

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

By Judge James Payne, Public Consulting Group, Inc.

Paper Two: Caseworkers Are First Responders. They Deserve the Same Professionalization as Other Essential Personnel

June 10, 2014

Preamble: This is the second in a series of articles regarding the current status of child protection services in the United States and proposals to address its challenges. For decades, state and local agencies have struggled to provide the appropriate quality of responsive child protection services. Untold dollars have been spent at every level of government in an effort to protect children and, at the same time, address issues within the family structure that may put a child at risk of maltreatment. Too often, the system's efforts to improve or correct the perceived deficiencies within an agency have been misdirected, misguided, or even inappropriate.

These articles are designed to identify specific issues, analyze typical or traditional responses to those identified issues, and propose fundamental and substantially new alternatives to addressing the issues faced by child protective agencies. It is important to note that no single recommendation will provide substantial improvement in the quality of response and services. The system is far too complicated and interrelated for a single improvement to successfully improve the system for any length of time. These articles must necessarily be integrated to allow for substantial transformation, which will be real, meaningful, and long-lasting.

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

BACKGROUND

Child protection agencies (hereinafter referred to as "agency") serve an extremely important role in addressing the issues of abuse and neglect around the country. When a child has been abused, neglected, abandoned, or placed in harm's way, the child protective services agency is notified, most frequently, through a hotline. If there is a determination to investigate the allegations, assess, or refer the family for services, the matter is referred to an agency caseworker who makes contact with the child, the family, and others, ultimately making significant recommendations about what actions should be taken to address the allegations.

The matter may be referred to a court where further decisions are made about the steps that should be taken to protect the child and serve the family. Services and programs are traditionally offered to the family to help them overcome the issues that put the child's safety and well-being at risk, ultimately leading to a decision of permanency –which may include the child remaining with or returning to the family, guardianship, adoption, or other alternatives. Finally, the case may be closed, which is based in large part upon the recommendation of the caseworker.

What is not fully acknowledged or perhaps even fully understood is the importance of the individual responsible for all of the aforementioned activities, recommendations, and decisions: the caseworker. Caseworkers are typically educated, hired, trained, and experienced in the field of social work. While there are various requirements around the country regarding the education or experiential qualifications to become a caseworker for an agency, the common practice is to hire a caseworker who has some background, either by education or training but frequently both, with social work activities. After personnel screening, which varies from jurisdiction to jurisdiction, an individual is hired to be a caseworker and engages in agency training. The caseworker is then assigned to a local jurisdiction or unit to begin working with children and families. The agency's policies and practices are engrained in the caseworker through the training, and the hope is that he or she understands the significant responsibilities of being a caseworker. Once assigned to a unit, the caseworker will work with a supervisor, who is often an experienced former caseworker, who will serve as a mentor, coach, and teacher on best practices utilized by the agency and the local jurisdiction or unit. That supervisor will, by best practice, supervise five caseworkers (sometimes as many as eight to 10 or more) to oversee the new caseworker and the experienced caseworkers, ensuring that they are working in a manner that best serves children, families, the community, and the agency.

CASEWORKERS PERFORM DUTIES OF OTHER FIRST-RESPONDERS

The importance of a caseworker to an agency cannot be overstated and, too often, has been misunderstood or overlooked. It is a caseworker who

- typically answers the original hotline call alleging abuse and neglect,
- investigates or assesses the allegations of abuse or neglect,
- visits and talks with frightened, hurt, and angry children who have been harmed,
- discusses the most sensitive issues of the allegations with the family,
- makes immediate life-altering decisions about the placement of a child,
- locates and makes placement of a child in an alternative setting, when necessary,
- testifies in court about the information and investigation,
- makes referrals to programs and services to help the child and family,
- makes collateral contacts with pediatricians, dentists, school personnel,
- makes determinations on actions to enforce compliance with service plans if needed,
- makes recommendations of later reunification or removal,
- makes recommendations on permanency, and
- weighs the issue of safety and makes recommendations to close or maintain the agency's involvement.

A caseworker does many of these activities while visiting the family in their home: 1) often during the evening, weekends and holidays, 2) without access to sufficient data, information or portable electronic technology, which is often available to other first responders, and 3) within tight timeframes, and under the

A caseworker is required to make potentially life or death recommendations and decisions every day with every telephone call, visit, and activity. It is, without exaggeration, one of the most important positions in government and in society.

watchful eyes of agency and executive branch leaders, legislative bodies, advocacy groups, and the media. They must balance all of this, while carrying caseloads that often exceed the recommended professional standards in the field.ⁱ

To describe all of a caseworker's responsibilities accurately and in detail would require volumes. Simply put, a caseworker is required to make potentially life or death recommendations and decisions every day with every telephone call, visit, and activity. It is, without exaggeration, one of the most important positions in government and in society. Few individuals in the agency, in government, or in the community fully understand the nature and extent of the responsibilities and pressure placed on a caseworker – unless they have actually performed those duties.

