

# OPEGA

## Information Brief

### Purpose

On June 28, 2018, the Government Oversight Committee (GOC) assigned the Office of Program Evaluation and Government Accountability (OPEGA) a special project aimed at understanding the perspectives of frontline workers in the Office of Child and Family Services (OCFS). The request followed OPEGA's release of a special project on how the Child Protective System functioned in the cases of two child deaths from abuse and GOC interest in understanding factors impacting the efficiency and effectiveness of OCFS workers.

OPEGA obtained workers' perspectives in two ways. An online survey was sent to all assessment, permanency and intake caseworkers and supervisors. OPEGA received a total of 191 responses from the survey. After reviewing the responses, OPEGA created follow-up interview questions and interviewed 44 child protective staff. Those interviewed represented each of the eight OCFS districts and involved caseworkers, supervisors, program administrators and assistant program administrators.

This information brief summarizes and reports the perspectives of the OCFS staff surveyed and interviewed.

OPEGA appreciates the considerable and timely cooperation we received from all parties, especially the frontline staff who took the time to respond to our surveys and meet with us in person.

## February 2019

SP-CPS-18

## Frontline Workers in the State Child Protective System: Perspectives on Factors That Impact Effectiveness and Efficiency of Child Protective Work



### Summary

The Office of Child and Family Services (OCFS) within the Maine Department of Health and Human Services (the Department) is responsible for child welfare activities that support child safety, well-being, and permanent homes for children. This brief presents the perspectives of assessment workers, permanency workers and intake workers on factors impacting their ability to do their jobs and keep children safe.

In September 2018, OPEGA surveyed all assessment, permanency, and intake caseworkers and all supervisors of the same roles employed by the Department as of July 2018. OPEGA followed up with in-depth interviews of 44 randomly-sampled staff, stratified by office, and all District Program Administrators (PAs), ending in December 2018.

The focus of this information brief is a summary of the perspectives from the staff we surveyed and interviewed. Given the narrow parameters of the project, OPEGA did not seek supporting evidence from other sources regarding those perspectives.

A number of themes emerged from the surveys and interviews. OPEGA heard that child protective work is difficult, with many facets and odd and unpredictable hours. Many respondents said they value the work, want to do a good job, and are very concerned about the children in their cases. However, the nature of the work contributes to poor work/life balance, a risk of secondary trauma, and, at times, concerns for worker safety while in the field. Workers catalogued the many demands on their time such as travel, documentation, scheduling visitations and other administrative tasks that do not involve directly working with the families on their caseload. Many felt that with the current workload, the job could not be accomplished in a 40-hour workweek.

On top of these concerns, workers expressed that there is an ongoing shortage of available placements for children who have been removed from their families, which often results in workers having to spend hours or days with children in hotels or hospital emergency rooms. This shortage, we were told, greatly impacts staff and children.

Apart from the ongoing challenges of the job and the OCFS system, workers told OPEGA that policy and work practice changes implemented by OCFS after the deaths of two children by abuse have had an impact on staff. Staff were concerned that many of these changes were made without their input, with little explanation, and without adequate guidance on how to implement the changes.

The volume of work increased dramatically in the spring of 2018 when a number of these changes were implemented. Other recent changes did not necessarily increase the number of cases but did increase the amount of work or time involved in each case. Workers also pointed to the role of increased drug abuse in the state and the general lack of services for families such as mental health treatment, drug treatment and other community resources as increasing and complicating child protective efforts. Workers felt that the increase in caseloads was a factor in staff turnover increases in some districts. While some amount of turnover is normal, workers told us recent turnover has resulted in many new caseworkers increasing the burden on the rest of the staff. Forty-four percent of caseworkers who responded to the survey have been in their position two years or less. Thirty-three percent of caseworkers reported that they are actively seeking a new job.

Staff said that, added together, these issues have affected workers and the child protective system. With the increased workload they are not able to devote the proper attention to each family on their caseload, and many worry that they may miss something that could lead to another tragedy.

### General Description of OCFS Child Protective Work

OCFS performs a variety of professional social work services through specialized caseworker roles. Intake workers, assessment workers, permanency workers, and adoption workers all work with families and the community to promote long-term safety, well-being, and permanent placement with families for children. In the brief that follows, OPEGA focuses on the perspectives of assessment workers, permanency workers, and intake workers, as these roles are most directly involved in making front-end decisions regarding child safety.

OCFS' child protective work has several parts: (1) the intake of reports of suspected child abuse and neglect; (2) the investigation (assessment) of reports that are deemed to be appropriate for a child protective response; and (3) the continuation of services to children and families who, as the result of an assessment, have been determined to need Department-coordinated services. The work is divided between OCFS Central Intake and OCFS District Offices.

OCFS Central Intake is located in Augusta and there are OCFS offices in eight county-based districts. Some districts have multiple offices. The district offices currently include assessment and permanency caseworkers and supervisors. Program administrators (PAs) and, in some districts, assistant program administrators (APAs) oversee the operations in the districts. Workers refer to the Director of OCFS and upper-level decision-makers as Central Office.

Generally, the child protective process in Maine begins when a person makes a call to the 24-hour Central Intake Unit in Augusta via a statewide toll-free number. Intake workers receive the reports of suspected child

#### OCFS Districts:

District 1: York County (Biddeford and Sanford)

District 2: Cumberland, Sagadahoc, and Lincoln Counties\* (Portland)

District 3: Androscoggin, Franklin, and Oxford Counties (Lewiston)

District 4: Knox and Waldo Counties (Rockland)

District 5: Kennebec and Somerset Counties (Augusta and Skowhegan)

District 6: Penobscot and Piscataquis (Bangor)

District 7: Hancock and Washington Counties (Ellsworth and Machias)

District 8: Aroostook (Caribou and Houlton)

\*The counties covered by District 2 changed over the summer of 2018. District 4 previously covered Lincoln and Sagadahoc counties.

