it takes to handle these jobs, as told through posters that appeared in NYC subways and that line the halls of agency offices: clear, brave, cool, wise, smart, strong, good, bold, tough, calm, kind, and real people.

The changes brought unprecedented numbers of job applicants, attracted people far more suited for the work, helped cut attrition in half—and strengthened morale. (See *The New York Times* article at <http://www.implexhealth.com/case-studies/staffing/new-york-times-article>.)

## **BUILD A STAFFING STRATEGY**

Listening informs strategy, the second step in building commitment. Virtually every program has a financial strategy, an operations strategy, and a technology strategy, but precious few have a staffing strategy. Each needs a restorative staffing strategy that bridges the gap between current workplace conditions and those required

to transform service delivery. Without this, staffing issues are left to deal with later, ceding responsibility to personnel processes that can tie transformation in knots.

Building a restorative staffing strategy is relatively quick—two to three months—and inexpensive. It requires time, attention and, most important, the courage of introspection from leaders. It also takes expertise to ensure the quality and confidentiality of surveys and interviews, facilitation to help set strategies, and training and other support to roll the strategy out.

## **RESTORATIVE STAFFING STRATEGY – A CASE EXAMPLE**

A large public assistance program has begun crafting a staffing strategy to support its plan to transform eligibility operations from in-person to virtual customer service (phone, Internet). Listening through surveys and interviews, leaders heard concern about the *“intense work load...waiting areas full every day...nonstop...paid overtime limited...”* Stress trumps fulfillment for many employees, who welcome the shift to virtual service if it will relieve the stress.

Middle managers said their bosses *“aren’t sharing the (new operating) vision, getting people bought in, aren’t selling the ideas so (middle managers) can then sell to others and rally them up.”* In response, agency leaders scheduled more frequent, inclusive, and open meetings that bring decision-making into the room. They also delegated planning and implementation work to middle managers.

Staff shared concerns about *“not-my-job attitudes”* among peers. Given the importance of strong customer relations under virtual service, the agency plans to screen more carefully in hiring and promotion and will strengthen

behavior through performance assessment and development.

Finally, the agency’s leaders understand that virtual service may reduce the personal contact with clients from which staff draw fulfillment. They’ll try to counter this loss by upgrading employee recognition practices, grounded in client service results.

As this example shows, staffing strategies vary according to business plans and workforce conditions. They can cover many possible improvements: more clarity in business goals; delegation of authority; involvement with implementation; stress reduction measures; accountability processes; recognition programs; new values and shifts in work behaviors; competency-based staffing; technology fixes, and staff assessment and development, and others.

Some of these may seem to conflict with the web of personnel rules governing many programs. Surprisingly, progress is bound more by tradition and inertia than law or regulation. For example, competency-based staffing has proven to work even within civil service strictures, upping the odds for success in selecting the right person. Involving staff in decision-making and implementation is up to program leaders. Effective recognition costs nothing and violates no personnel rule; neither does proper assessment and training.

Providing autonomy takes time and effort, but no hard and fast rules stand in the way for health and human services, unlike police, fire, and other uniformed services with strict hierarchical practices. Accountability requires confronting people who can’t adapt to new standards. This is difficult, given the state of many disciplinary processes, but improvement in other practices lessens reliance on discipline.

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## GET RESULTS WITH MEANING

Bottom line—business and motivational research and lessons from working with health and human service programs yield this pointed advice: listen to staff; involve them in change; equip and free them to do good work; hold them accountable, and recognize and assure them. That's what generates fulfillment and restores commitment. And more than anything, commitment enables transformative change with real meaning for these programs, the people they serve and the tax-paying public. 📌

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### Reference Notes

1. In his 1996 book, *Leading Change*, John Kotter estimated that only a third of major change programs succeed. This alarming figure has held relatively steady in subsequent surveys conducted by others.
2. "What successful transformations share: McKinsey Global Survey results," March 2012, Scott Keller, Mary Meaney and Caroline Pung, McKinsey & Company.
3. This and subsequent quotes are drawn from interviews, focus groups, and surveys conducted with health and human service providers by IMPLEXpartners. In recent surveys, two-thirds of respondents note that the main attraction at work is their ability to help people—a response five times greater than the next most common (colleagues and teamwork).
4. From IMPLEXpartners surveys comes an array of staff concerns, similar to those in surveys of local governments around the world ("Local Government Industry Report," January 2012, Barrett Values Centre). The level of disaffection in these agencies is relatively high, averaging 28 percent, significantly above that in other sectors.
5. "Drive: The Surprising Truth about What Motivates Us," by Daniel H. Pink, presents compelling support for conditions essential for employee motivation including autonomy, purpose, and mastery. Health and human service providers have great purpose aplenty, but they often restrict autonomy for reasons including concern about regulatory and public oversight.
6. Competencies are defined as the cluster of knowledge, skills, abilities, and personal characteristics that determine effective performance in a job. They enable behavior-based screening for hiring, promotion, assessment, and staff development.
7. Employee recognition ranks near the top among changes sought by staff. Surprisingly (or not), relatively few—4 percent of all survey respondents—ask for recognition in the form of raises or bonuses.
8. The term for this practice, "ongoing regard," was adapted by the Stagen consulting firm from *How the Way We Talk Can Change the Way We Work: Seven Languages for Transforming Organizations*, Robert Kegan and Lisa Lahey, Jossey Bass, 2001.

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