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

There is no amount of explanation that can truly convey the effort, energy and expertise necessary to be a good caseworker. The pressures of a caseload, the workload, timelines, court appearances, case reviews, case documentation, provider report reviews, family decision-making, home visits, and telephone calls require a highly committed, self-motivated, organized, patient, compassionate, detail-oriented, and empathetic person, who is skilled in personal relationships and family dynamics. Secondary trauma, burnout, turnover, and frustration are common to caseworkers. The trauma that they witness, review, and relive every day with the children and families in crisis is overwhelmingly personal and complicated. As stated by the ACS-NYU Trauma Institute, "Child welfare staff are susceptible to Secondary Traumatic Stress (STS) and occupational stress because of the vulnerable nature of their clients, the unpredictable nature of their jobs, the culture of their workplaces and their relative lack of physical and psychological protection."ⁱⁱ

On top of all of that is the constant possibility and reminder that should something go wrong and a tragedy occur, caseworkers not

The trauma that caseworkers witness, review, and relive every day with children and families in crisis is overwhelmingly personal and complicated.

only have to live with that internally, but they will also be publicly second-guessed, criticized and confronted. Over the last few years, agencies around the country have been the subject of public scrutiny, media attention, legislative oversight, and even law enforcement and prosecutorial investigation over the work that has been done by an agency's caseworkers. National data demonstrates that over 70% of the child fatalities from abuse are perpetrated on children under the age of 3:ⁱⁱⁱ the most vulnerable in our communities. Tragic events, such as child fatalities, create a flurry of media activity. Many in our communities have a difficult time understanding what would cause someone, especially a parent, to abuse or neglect a child, even more so when those actions result in a fatality.

The media attention is even more pronounced when the child has been brought to the attention of the agency or is within the jurisdiction or responsibility of the agency, either in the past or at the time of the tragedy. The question often becomes – what did the caseworker do or not do that should have prevented this tragic event? Too frequently, it is the caseworker who becomes the focus of attention during this public oversight. Recently, child welfare agencies, and specifically the actions, or inactions, of caseworkers have come under scrutiny in LA County,^{iv} Florida,^v and Arizona^{vi} to name just a very few. It is this experience of criticism and condemnation that has placed an increasing and almost unbearable burden on the work and responsibility of a caseworker.

After a tragic event, the agency and the caseworker may become the focus of attention, even more so than the perpetrator of the act. When a tragic event occurs or substantial criticism is made of the agency, the typical response in a jurisdiction or community is to conduct a review of the agency through a committee or panel, typically through the legislative body, to determine how to "fix"

the system and all of its shortcomings. The typical response(s) is to consider options such as

- a. add additional caseworkers,
 - b. add additional supervisors,
 - c. provide additional funding for programming,
 - d. provide additional funding for operational needs,
 - e. address a perceived issue like a central hotline,
 - f. create a standing oversight committee,
 - g. criticize leadership and urge replacement, and/or
 - h. encourage the creation of additional programs.
-

While any and all of those issues may need to be addressed, it is clear from the experience around the country that addressing those issues has typically not "solved" the problem – or at least it has not in many situations. In fact, when looking at data such as the Children and Family Services Reviews (CFSR) and any other acceptable measurements, not only do those actions not address and fix the problems, the class-action lawsuits do not either. The fundamental problem with any of these "quick fixes" is that they fail to truly address the most important aspect of the child protection agency – the caseworker.

Turnover among child welfare caseworkers is very high: estimated between 30-40% nationwide, with the average tenure being less than two years.^{vii} Caseworkers leave for a variety of reasons including

- a. resignation after a short time on the job and discovering that the child protection services is more complicated, challenging and emotionally draining than they imagined,
- b. resignation due to a lack of appreciation or support by management,
- c. resignation because of high caseloads preventing him or her from doing a good job, or at least the work that he or she thought would be done,
- d. resignation because of a particular incident or circumstance, such as a high profile or tragic case, causing the caseworker to question the work that is done because of the risk to him or her personally, and
- e. resignation for personal reasons such as a spouse being transferred to another state, the opportunity to return to school for additional educational credentials, pregnancy or other family requirements, such as a sick family member.

The continuity of a caseworker and the trusting relationship he or she forms with the child and family is critical and is perhaps the most important element to the success of an agency's mission and vision. It is that trusting relationship that is too often negatively affected when a caseworker leaves, causing transfer of the case to another caseworker. Case transfer causes a loss of continuity and consistency and may irreparably harm the trusting relationship between the agency representative – the caseworker – and the child and family.^{viii} This may most aptly be illustrated by a comment contained in the Wisconsin Counsel on Children and Families (WCCF) report, which highlighted a comment by a worker who indicated being a child's tenth worker within a five-year period. At that time the child did not

The fundamental problem with "quick fixes" is that they fail to truly address the most important aspect of the child protection agency – the caseworker.

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

want to know the worker's name and instead elected to refer to the worker as "Number Ten."^{ix} This continuity of the relationship may be impacted by the resignation, termination, probation, or transfer of the caseworker but may also be affected by extended vacation, family medical leave, or other personal factors.