Source: [www.maine.gov/dhhs/dhhs-districts.shtml](http://www.maine.gov/dhhs/dhhs-districts.shtml) and information provided by OCFS staff.

abuse and neglect and, along with their supervisors, determine whether reports are appropriate for child protective response; determine the needed response time, and assign the reports to the responsible district office.

Once a report is sent to an OCFS District Office, a caseworker conducts an assessment with a family to determine whether or not child abuse or neglect is present in a family, whether children are safe, and whether or not there is a need for OCFS to play a continuing role with the family beyond the assessment period. Assessments are conducted by OCFS assessment workers or by contracted Alternative Response Program (ARP) workers. The worker will make contact with a family to gather and analyze information within the framework of child abuse and neglect to assess signs of safety, risk, and danger for children in the family. Assessment workers begin making contact with a family, and conducting face-to-face meetings with each alleged child victim, within 24 or 72 hours, depending on the severity of the alleged abuse and other factors. Immediately following the first face-to-face contact with each alleged child victim, the assessment worker consults with her/his supervisor and makes an initial safety decision. If the assessment worker determines that children are safe, the worker will continue with assessment activities. The assessments are performed over a 30-day period.

If an assessment worker and supervisor determine that a family needs continuing services and the assessment phase is closed, the assessment worker will transfer the case to a permanency worker who continues the next stage of OCFS involvement. Permanency practice involves working with a family to establish safety, moving families towards reunification in cases where children have been removed from their homes, or working towards other forms of permanency for children.

Permanency workers are responsible for:

- facilitating family team meetings and developing individualized solutions for families;
- arranging services for children and parents working toward reunification, including setting up visitations;
- working with foster families, if applicable; and
- assuring ongoing safety for children through frequent contact with children and their caregivers.

As necessary, permanency workers may take court action and/or work towards permanency outside of the child's birth family through adoption or other placement. At all times, permanency workers are responsible for meeting federal and state mandates and timeframes and keeping written case records.

Permanency work moves past assessment of safety and danger, though this is an ongoing process for all social workers, to the work of making plans and arranging services to best meet the safety, well-being, and permanency needs of children.

## **Methodology**

OPEGA undertook a mixed qualitative and quantitative methods approach to gaining OCFS frontline staff perspectives on factors impacting their ability to do their jobs efficiently and effectively. A survey of the entire population of OCFS assessment, permanency, and intake caseworkers and supervisors allowed OPEGA to understand the prevalence of various concerns or factors impacting frontline staff and a random, stratified interview sample of the same populations, along with discussions with all PAs allowed OPEGA to contextualize and enrich their understanding of the information gained in the surveys.

## Surveys

In the fall of 2018, OPEGA distributed a survey to all 252 assessment, permanency, and intake caseworkers and all 53 supervisors of assessment, permanency, and intake staff.<sup>1</sup> All surveys were closed as of October 2, 2018. The final response rate for caseworkers was 57.8% (152/263). The final response rate for supervisors was 70.9% (39/55). All respondents were employed by the Department as of July 2018.

OPEGA distributed two separate survey tools for caseworkers and supervisors that each had questions specifically aimed at assessment, permanency, or intake roles. The tools were designed to provide a comprehensive picture of staff perspectives on the child protective system regarding staff retention, job effectiveness/efficiency, and decision-making. OPEGA developed survey questions based on knowledge gained through previous projects, testimony provided by workers at the public comment period of Maine’s Child Protection System: A Study of How the System Functioned in Two Cases of Child Death by Abuse in the Home report, and based on generally-accepted measures of workplace satisfaction and retention. See Appendix A for the complete survey tools and summarized response information. See Appendix A for survey respondent attributes.

## Interviews

Beginning in October 2018, OPEGA travelled to all eight OCFS Districts to interview randomly-selected caseworkers and supervisors. OPEGA selected a sample of interviewees representing 10% of caseworkers and 20% of supervisors, stratified by office. From the sample, OPEGA was able to talk to 44 workers in all: 10 assessment caseworkers, 10 permanency caseworkers, two intake caseworkers, six assessment supervisors, five permanency supervisors, one intake supervisor and 10 PAs or APAs. OPEGA developed interview questions to complement and further explore responses to the survey. See Appendix B for a description of the interview respondents and the interview questionnaires.

## **Nature of the Job**

Throughout the interviews and surveys, OPEGA heard repeatedly about the inherently difficult nature of child protective work. Workers said that it is a hard job, that it takes special people to do the work, and that it is often thankless work. Despite this, many workers expressed that they value their work, that they care deeply about child safety, and that they are trying to do their best.

## Off-hours Demands

Ensuring child safety regularly requires work beyond the hours of a regular workday. We heard many times that child safety is not a “9-to-5” job. This after-hours work results from the execution of workers’ regular duties, response to after-hours emergencies, and dealing with the staffing of situations that arise due to a lack of placements and children needing crisis-care in hospital settings.

Workers described how after-hours coverage, or Children’s Emergency Services (CES), was managed in their office and some had an awareness that it is managed differently in other district offices. Many described being scheduled for mandatory CES, while some said that there were enough workers

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<sup>1</sup> In September 2018, OPEGA sent a survey to all 252 assessment, permanency, and intake caseworkers and all 53 assessment, permanency, and intake supervisors employed by the Department as of July 2018. OPEGA received an email from a caseworker claiming to have been overlooked in the initial list provided by the Department. Based upon this information, OPEGA sent out an email to an additional 62 caseworkers and supervisors who had been classified in roles other than assessment, permanency or intake (such as adoption). An additional two supervisors and 11 caseworkers responded that they had been misclassified. OPEGA sent an additional round of surveys to the 13 workers.

volunteering for after-hours coverage in their offices that they did not need to cover CES. Some also described that while there used to be sufficient volunteers, the recent spikes in work had created a situation where less staff wanted to volunteer and forced after-hours work increased. Some workers told us that they liked being able to work overtime for the extra income or the ability to get their work done. At the same time, we heard that others did not want to be made to work overtime but did not see how they could otherwise do their jobs.

In addition to their CES coverage, workers talked about being mandated to sit with children after hours and sometimes overnight in hotels or hospital emergency rooms. OPEGA heard reports of workers having to supervise a child in the emergency room or hotel overnight, and then having to come into work the next day at their regular starting time. Some supervisors and PAs identified these situations as contributing to the loss of good staff from their districts. Many interviewees also stated that they had been waiting for Central Office to come up with a solution to this issue for some time.

Beyond the after-hours work that staff are being mandated to take on, workers described that they generally had more work to do than a 40-hour workweek allows. While overtime was more readily available when we spoke to workers than it had been previously, many described situations where they felt compelled to work beyond their 40 hours without pay. Twenty-three (of 34) caseworkers and supervisors interviewed indicated that either they worked without pay or were aware of other staff who worked hours without pay. Even though workers understand that they are not supposed to work off the clock, many report that they do because they fear something falling through the cracks and because they care about their responsibilities to the families on their caseload.

### Work/Life Balance

On the survey, most workers (84% of assessment and 82% of permanency workers) expressed that they felt unable to take time off within the last year because of their workload. We heard from workers that if they did take time off, their work did not go away and the amount of stress they felt upon returning from a vacation rarely made it worth it to take the time off.

Workers also felt that the nature of the job, and the need to work after hours regularly, impacted their own family lives and ability to take time off. Some workers talked about feeling like their own parenting suffered as they tried to ensure the safety of others' children.

We heard from many workers regarding the practice of hoteling children or of having to wait with children in the ER for crisis evaluations or residential placements. They cited these functions as taking a toll on their personal lives on top of the already high demands of the job. We heard about workers' challenges to secure child care for their own children so that they could meet these overnight obligations, often without prior notice. This was reported as a significant burden for those workers and their families.

### Secondary Trauma and Health Effects

Beyond the hours and challenges of accomplishing the work in the time given, the nature of the job wears on staff. Respondents spoke about the secondary trauma they experience, including hearing and seeing evidence of the abuse and neglect of children. They see the impacts to the children and families as a result of this abuse and neglect and the subsequent impacts on children and families when necessary actions are taken to ensure the safety of the children—such as removing the child from the home.

In the interviews, OPEGA heard how the volume of work, the nature of the work, and the inability to take time away combine to create a situation where workers feel overwhelmed. Workers spoke of worrying or even having “terror” about “missing things” in their work resulting in impacts to child safety.

We heard from workers that while they are generally aware that there are resources available, such as a service to connect them with counseling, many do not use these resources either because of a lack of time or because they think that this is just part of the job. We heard from some workers and supervisors that requiring debriefing or counseling may be helpful.

### Worker Safety

Workers also expressed that there are times when they do not feel safe, but see this as an inherent part of the job. We heard that when it is your job to talk to people about whether they are abusing or otherwise jeopardizing the safety of their children, you are seen as a threat to their family and people may lash out at you. Response to OCFS intervention is often unknown and unpredictable, especially in assessment work. Workers said they could bring law enforcement with them if the police had time and the worker felt the need, but they often will not bring police because they find this escalates tensions and makes families less willing to work with them. Workers might bring along another worker if there is one available, but often other workers are also busy. Staff told us that more training on de-escalation techniques, perhaps self-defense, and the ability to bring another worker were all things that could help workers feel more safe. We also heard from workers that access to out-of-state criminal records in advance could help them in situations where they may be interacting with individuals from out of state, especially if those individuals are involved in drug trafficking which we heard is an increasing safety concern.

### Additional Work Components

Beyond the difficulty of interacting with people about tough topics, workers described many elements of the job that can add to the challenge. Workers said that the following add to their burdens:

- *Documentation.* While workers understand that documentation is important in their work--approximately 96% of assessment caseworkers, 94% of permanency caseworkers, and all intake workers who answered the OPEGA survey answered that they agreed or strongly agreed that documentation is important in their work--the majority of workers did not have time to complete their documentation (about 68% of assessment workers, 80% of permanency workers, and 45% of intake workers answered that they never or rarely had time to complete their documentation work).
- *MACWIS.* About 53% of all caseworkers and 69% of all supervisors answered that they disagreed or strongly disagreed that they were satisfied with MACWIS, the data management system used by OCFS, as a tool for doing their work. Many caseworkers and supervisors described MACWIS as cumbersome and outdated. In our interviews, intake workers seemed to particularly struggle with the difficulty of using MACWIS to do their work efficiently as much of their work involves locating and documenting information in MACWIS. These complaints are not new, but are cited by workers as a source of frustration nonetheless, contributing to inefficiencies in the conduct of their work. Many workers expressed that while MACWIS was a problem, there were more significant concerns with child protective work.
- *Court preparation.* OPEGA heard that the preparation for court is time-consuming. Workers report doing much of this preparation outside of work without pay as their regular case activities and responsibilities do not leave any extra time in their workdays. Workers are also required to be present for court, which sometimes means hours of sitting and waiting, according to interviewees. Some spoke of how helpful it is to have a legal resource on-site when they have to appear before the judge on a child protective matter.
- *Travel.* Workers interviewed by OPEGA stated that traveling is inherent to the job, but express concerns about the amount of time it takes away from other components of their work. Some caseworkers report that state-owned vehicles are not always available and sometimes not appropriate for driving in inclement weather. As a result, workers report that they often have to use their own

vehicles and expressed concern about liability, especially if having to transport children. OPEGA also heard dissatisfaction with the mileage reimbursement rate provided for required travel.