Stated clearly and briefly, the problem is that agency caseworkers are not viewed as professionals – they are viewed as just other "staff." In many agencies, the caseworkers in the agency make up more than half of all of the individuals working in the agency. By their sheer numbers, they are the most important part of the agency, but, in fact, because of their intimate and trusting working relationship with children, families, providers, the courts, law enforcement, the medical profession, educators and others, they must be viewed as professionals. They must view themselves as professionals and they must be viewed as professionals by others. In most agencies, and in most jurisdictions, that is simply not the case.

Casework, often times, is viewed by recent college graduates as a "stepping stone" to obtain experience and build their resumes rather than a long term professional career. It may be viewed this way for numerous reasons such as low pay, high stress level, and minimal room for advancement within child welfare agencies. After caseworkers obtain some work experience, they are able to move on to jobs that require less time, energy, and stress.

It is this failure to understand the importance of professionalism for a caseworker that has undermined the effectiveness of the operational aspects of the agency and caused ancillary issues that, if addressed, will greatly improve the data, metrics, outcomes, and effectiveness of the agency – thereby justifying the investment in the manner described later.

Specifically, and without question, caseworkers must be viewed as first responders the same way that law enforcement, fire fighters, and emergency medical technicians are viewed as first responders.

Caseworkers must be viewed as first responders the same way that law enforcement, fire fighters, and emergency medical technicians are viewed as first responders.

It is clear that the caseworker's responsibilities and actions parallel those traditional first responders. As examples,

- a. they respond to crises in the community,
- b. they perform their duties as an emergency,
- c. they have to be available and are on call 24 hours a day, seven days a week,
- d. they are required to travel to the emergency or crisis,
- e. they interact with people who are vulnerable, injured, or possibly angry and aggressive
- f. they must be prepared to make life or death decisions on the scene,
- g. they literally enter the unknown and must be trained and prepared to address any situation once they are there, and
- h. they prepare for the potential for secondary trauma – particularly where children are involved.

For purposes of this discussion, all agency caseworkers and supervisors are considered first responders, not just caseworkers who investigate or respond to the initial emergency. Those who carry on or support the initial work of investigators or assessors are equally entitled to be called first responders. Until caseworkers are viewed, accepted and treated on a parallel with other first responders, the traditional responses to an agency in crisis will not improve the outcomes for the agency. The fact is that for too long, the system itself, those associated with the system, and those providing oversight of the system, have not properly addressed the core underlying potential strength of the child protection system. Until that is addressed in a long lasting and meaningful way, no significant and long-standing improvements will occur. The strength and foundation of any building, structure, organization, relationship, or arrangement lies in its foundation. Caseworkers are the foundation of the agency.

Caseworkers must be elevated to the professional status and respect of other first responders so that they receive the training, benefits, and support traditionally provided to other first responders. Following, therefore, are recommendations to elevate caseworkers to the status and comparable benefits of other first responders.

RECOMMENDATIONS

1. Caseloads

While reviewing and intending to address the issue of unacceptably high caseloads has been a dialogue, discussion and debate for decades, there has not been a true understanding and comparison of agency caseloads and workloads against those of other first responders. Much has been written about the issue of caseworker caseloads, but few have compared their workload to the work that is being done by traditional first responders. Sufficiently limited caseloads and workloads are necessary for caseworkers to satisfy the vision, mission and outcomes expected by the agency and the public. We ask them to make choices we would never accept in other first responders. Consider these scenarios:

- a. There is only one fire engine with two firefighters available at a particular time when two fires are reported to which they must respond at the same time. The fires are four blocks from each other. With only one fire engine and two firefighters able to go to one location and perform their duties and responsibilities, they are required to make a choice between which fire they will address. Imagine it is your house that the firefighter team is unable to address.
- b. There are two accidents, one mile from each other, each requiring the response of an ambulance and EMT team to attend to life-threatening circumstances. Since they can only be in one place at a time, which one of those accidents do they attend to? How do they decide with little or no information?
- c. Local law enforcement received a call about a brawl involving dozens of individuals, some with weapons, at a local community center. There is only one officer available to address the situation. How does one law enforcement officer address the situation when that officer may also be called to attend to one of the accidents listed above?

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

All of those traditional first responder agencies have addressed these issues in a variety of ways. There are overlapping jurisdictions and responsibilities, and the “code of responsibility” among those first responders is to assist and protect each other to the extent that firefighting units will come from other towns to assist in the emergency of another jurisdiction. In addition, because of rotation, scheduling, and time off, those agencies have arranged for off-duty colleagues to come to the aid of a fellow first responder during short term emergencies.

Traditional first responders such as law enforcement, fire fighters, and EMTs arrive on a scene of an emergency, resolve that emergency according to their professional practice, and then pass the emergency issue off to some other agency or individual. Law enforcement will traditionally transport to a jail or make a referral to a prosecutor; firefighters, having addressed the fire, will leave the remainder to an arson investigator, prosecutor, or insurance company to address further issues; and EMTs will take the individual(s) they may have served to an emergency room hospital setting. In other words, they take that issue, address it, and then hand of it off to some other individual or agency to further resolve the problem.