- *Administrative tasks.* OPEGA heard about other non-social work functions that are part of a worker’s day-to-day tasks, such as administering the billing for drug tests, foster family reimbursements/payments, and drug replacement therapy, among others. Workers told OPEGA that they wish that they could spend their valuable work hours concentrating on working with families rather than doing these types of tasks. Fifty-one percent of caseworkers and nearly 86% of supervisors reported on the survey that they strongly disagreed or disagreed with the statement “I have adequate administrative staff support to do my job.” OCFS intake workers reported that they also conduct the background checks required for school and daycare personnel in addition to responding to calls to the Child Protective hotline.

### Training and Preparedness

OPEGA heard repeatedly in interviews that the training that occurs before caseworkers begin work, sometimes referred to as “preservice,” is not preparing workers for the job well. Workers and supervisors felt this was especially true for permanency workers as they suggested that preservice was geared more towards doing assessment work.

Workers made some suggestions on both the methods and topics of trainings they would find useful, including:

- Having training units/personnel located in the districts;
- up-to-date trainings relevant to current concerns in the field;
- training on de-escalation techniques, personal safety, legal aspects of the job, drug identification, domestic violence, and investigative techniques; and
- availability of the time needed to attend trainings.

OCFS staff said that child protective work takes years to learn and is best learned by doing the work. Yet, on the survey almost 55% of assessment workers, 41% of permanency workers, and 81% of intake workers agreed or strongly agreed that they had the training they need to do their jobs (see Appendix A). Additionally, almost 79% of assessment workers, 60% of permanency workers, and 91% of intake workers agreed or strongly agreed that they knew what was expected of them in their jobs.

Supervisors were asked if their unit (the workers they supervise) had the training they need to do their jobs; 36% disagreed whereas 33% agreed or strongly agreed, and 31% chose the response “neither.” Regarding their own training, 54% of supervisors agreed or strongly agreed that they had the training they needed to do their job; about 13% disagreed, while 33% chose the neither response. In the interviews, some supervisors told us that while they felt confident in their ability to make child protective safety decisions, they had not received much guidance on how to be a supervisor of other workers.

According to workers, the factors they described make for a job that is not for everyone. There is a certain degree of turnover that they view as natural when people realize that they either are not a good fit for the work or the work does not fit well with the demands of their personal lives. However, we also heard from workers and supervisors that recent events have created a situation where even those who see the work as a good fit and feel a commitment to it, feel increasingly like they cannot stay in the job.

## State of Workload for Intake and the Districts

Nearly all OCFS workers interviewed by OPEGA detailed a substantial increase in workload during the spring and summer of 2018. For many caseworkers, the increases compounded caseloads that were already challenging to manage. In some districts, workers reported that the increase in reports was dramatic and sudden. It appears to OPEGA, based on a number of responses, that the increase in reports is stabilizing. However, this does not appear to be the case across all districts. Workers cited reasons both external to the Department, such as the publicity following the child deaths, and internal, such as changes in how reports are assigned, for the increase in workload.

OPEGA will further explore the concerns expressed regarding the impact on the quality of work later in the report (see pages 12-16). Here we will report the external and internal factors cited by workers as affecting the increase in the OCFS workload.

### External Factors Related to Increased Workload

According to workers interviewed by OPEGA, publicity following the two deaths of children by abuse heightened public awareness of child protection matters in late 2017 and early 2018. Workers believed this heightened awareness and in turn resulted in an increase in the number of reports from school personnel, police departments, and community members.

External factors such as the opioid crisis also impacted both the number of reports and severity of reports. Some workers reported that this recent increase in the severity of reports has required more ongoing departmental involvement.

OPEGA also heard from interviewees that there is a general lack of community services and resources for children and families, such as drug treatment, mental health treatment, housing resources, domestic violence services, and parenting classes/support. Workers indicated that this lack of resources impacts child welfare in Maine as families are not getting preventative services that might have helped them from needing OCFS intervention in the first place.

### Internal Factors Related to Increased Workload

Workers identified changes in work practices and new departmental initiatives as other factors that resulted in a sudden increase in workload during the spring of 2018. The first set of changes related to how reports were categorized as appropriate and assigned to the districts:

- *Reports previously assigned to ARP.* The Alternative Response Program (ARP) consists of contracted agencies that provide preventative and sometimes assessment services to low and moderate risk families on behalf of the Department. Reports that had been assigned to ARP prior to spring 2018 were now required to be referred back to the appropriate OCFS district and assessed anew by OCFS when ARP could not locate assigned reports or could not otherwise provide the alternative preventative services to families. Some workers reported that ARP was no longer offered at all in some districts, requiring OCFS workers to assess low or moderate reports which might otherwise have been sent to ARP.
- *Automatic assessments after three inappropriate reports.* A Department directive was implemented after the child deaths requiring an automatic assessment whenever a child has been the subject of three or more “inappropriate” reports (a report classified at Intake as not rising to the level of requiring OCFS intervention/assessment). Feelings about this as a policy were mixed among those OPEGA interviewed, but it was consistently identified as a significant driver of increased workload.



- *Add-on reports.* Workers reported to us a change that meant new reports coming in to OCFS on an existing/open case were required to be treated as a new assessment, necessitating interviewing the same people again and repeating other assessment efforts. Those we interviewed noted that because these were not considered new cases, caseload numbers did not reflect the extra work required by this new report assessment policy.
- *Structured Decision-Making Tool (SDM).* Another factor cited by workers as increasing, or at least changing, their workloads was the SDM tool. The intake SDM has been in use since May 2017 to determine when a report is appropriate for assessment/intervention. SDM was reported to have classified reports as appropriate that prior to the implementation of SDM would not have risen to that level. Workers stated that this requires them to look into low severity cases— adding to their overall workload. It should be noted however that some workers also felt that SDM did not identify certain reports as appropriate which they believe should have triggered department intervention, such as some reports involving parental drug use or domestic violence situations. The SDM tool may classify these types of reports as inappropriate unless there is a noted impact to the involved child. Those making the reports do not always describe to intake workers the impacts to children, even if those impacts might be present. Intake workers talked about an increase in their work because of the need to involve supervisors when they had questions about how to use or interpret the tool.