Caseworkers, on the other hand, arriving at a similar scene on a similar evening or weekend, will not only address the emergency but, depending on the structure and size of the agency, may continue to handle that emergency for an extended period of time. Caseworkers as first responders do not have the opportunity of passing the situation off to another. All the while, additional cases may be assigned to the worker. Caseloads may increase and the caseworker must choose which family's issues are the priorities and which family's issues will need to be addressed at a later time. When caseloads are steadily increasing, it becomes very difficult for workers to do their jobs effectively and efficiently, as their time with each family becomes less and less.

Caseload size then becomes more critical when caseworkers are compared to other first responders. It is for this reason alone that the issue of the critical nature of the work of a caseworker has to be considered when planning and arranging for any agency review and transformation.^x There is literally no quick fix to these issues as a review of any law enforcement or fire department agency transformation will confirm.

2. Teaming

No other first responders are asked to answer the call of crisis alone. Fire fighters work in teams when responding to a fire; EMTs often arrive in tandem in a responding vehicle such as an ambulance; law enforcement officers either travel in tandem or multiple cars respond to the emergency call. In contrast, caseworkers are called out, just like other first responders, at all hours of the day, night, weekends, and holidays, but usually travel to the location or scene by themselves and without “backup” or support. Often the caseworker is attending to the most personal and intimate family issues – abuse or neglect – that are not only emotional but potentially highly volatile, particularly where a caseworker makes a decision to remove a child for issues of safety.

Teaming exists with other first responders because the public and those responsible for staffing and funding those professions understand the necessity and benefits of teaming and have created the expectation of the teaming assignment. Sometimes arrangements are made for a law enforcement officer to accompany a caseworker, when and if they are available, when a caseworker is going on scene in a particularly dangerous or difficult environment or with the specific purpose of removing a child from a family, which is often emotional and potentially dangerous. Police may not investigate every scene involving potential child abuse or neglect they are called to, instead referring the matter to the local child welfare agency.^{xi}

Only a few agencies in the country have attempted to implement caseworker teaming, whereby cases are assigned to teams of caseworkers instead of individual caseworkers, as a standard in the child protection field. Specifically, Massachusetts,^{xii} New Jersey, New York,^{xiii} and Minnesota have either piloted or attempted to address the issue of teaming. Some agencies tried teaming for particular events or specific circumstances such as the investigation stage or specific identified geographic and locations of expected volatility. New York State reported the following benefits from teaming: “Workers stated families saw the teaming approach as more responsive to their needs; workers perceived that clients felt their needs were being met; workers experienced less stress; casework progressed toward desired outcomes; workers learned to take difficult interactions with families less personally.”^{xiv}

The issue of teaming, however, has been, for the most part, very limited. Providing the same long-term teaming arrangement for caseworkers as has been done for other first responders has the benefit of addressing a number of issues, not the least of which is the caseworker arriving alone on the scene of a potential dangerous or emotionally explosive setting. Teaming may be particularly beneficial for child protection because child welfare caseworkers, unlike many other first responders, will be assigned to and will keep a case for a long period of time. Having that teaming arrangement over the life of the case will ensure a number of things:

- a. The ability to have different viewpoints at the time of important decision-making, such as removal, visitation, placement with a relative, placement in a foster or other intensive out of home placement, reunification, and even closure of the case.
- b. The opportunity to have someone available in a later crisis situation for the child and family and to have someone familiar and already in a trusted relationship with them when one of the caseworkers may be sick, on vacation, family medical leave, or otherwise unavailable.
- c. The ability to have a caseworker familiar with the family and the facts immediately take responsibility for the case when a caseworker leaves the agency because of resignation or retirement, presenting the opportunity for continuity of recommendations and movement toward permanency.
- d. The availability of another worker to assist and share case documentation. Every home visit, school visit, and phone call must be documented by the worker; additionally, safety assessments, risk assessments and service plans must be kept up to date. Caseworkers report spending 50-80% of their time completing paperwork, limiting their time to assist children and families.^{xv}

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

A new generation of caseworkers – the Millennials – respond well and in many respects expect that they will work as a team with others. They have been brought up expecting that they will work with others and be part of something unique and extraordinary as together they improve the quality of life for others.^{xvi} Teaming is the concept of almost every profession, and caseworkers deserve the opportunity to work as team members with others.

3. Overfill

In the past few years, agencies around the country have seen various degrees of increases or decreases in the number of calls referred to a hotline, the number of cases investigated or assessed, the number of cases substantiated, the number of children in foster care, and a number of other data points that show up on the management sheets and the Children Family Services Reviews (CFSR). These fluctuations vary from jurisdiction to jurisdiction, but regardless of how deep the fluctuation, any deviation creates management issues that have to be addressed. One of those is the issue of filling vacancies whenever they occur. Frequently it takes almost nine months or more for a newly hired caseworker to be assigned a caseload and become effective. The following graph shows the length of time, in many jurisdictions, that the hiring process takes.



Total: Approximately 1 year

The hiring process is an important part of the success of an agency. Hiring the right caseworker who understands what his or her responsibilities will be, is prepared in every respect to understand and address the trauma present in the lives of the children he or she serves, and is prepared to commit a significant part of an adult life to this profession takes time and requires insightful personnel decisions. It is not something that can be rushed. Every time a caseworker leaves, his or her caseload is assigned to a current caseworker and it will remain the responsibility of that caseworker until the position is filled and a new caseworker is up to speed. Hiring is a critical management undertaking.

Teaming certainly allows a caseworker who is familiar with the case to continue for a short time to manage that case, but it is not something that can occur for an extended period of time given the fact that additional new cases come in and, even if a case is closed for every case that comes in, there is a need to assign cases to others when a caseworker leaves. The solution for this is to have an “overfill.” This concept is not often warmly received by the executive or legislative branches of government, especially for budgeting purposes. Convincing those individuals to provide overfill is a daunting task, to say the least. However, it can be done when properly documented and presented in a way that demonstrates a good return on this investment.

Overfill allows caseworkers to have a similar continuity of care that other professionals have. Continuity of care has been shown to increase rates of permanency, while disruptions in continuity of care may prolong the agency's involvement with a case^{xvii}. The longer a case is open, the more expensive the case is likely to be, and the more likely it is that more intensive services will be needed to stabilize the child and family. In 2010, the average maintenance costs for a child in foster care for one year in the United States was \$19,107.^{xviii}

If a particular agency has 1,000 caseworkers and the historic turnover for caseworkers – by resignation, termination, promotion, etc. – is 20 percent a year (not an unusual statistic for many agencies), that means that 200 caseworkers every year will leave their positions. If each of those caseworkers has 15 cases, there are 3,000 cases turning over to a different caseworker every year. Even assuming that teaming resolves the issue of a trusting relationship with the child and family, there are other cases coming to the attention of the agency that require assignment to a caseworker. That means that those new cases are either delayed in being assigned a caseworker, or the caseloads of the caseworkers handling those 3,000 cases short term start to increase beyond the standard set by the agency. Keep in mind that these are real children and real families needing attention on a regular basis.

An agency must have processes in place to ensure that trained, capable, knowledgeable caseworkers are available to take an assignment or assignments of those new cases coming in – only then can they start building that trusting relationship. This works well and makes perfect investment sense when the situation is fully explained to those making these important philosophical and financial decisions, but they must be made in a way that truly explains the nature of the work of a caseworker and the importance of the continuity of that trusting relationship. The concept of overfill ensures that the trusting relationship can continue and further ensures that the agency does not become overwhelmed with new cases coming to its care and responsibility.

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

4. Pay

Perhaps the most difficult challenge for any agency to address is the pay of its professional staff. Government has a reputation of not paying as well as the private sector, profit or not-for-profit, but that has typically been accepted because of the health and retirement benefits, vacation, and other considerations of government employment. Two things are clear – people do not enter government jobs for the money, and individuals entering the field of social work typically expect that they will not receive compensation commensurate with those in other professions.

Caseworkers face enormous challenges and responsibilities, making multiple life-impacting decisions every hour of every day, often without the same benefits and tools that other first responders have. There is no reason why caseworkers should not receive the same pay considerations that other first responders traditionally have. Specifically, many first responders begin with a starting salary and then over a period of time receive incremental increases each year above that which is often received by other government employees. For example in the 2013-2014, Austin, Texas police officers started at an annual salary of \$56K per year, rising to \$63K in their second year, and nearly \$70K in their third year. Their salaries rise again every 3-4 years after that, until hitting a cap at year 16.^{xix}

Similarly, police in Louisville, Kentucky can rise up through 14 different steps, with raises at each step. Officers start at about \$35K, then increase to \$39K at step 2, and nearly \$46K at step 3, with smaller increases after that.^{xx} Cost of living adjustments may occur on top of these incremental increases. Caseworkers may receive annual salary cost of living raises, and can seek internal promotions, but do not generally have the same kind of opportunities for incremental increases.

Finally, agencies must encourage, recognize, and reward a career ladder for caseworkers. This includes providing a stipend or pay for training and certification, MSW, PhD, or other academic achievement and recognition for training or certification in substance abuse treatment, family dynamics, child development, or permanency.

There must be an evaluation and consideration for improving the pay of these professional caseworkers, who every day have the responsibility of the care, safety and well-being of our most vulnerable children. Only by increasing the pay to be consistent and commensurate with the pay received by other first responders will government and the agency be able to recognize and reward this most important of government responsibilities – caring for children in harm's way. Caseworkers should be compensated to a point where there is clear recognition for their responsibility and efforts. Pay caseworkers as professionals.