The increase in assessments resulting from the implementation of SDM and the changes to ARP were reported to have impacted some districts so significantly that workers from other districts were taking on the overflow, adding to their travel and workload. Workers stated that permanency and adoption staff were also required to cover the influx in assessments in addition to their other work.

Workers reported an impact on workload in some districts because of high worker turnover and a large number of vacancies during the same spring/summer period of 2018. When workers leave, their work must be redistributed among those who remain. We heard that new workers are not ready to take on cases and assessments until after their training period. During this period, we heard that in some districts turnover led to more turnover as already unmanageable work was spread amongst fewer than normal workers.

### Change in Practice

Other changes reported by workers related to how caseworkers were expected to do their work. The impact of these changes was not necessarily an increase in the number of their assessments, but on the amount of work involved and the way the work needed to be done.

- *Change in Out-of-Home Safety Planning.* Interviewees reported that in situations where it is determined that a child is not safe staying with either parent, the use of out-of-home safety plans were no longer permitted. Out-of-home safety plans previously allowed for a temporary placement of the child with another family member as an immediate way to address the safety issue pending formal action, such as a court order and alternative placement for the child. Regardless of the viewpoint of whether out-of-home safety planning is beneficial or not, there was agreement among workers that the discontinuation of this practice resulted in a significant increase in the filing of Preliminary Protection Orders (PPOs), emergency court petitions seeking custody of a child. Assessment workers reported that the work required to file for a PPO with the Court presented substantial increases on their work burdens.
- *Team Decision-Making (TDM).* Decisions related to child safety are now subject to a process called Team Decision Making. TDM requires that decisions, such as filing for custody, starting a trial home placement (reunification), kinship assessments, doing a Termination of Parental Rights, and closing a case, be made between the caseworker, two supervisors and either a PA or APA for that district.

Some districts talked about using a similar process previously for the “tough” decisions, but TDM, as implemented, appears to be an expansion and formalization of this practice. OPEGA heard from interviewees that the process has important benefits, both in terms of child safety work and support for workers. However, some workers reported that the time needed to gather the needed personnel for decision-making could be burdensome and impair efficiency, particularly in an environment where they already believe there is not enough time to do their work. Team Decision Making also reportedly affects supervisors’ time and confidence. For some decisions which seem straightforward to caseworkers and supervisors, TDM still requires supervisors and caseworkers to discuss the question in a meeting with a PA or APA, another supervisor and the caseworker.

- *Change in the Family Plan/Child Plans.* According to the Department, the Family Plan is a legally required document that outlines the intervention plan for a family involved in child welfare services. The Child Plan is used to address the safety, permanency and well-being needs of children in the state’s custody. Both plans underwent changes in April of 2018. Workers described that the Family Plan is now lengthier, requiring hours to complete, and that it is difficult for their clients to understand. We also heard from workers that they do not feel competent using these tools, making their work less efficient. Workers told us that the frequency with which they needed to complete these plans had recently increased, adding to their work burden.
- *Supervisory Toolkit.* Interviewees discussed the recently implemented Supervisory Toolkit, a new process for all CPS supervisors to follow when providing supervision with CPS caseworkers. The toolkit is a checklist with checkboxes for activities which must be conducted on each case, specific to the stage of the case, for each month. Supervisors interviewed said the tool takes a long time to get through on each case. Caseworkers interviewed said they felt this made scheduled supervision feel like “checking the boxes” rather than a discussion of cases.
- *Supervisors in the Field.* As OPEGA was in the process of conducting this project, a new policy was implemented that requires supervisors to go into the field with each caseworker twice per month. While agreeing that it was important for supervisors to be in the field, interviewees felt that with the number of caseworkers under each supervisor, fulfilling this directive would make it difficult to complete other supervisory activities and lessen supervisor availability to other staff.

Workers cited the multiple practice changes as a compounding factor increasing their workload. Workers reported that they struggled to comply with new work practice requirements on top of their ordinary responsibilities. Additionally, they were not always clear on why the new requirements were implemented and what they were intended to achieve.

### Implementation of Changes

Workers expressed frustration with the number and frequency of changes in policies and practices recently imposed by the Central Office. OPEGA heard that workers would not have had much time to implement one practice before a change to that practice was ordered. The purpose of the changes was not explained by the Central Office, according to some workers, but they reported that the changes appeared to be reactions to events that drew attention to the child protective service system. Many interviewees expressed that they felt Central Office did not understand the impact on workers in the field from the frequent, top-down changes.

Supervisors responsible for implementing and overseeing the changes in work practices from the Central Office reported that they were not notified in advance, or were given little warning, that a directive was in the works. They told OPEGA that they were responsible for managing the change for their staff at the same time they were learning it themselves – or even struggling to understand the new practice. Supervisors indicated that communication about why the changes were happening did not always occur, which made it

difficult for them to get staff buy-in for the changes. Both supervisors and caseworkers reported that the Central Office neither solicited nor appeared to hear their input regarding how best to address the issues the changes were intended to target or how the change directives would impact their work.

Some interviewees indicated that there was a perception that the Central Office did not know what they were doing, or understand the work of OCFS. They stated that there was a lack of training or clear guidance regarding the changes and inconsistent messaging about the reason for a change (if one was given) or even how a change was to be put into practice. These factors were cited as contributing to the perception that Central Office is out of touch with workers. Another impact of the frequent changes from the Central Office workers reported to OPEGA was that staff never had the time to feel proficient in any one practice before the roll-out of a new one. Staff said this affected their confidence in their ability to do their job.

Fifty-eight percent of all caseworkers reported they disagreed or strongly disagreed that “policy changes made within the past six months have improved my ability to do effective work.” Thirty-two percent of caseworkers neither agreed nor disagreed, while 9% agreed, and 1% strongly agreed. Sixty-nine percent of supervisors disagreed or strongly disagreed that recent policy changes had improved their unit’s ability to do effective work, with 15% neither agreeing nor disagreeing, and 10% agreeing.