5. Technology

Caseworkers conduct many activities, in many different settings, that could be better supported by technology. They regularly communicate with children and families; make collateral contacts with teachers, medical professionals, therapists, relatives and others; read and

evaluate reports available electronically; and they must document these activities in case notes and draft reports with sufficient clarity and uniformity so that they have meaning and value to those who review them. These activities may be performed in family homes, schools, doctors' offices, police stations, court, the car, or virtually any other setting. In this age of technology, businesses use current and effective technology to perform their tasks:

- a. UPS has devices that can help locate a package anywhere in the world, at any time;
- b. the airlines can locate luggage at any time or place during travels;
- c. a taxicab may have a cell phone, computer, TV, GPS, rate meter, credit card reader to get a passenger to his or her destination;
- d. EMTs have a makeshift emergency room in the ambulance; and
- e. law enforcement officers have computers and radios in their vehicles that allow them to find any criminal record or history at any point in time.

Technology is an important part of everyday life for pre-teens who are adept at communication with cell phones, social media, and video games. Our caseworkers are entitled to that same degree of technology.

For whatever reason, there is a failure to keep up with technology in child protection agencies. Other agencies in federal, state and local government – Medicaid, law enforcement, TANF caseworkers, and child support caseworkers, use technology to assist them in performing their tasks. Smartphones, tablets, handhelds, portable electronic devices of any and every kind should be standard issue for caseworkers. They should not be shared, checked out, or just available – they should be assigned to all caseworkers.

Providing tablets, laptops, or smartphones alone is not sufficient. The mobile technology has to be part of and incorporated into how the caseworker performs his or her work. Mobility should enable the caseworker to be in the field with children and families more and at his or her desk less. The technology must be web enabled, and the caseworker must have access to data from other agencies and systems, using interfaces with firewalls, such as criminal records, probation records, education, mental health, health, paternity records, Family Parent Locator Services, court records, and other key information. In addition, arrangements must be made for the possibility of lost, damaged, or stolen devices so the caseworkers are comfortable taking devices into the homes and out in the community.

The programming and current technology available in other fields and occupations should be made readily available to agency caseworkers. The current requirements for an agency to use outdated platform and legacy systems, rather than to develop and innovate so that caseworkers have access to up-to-date and necessary information, can no longer be an option. Responsibilities of a caseworker demand that they have timely access not only to their own information – both inputting and reading – but to the information of other agencies whose responsibility parallels those of the child protection system so that they can share health, mental health, education, housing, and a host of other data and records.

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

6. Relief for Secondary Trauma

Demonstrating that caseworkers are first responders similar to law enforcement, fire fighters and EMTs places them in the same category with regard to the length of time that an individual may have the capacity – both physical and mental – to continue to serve in a front line position. For some first responders, this is as much or more a physical issue as it is a mental health issue. The requirements of a firefighter to maintain health and agility entering a burning building, climbing to the top of an apartment building during a fire, or even responding to a hazardous spill or automobile accident, all have physical requirements that can be affected by age.

As much or more is the issue of the mental strain of that specific occupation – law enforcement, firefighters and EMT. That is much more so with a caseworker who is confronted with trauma and heartache whenever a child is hurt, abused, or placed in harm's way – physically or mentally.

Research is only now beginning to show the complicated impact of secondary trauma, particularly for those who not only arrive on the scene where a child has been hurt or harmed but for those who have the responsibility, often for months or even for a few years, to care for that child, to witness the damage, and to continue to be affected by secondary trauma. A Canadian study found that child protective staff who reported higher levels of traumatic stress symptoms were less likely to identify risk factors in child welfare cases.^{xxi}

There are alternatives that recognize and address the secondary efforts of trauma on caseworkers. These might include a sabbatical for study and education, additional training, assignment to a non-field position for a period of time, or a mentoring position for assistance to new caseworkers. The goal is to understand that the trauma confronted by a caseworker, particularly when there is a tragic circumstance like a death or an individual horrific case, can have an impact that affects the case efforts of a caseworker to perform to his or her best ability.

7. Training

Caseworker training is one of the most important activities for an accredited agency. Caseworkers must receive initial training on policy and practice as well as other issues, such as family dynamics, children's growth and development, personal interaction, evidence-based practice, use of the agency computer software and hardware, etc. – the list is endless. While many will acknowledge that training is not the answer to everything, it certainly establishes a good foundation and justification for the work that is ultimately done by the caseworkers. As noted by the Administration for Children and Families (ACF), "When workers have the opportunity to build skills and improve their effectiveness, they are more likely to experience job satisfaction and stay committed to their work."^{xxii}

Regardless of the educational or experiential requirements for new caseworkers, nothing can prepare them for the policies, practices, supervision, and practical applications of all of those issues in the

home, the office, preparing reports, or in the courtroom. Given the fact that agencies have different educational degree requirements or specialties, training is an important part of learning about the agency and being prepared to receive that first case and work with the first family.

Agencies vary in the length of time of the initial training – most requiring that training before receiving a case assignment. Those initial training requirements vary in length and typically include initial classroom training for 4-6 weeks. Classroom training topics generally include such things as policies and procedures, legal training, cultural competency training, and child development training.^{xxiii} Following the classroom training, local office or field training is provided until the worker can gradually build up a caseload.

This process differs significantly from training for fire fighters and police officers. In Washington State, for example, police officers attend 26 weeks of basic training, followed by eight weeks of practical instruction. The training program includes physical training as well as classroom training and opportunities for training in simulated emergencies.^{xxiv} While caseworkers may not need this degree of physical and emergency training, they do enter the same houses as police and fire fighters, unarmed, and often with no "back-up." Caseworker training might be improved by offering caseworkers more training specifically geared toward helping them anticipate and react to potential danger.

Regardless of the type or length of training, there is always a need for continuing education and support, primarily for reinforcement but also for additional policies, programs, or practices. Training is an important element of any professional career, as change is inevitable in any profession or occupation. This is particularly true in the child welfare arena, where there are so many things occurring at the federal, state, and local levels, and through the implementation of programs and policies that are constantly being researched and developed. Adverse Childhood Experiences (ACE), Child and Adolescent Needs and Strengths (CANS), alternative or differential response, intensive family preservation (IFP), intensive family reunification (IFR), relative placement, and finding fathers are just a few of the many possible trainings. In addition, understanding and managing data has recently become much more important as agencies increasingly focus on improved outcomes and metrics and on return on investment (ROI).

Specifically, agencies should require that every case manager and supervisor has some hours of continuing education as a condition of employment, advancement, and even pay increases. Being called or viewed as a professional carries the responsibility to perform professionally and be educated professionally. No one would ask a physician or EMT to continue to use techniques and equipment he or she first learned and used 15 years ago. If caseworkers are to be treated and respected as professionals, they must also accept and be given the appropriate responsibility to constantly improve and be aware of the advances in their profession. The agency must provide opportunities, through accepted training programs, for caseworkers to receive those training hours.

CONCLUSIONS

State and local child protection agencies have been the recipient of an incredible amount of interest and criticism over that past decade. Many factors contribute to that interest and influence the criticism: drugs, alcohol, domestic violence, single parenting, educational issues, the recession, poverty, to name a few. The fact is when children are in harm's way, when families are in crisis and when there are no other safety nets to assist children and families, the state or county's child protection system has the charge and responsibility to ensure that children are safe and that families are preserved where possible. The foundation of the child protection system is the caseworkers who perform the tasks necessary to accomplish the mission of the agency – that children have safety, permanency and well-being. There are too many instances where there is not a sufficient commitment to recognize and support the requirements that caseworkers must meet to perform all of their job responsibilities to ensure the safety and well-being of children.

When a caseworker leaves the agency, for any reason, there are consequences to the child, the family, the agency and to the community. The transfer of a child and family case from one caseworker to another has often been recognized by the phrase "caseworker turnover" when the real issue is the knowledge lost about the child and family history. More importantly, the loss of a trusting relationship developed amidst highly emotional situations where allegations of abuse or neglect come to the attention of a child protection agency. An increased effort must be made to assure the continuity of contact between the agency and the child and family.

Caseworkers must be perceived as professionals who have credibility, support and respect rather than someone who works a case. This is the answer to the turnover and case transfer issue. Hiring more caseworkers for an agency without changing the way they are perceived, paid and recognized will not fix the fundamental issues that too many jurisdictions have had to address. Recognizing caseworkers as other "first responders" in their hiring, caseloads, compensation, teaming, training, and retirement benefits will have a very real impact on ensuring that children and their families receive the very best care and attention. Our vulnerable, at-risk children deserve this commitment.