## **Systemic Barriers**

All told, workers have a challenging job in a system that has recently undergone a lot of changes, increasing the work and significantly changing the way the work is done. On top of this, child protective work is impacted by and dependent upon other systems (including foster care, behavioral health services, private social and counseling services, and the courts) which present their own challenges.

### Lack of Placements

With the shift away from safety planning and the increase in PPOs, case workers discussed the added stress on the system designed to provide placements for children brought into care. Workers described a system that, even prior to practice changes, struggled to retain foster families and find placements for children, particularly those with high needs. However, they also described how the changes in practice led to increases in taking children into care in this already strained system.

Workers talked about several factors that they believe contribute to the shortage of foster families willing and able to take in children. Several workers cited examples of foster families who were denied licensing for what they considered minor regulatory deficiencies, such as window measurements in the homes of potential families, including relatives of the children, being too small for egress. They reported a shortage of families willing to take siblings or children with behavioral issues or high needs. Workers told us that an improved support system and stronger recruitment efforts for foster families might help mitigate the shortage. OPEGA heard that bridge placements (short-term placement options for high need youth entering care) were also lacking – increasing that pressure.

OPEGA heard discussion of how this lack of placements, coupled with the increase of children being brought into care, was impacting workers and children. See pages 14-15 for more details on this impact.

### Lack of Services

In assessing child safety and working with families, caseworkers may identify types of services that could potentially help address the issues facing families. However, many staff OPEGA interviewed reported a lack of available services for families—particularly in rural areas. Without available services related to mental health, substance abuse, domestic violence, housing, homelessness, and parenting resources, it can be

difficult for families to take the appropriate steps to address the issues identified during the Department’s involvement with the family. Leaving these issues unaddressed can result in continued or worsening child safety concerns. Additionally, several interviewees described this lack of services as contributing to why the Department is involved with some families in the first place.

### The Courts

OPEGA asked PAs, APAs, and assessment and permanency supervisors for their thoughts on whether the recent statutory change<sup>2</sup> altering the emphasis on rehabilitation and reunification of the family, would change practice. A number of interviewees stated that child safety, balanced with parental rights, has always been their top priority and that would not change. Due to this, they felt that the statutory change is unlikely to alter Departmental practice, especially for assessment staff, as they are determining upfront whether a child is safe in the home or should be removed. Some staff did think that it may change how the courts view and interpret these cases. Additionally, interviewees felt that they had received little to no guidance from Central Office regarding what this change means for practice, and they also expressed concern over how the terms “reasonable efforts” and “best interests of the child” are to be interpreted.

Interviewees described how once a child is taken into the Department’s custody, the court system plays a large role in the progress and resolution of the case. The court ultimately decides a child’s custody and permanency plan. Interviewees said that there is a lot of variation in the courts, and that there is a learning curve regarding child welfare for new judges. Other interviewees discussed the difficulty in getting court time because the court system is often backed up. These factors often result in non-timely resolution of cases and time frames for permanency rarely being met.

### **Impacts on the Quality of Work**

Throughout this Information Brief, we have detailed caseworker, supervisor, and PA/APA descriptions of the conditions in which they conduct the work of OCFS. In both surveys and interviews, staff further described these conditions—increasingly heavy workloads, a lack of places for children in custody, and policy and practice changes—as having a direct and adverse impact on the quality of work performed and, at times, the well-being of the children in the system.

#### Impact of High Workloads

As described earlier, interviewees frequently described a period of increased reports, assessments, and caseloads compounded by frequent turnover, vacancies, and inexperienced staff that resulted in higher workloads (assessments and cases) for current staff. As these workloads increased, the time workers could dedicate to any one case decreased, which in turn, hindered the workers’ ability to do what they generally described as “social work”—taking the time to understand the issues facing families (including child safety) and helping address them.

Survey respondents expressed similar concerns regarding the reasonableness of their workloads:

- 54% of assessment and permanency caseworkers feel that their workload never or rarely allows reasonable time to work with families to understand their needs.
- 41% of permanency caseworkers feel that their workload never or rarely allows them to spend adequate time with children on their caseload to assess their circumstances and needs.

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<sup>2</sup> 2018 Public Law, Chapter 470 made the following change to 22 MRSA §4003, sub-§3: **3. Rehabilitation and reunification.** ~~Give family rehabilitation and reunification priority~~ Require that reasonable efforts be made to rehabilitate and reunify families as a means for protecting the welfare of children, but prevent needless delay for permanent plans for children when rehabilitation and reunification is not possible;

- 54% of all caseworkers feel that their workload never or rarely is reasonable for meeting established timeframes.

### Ability to Do the Work

On the survey, caseworkers and supervisors answered the open-ended question “One thing I would change about my job that would improve my ability to do my work is:\_\_\_\_\_.” Many of the respondents provided more than one suggested change. Of the 147 caseworkers who provided an answer to the question, 97 gave an answer relating to having too much work to do, at times making it impossible to meet timeframes or accomplish their case-related work.

Twenty-nine workers gave an answer related to the impediment to their work posed by documentation demands and documentation-related equipment and technology short-falls. Most of these answers related to the time burden that documentation creates for workers, taking them away from functions they could be performing.

Sixteen workers wanted to be able to spend more of their time working directly with families, something they thought their current work demands were impeding. Fifteen workers felt that having more administrative staff would allow them to focus on the core work of their job. Fourteen workers felt that a lack of staff and issues with staff retention were resulting in a heavier workload for existing staff. Fourteen responses discussed the negative impacts on their work created by the recent practice and policy changes implemented by Central Office. Thirteen responses discussed the impact to their work because of a lack of access to supervisors or, according to a few workers, to quality supervision. Ten workers felt that things would improve if those making decisions supported and listened to workers.