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

ENDNOTES

- i. (2010). Caseload and Workload Management. Child Welfare Information Gateway. Retrieved from https://www.childwelfare.gov/pubs/case_work_management/case_work_management.pdf.
- ii. (2012). Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief. ACS-NYU Children's Trauma Institute. Retrieved from http://www.nyc.gov/html/acs/downloads/providers_newsletter/aug08/addressing%20STS%20among%20child%20welfare%20staff%20practice%20brief.pdf
- iii. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. (2013). Fatalities. In Child Maltreatment 2012 (Chapter 4). Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf#page=66>
- iv. Therolf, G. (2013, May 30). Signs of Boy's Abuse Missed by L.A. County Social Workers. LA Times. Retrieved from <http://articles.latimes.com/2013/may/30/local/la-me-0531-child-death-20130530>
- v. Miller, C.M. & Burch., A.D.S. (2014, March 16). Preserving Families but Losing Children. Miami Herald. Retrieved from <http://www.miamiherald.com/projects/2014/innocents-lost/stories/overview/>.
- vi. Associated Press. (2014, May 8). Fired Arizona Child Welfare Workers Defend Actions. Washington Post. Retrieved from http://www.washingtonpost.com/national/fired-arizona-child-welfare-workers-defend-actions/2014/05/07/801ecf94-d628-11e3-8f7d-7786660fff7c_story.html
- vii. General Accounting Office. (2003). Child Welfare: HHS Could Play a Greater Role In Helping Child Welfare Agencies Recruit and Retain Staff. GAO-03-357. Washington, DC: Author.
- viii. Payne, James (2014). Want to Improve Child Welfare Outcomes? Reduce Case Transfers. Retrieved from http://www.publicconsultinggroup.com/humanservices/library/white_papers/documents/Reduce_case_transfers_whitepaper2_fs.pdf
- ix. Flower, C., McDonald, J., & Sumski, M. (2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff. Retrieved from: <http://legis.wisconsin.gov/lc/committees/study/2008/SFAM08/files/turnoverstudy.pdf>
- x. Social Work Policy Institute. (2010). High Caseloads; How do they Impact Delivery of Health and Human Services? Social Work Policy Institute. Retrieved from <http://www.socialworkpolicy.org/wp-content/uploads/2010/02/r2p-cw-caseload-swpi-1-10.pdf>
- xi. Villacorte, C. (2014, May 8). Law Enforcement Officers Don't Roll Out to Every Scene of Alleged Child Abuse. Los Angeles Daily News. Retrieved from <http://www.whittierdailynews.com/social-affairs/20140508/law-enforcement-officers-dont-roll-out-to-every-scene-of-alleged-child-abuse>
- xii. Michael, J. (2007). Management Matters: a Team Approach. Children's Voice. Retrieved from <http://www.cwla.org/voice/0709management.htm>
- xiii. New York State Child Welfare Training Institute. (2010). Teaming in Child Welfare: A Guidebook. State of New York, Office of Children and Family Services. Retrieved from <http://www.ocfs.state.ny.us/main/cfsr/Teaming%20in%20Child%20Welfare%20A%20Guidebook%202011.pdf>
- xiv. National Child Welfare Workforce Institute. (2013, January 30). Caseworker Teaming to Reduce Caseload, Enhance Effectiveness, and Boost Morale. National Child Welfare Workforce Institute. Retrieved from http://www.albanycounty.com/Libraries/Children_Youth_Families/National_Child_Welfare_Workforce_Institute_Teaming_Webinar.sflb.ashx
- xv. General Accounting Office. (2003). Child Welfare: HHS Could Play a Greater Role In Helping Child Welfare Agencies Recruit and Retain Staff. GAO-03-357. Washington, DC: Author. Retrieved from <http://www.gao.gov/new.items/d03357.pdf>
- xvi. Rampell, C. (2011, May 28). A Generation of Slackers? Not so Much. New York Times. Retrieved from <http://www.nytimes.com/2011/05/29/weekinreview/29graduates.html>
- xvii. Flower, C., McDonald, J., & Sumski, M. (2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff. Retrieved from: <http://legis.wisconsin.gov/lc/committees/study/2008/SFAM08/files/turnoverstudy.pdf>
- xviii. Rosman, E., Callahan, N.M., & Johnson, C. (2011, May). Better Prospects, Lower Cost: The Case for Increasing Foster Care Adoption. Adoption Advocate No. 35. Retrieved from <https://www.adoptioncouncil.org/publications/adoption-advocate-no-35.html>
- xix. (2013). Agreement Between the City of Austin and the Austin Police Association, October 1, 2013 through September 30, 2017. Austin Police Association. Retrieved May 15, 2014 from <http://www.austinpolice.com/contract/2013/2013contrac-final.pdf>
- xx. (2013) Collective Bargaining Agreement By and Between Louisville/Jefferson County Metro Government and River City Fraternal Order of Police Lodge #614 Police Officers and Sergeants. Retrieved May 15, 2014 from <http://www.louisvilleky.gov/NR/rdonlyres/B4567A6C-E275-4A24-BD57-E97B875374A1/0/OfficersandSergeantsContractExpires063018.pdf>
- xxi. Regehr, C., LeBlanc, V., Shlonsky, A. & Bogo, M. (2010). The Influence of Clinicians' Previous Trauma Exposure on Their Assessment of Child Abuse Risk. The Journal of Nervous and Mental Disease, Vol. 198, No. 9; 614–618.
- xxii. Core Foundation Training for Caseworkers. Retrieved April 25, 2014, from <https://www.childwelfare.gov/management/training/curricula/caseworkers/core/>
- xxiii. (2012). Statewide Training Partnership List of Training Courses and Training Requirements. NC DSS Child Welfare Services. Retrieved May 8, 2014 from http://www.ncdhhs.gov/dss/training/docs/CWSTrainingOfferings_2012.pdf
- xxiv. (2008). Training Academy Overview. Washington State Patrol. Retrieved in May 2014 from <http://www.wsp.wa.gov/employment/academy.htm>



148 State Street, Tenth Floor
Boston, Massachusetts 02109
tel: (800) 210-6113
www.pcghumanservices.com

Acknowledgments to Jennifer MacBlane, Megan Cain, and Stacy Priest for helping to develop this paper.