With regard to factors workers felt were getting in the way of doing the job efficiently or effectively, other recurring response categories included:

- nine responses cited more resources for workers, including updated technology and State cars; and
- eight responses cited coming up with different solutions to handle forced overtime and emergency coverage.

See Appendix A for more detail.

For the 35 supervisors who answered the same question, 11 responses from supervisors described the way changes made by Central Office impacted their ability to do their work and 10 supervisors talked about issues with a specific policy (including SDM, TDM, and safety-planning) impacting their work. Nine responses discussed the need for more administrative staff. Supervisors also thought having more time to develop and train their staff would improve their ability to do their job (nine responses). Seven responses related to the impact of having too much work to do and too high of caseloads/assessment loads for the workers to accomplish the work in a timely and effective way. Six supervisors also felt that having more supervisors was necessary to create a lower ratio of caseworkers to supervisors and would improve supervisors ability to do their job. Another six responses felt that more caseworkers, and better retention of caseworkers, was necessary to help them to do their job. See Appendix A for more detail.

### Places for Children in Care

Interviewees consistently described the detrimental effects the lack of placements can have on the children being brought into custody and further explained how the lack of placements adversely impacts outcomes—particularly the emotional well-being of those children.

When children are first taken into custody, a placement is not likely to be readily available. Caseworkers reported scrambling to find placements while the children waited in the OCFS offices. Caseworkers

described that this could take several hours, at times lasting all day or into the night. The result was children waiting in an office building with few distractions while dealing with the trauma of having been removed from their family. Although not a frequently raised concern, two interviewees wondered whether this difficulty in finding placements and the related trauma to the children was impacting caseworker decision-making surrounding whether to take children into custody or not.

Interviewees also described particular difficulties in finding placements for sibling groups, and as a result, caseworkers reported having to split up siblings among multiple placements, which can also be traumatic for children. Workers stated that the lack of placement options also resulted in situations where children were placed far from home or children bounced around among various foster families.

Interviewees described the placement of high needs children as particularly difficult as existing foster families may refuse children with some needs or specific behaviors. For very high needs children and children exhibiting certain behaviors (such as violence, fire-setting, or sexualized behaviors) a residential group home may be the most appropriate placement, but interviewees described a lack of this type of facility in Maine. These children will often be placed in facilities far from their home—sometimes even out-of-state.

Caseworkers may also have no option but to place children with foster families far from their communities, schools, and supports. This poses challenges for both the children and foster families, including travel burdens for school and supervised visitations, continuity with service providers, and keeping children connected to their siblings. Interviewees also noted that it can impact their ability to connect children with needed services as they may not be familiar with the providers outside of the district in which they normally work.

With such a limited number of available placements, caseworkers are also limited in their options to find the best potential fits for children with foster families, and can be forced to settle for placements that may not be ideal. Workers expressed concern for foster families who are willing to care for high-need children if those children do not have adequate access to necessary services. They report that they have seen foster families get “burnt out” and that these high-need children will ultimately bounce from foster home to foster home compounding their instability. A few interviewees told OPEGA about teenagers with high needs who have been removed from parental custody and end up experiencing homelessness due to lack of services and placements.

On the survey, of those workers who had sought a placement for a child, 35% reported that they were “never” or “rarely” able to find a permanent foster family for a child within a reasonable amount of time; 18% said this was “usually” or “always” possible, while 47% said this was “sometimes” the case.

When an existing placement is no longer an option or an initial placement cannot be found, interviewees described children staying at local hotels with caseworkers. Interviewees described the practice of hoteling as difficult on children as hotel rooms are not set up to entertain children. This is a stark departure from a child’s typical daily routines, and children are staying in an unfamiliar setting with caseworkers they often do not know. Workers stated that they are troubled by the situation knowing that it is a bad solution for children already dealing with the trauma of being placed into care and whatever abuse or neglect they were experiencing at home. Hoteling requires round-the-clock supervision of the child by two caseworkers at a time on rotating shifts. Hoteling was described as the final option until a placement can be found, but in some cases that can be a long time. Some interviewees described hearing of a recent case in which a preschool-age child spent more than a month in a hotel until a placement could be found. Workers told OPEGA that children in care often spend time in OCFS offices during the day because there is nowhere else for them to go.

Limited availability of critical services for high-need children contributes to the lack of placements according to workers OPEGA interviewed. They reported to us that children exhibiting severe behavioral issues, or

going into “crisis,” may be taken to an emergency room for an evaluation and possible admission to a crisis stabilization unit. They told us that the shortage of residential mental health slots/beds meant that children in care spent extended periods of time in the hospital, for lack of any appropriate alternatives. These children are not receiving mental health treatment, but simply being housed in a relatively safe environment according to workers. OPEGA heard that when residential beds would become available, sometimes they are located out of state – distancing the child from family and from caseworkers who now have added responsibility of traveling those miles to manage that case.

### Policy and Practice Changes

Workers reported that the policy change ending out-of-home safety planning impacted their work. Some interview responses indicated that this change removed the benefit of “buying time” during assessment and allowing for a thorough consideration of the options for action. Others reported that out-of-home safety planning had simply delayed the inevitable – the filing of a court action—and kept resource families from being vetted and paid and the client families from receiving services. OPEGA heard that the increase in PPOs resulting from the discontinuation of out-of-home safety planning contributed to the significant problem and burden posed by the lack of placements for children who are removed from parental custody.

With regard to TDM, OPEGA heard from some that sharing the burden of making decisions helped diffuse the stress related to taking such consequential actions in the name of child safety and that the support was welcomed. Conversely, some comments from interviewees indicated that TDM can impact the confidence of caseworkers, particularly in situations where there are differing views on what action to take or when the action required is abundantly clear. Some interviewees noted that TDM also impacts the confidence of supervisors, who previously were making some of these decisions without input from the PAs or APAs.

We discussed SDM at intake previously as a driver of workload increase, but workers also mentioned how the SDM tool might be impacting the quality of OCFS work and child safety. OPEGA heard from many interviewees that the SDM tool impacts decisions on types of abuse in ways that differ from previous practice. Those situations involve drug affected infants, domestic violence and physical abuse with younger children present, and drug abuse with younger children present. Prior to SDM, we heard that reports of abuse in these situations generally would result in appropriate reports (triggering OCFS assessment). Currently, the SDM tool classifies reports in these areas as inappropriate for further action. We heard from workers that case-by-case adjustments were made because of concerns that SDM was causing the Department to overlook cases where child safety may be at risk. This happened by way of the Central Office asking intake to use caution and to override SDM decisions in these types of cases. We also heard that this led to workers being less clear on the decisions that they should make.

Other areas that workers discussed as impacting their ability to do their work well were:

- *Travel.* Some workers cited travel time required to meet with families, children, and other collateral contacts as a burden. Although these visits are a necessary aspect of the job, some recent changes and conditions have increased the extent to which travel time makes up a component of a caseworker’s day. Interviewees explained that following the deaths of the two children, the Department reassigned the coverage of some counties to other districts. This change resulted in caseworkers having an expanded and unfamiliar territory in which to work. Interviewees also described that the influx of reports, assessments, and cases meant less attention has been paid to the geographic distribution of a caseworker’s cases when being assigned. Additionally, being required to see more cases/assessments simply means more time traveling. These inefficiencies result in more of the caseworker’s time being spent traveling instead of having face-to-face interactions available to work with families. The general lack of placements also placed greater travel burdens on caseworkers. As there are fewer available placements, caseworkers are forced to place children further and further from their home. These more distant placements require additional travel by

caseworkers to continually meet with and assess the safety of the child in the placement. Survey respondents also indicated that travel time was a significant component of their work, as 35% of assessment and permanency caseworkers reported spending at least 10 hours traveling in the previous work week.

- *Contracted Service Providers.* Interviewees described two instances in which the scope of contracted services failed to meet the district’s needs, resulting in the burden being placed on caseworkers and decreasing their available time to spend with families. Visitation services are provided by a contractor who supervises court-ordered visits between parents and the children removed from their care. Workers from one district reported that the current demand for the services has exceeded the number of slots available in the existing contract. This has left caseworkers supervising these court-mandated visits. Transportation services for transporting clients to services and visits do not appear to meet the needs of OCFS in every district. Interviewees reported issues with reliability and a burden on caseworkers who have had to transport children.

### Confidence in decision-making

Although many of these factors (such as high workloads, policy changes, and travel time) in some way limit the caseworker’s ability to spend time and work with families, those surveyed indicated that they felt confident in the decisions being made. Seventy-three percent of respondents usually or always feel confident in the decisions made with their supervisor about the children on their caseload.

Seventy-three percent of assessment caseworkers reported that they usually or always “gained the understanding needed to accurately assess child safety” at the end of an assessment. Fifty-six percent of supervisors felt their unit was usually or always able to adequately assess child abuse/neglect risks.

However, caseworkers also told us they felt held back from helping families and children achieve positive outcomes. We heard on the survey that nearly 29% of permanency workers felt they were never or rarely able to achieve appropriate outcomes for children on their cases in a reasonable timeframe, while 60% felt it was sometimes the case, 11% felt they were usually able to do some, and no workers felt they were always able to do so.

### **Impacts on frontline workers**

At the beginning of the report, we discussed the difficult nature of the job and the impact that it can have on workers’ ability to have work/life balance, their experience of secondary trauma, and, at times, their feelings of personal safety. According to workers, these impacts have been magnified with the increases in workload and the stressors around bringing children into care. Children are impacted by being in hotels and ERs, as are workers who have to leave their own families to be with them. These workers experience firsthand the impacts on children, and say they struggle to maintain separation between their life and the work. All of these factors combine to create a situation where many workers do not feel like they can do the job long-term. Even if they want to stay in the job, some report that they fear burning out.

Over the course of conducting interviews, OPEGA heard repeatedly about a period of high turnover from the spring of 2018 through the late summer/fall of 2018. OPEGA also heard from workers, supervisors and PAs that they felt workforce stability and retention of workers should be a priority.

### Workers Seeking Outside Employment

Thirty-three percent of caseworkers and 36% of supervisors who responded to OPEGA’s survey in September indicated that they were actively looking for a job outside of OCFS. Of the 100 caseworkers who



are not currently looking for a job, 14 said they are likely or very likely to seek employment outside of OCFS in the next year.

For the 64 caseworkers who are either actively looking for a job outside of OCFS or who are likely or very likely to do so within the next year, the following factors were most consistently selected as being related to those decisions:

| <b>Caseworkers: Which, if any, of the following factors are leading to or making it likely that you will look for employment outside of OCFS?</b> |                             |
|---|-----------------------------|
| Factor  | Count (out of 64 responses) |
| Workload  | 54                          |
| Emotional Burnout/Stress  | 52                          |
| Lack of Resources   | 40                          |
| Safety Concerns   | 31                          |
| Compensation  | 27                          |
| Recent Changes in Policy  | 27                          |
| Office Environment  | 23                          |
| Relationship with Supervisor  | 14                          |

OPEGA does not have historic numbers for comparison and we note that interviewees told us that some degree of turnover in OCFS is normal and healthy. Some turnover, termed “churnover,” occurs when workers promote or move into other positions within the Department. We also heard that turnover happens regularly because some workers may find out that they are not well-suited for the work. OPEGA heard that some districts have struggled with turnover historically while others have had much less turnover with which to contend.

Worker-Described Period of High Turnover in 2018

Interviewees spoke extensively about a period beginning in spring 2018 in which districts lost large numbers of workers. Some reported these losses were continuing into the fall of 2018 when we began interviewing. Workers, supervisors, and PAs cited a variety of reasons for these losses, generally centering around a sudden and substantial increase in workload.

Workers said that during this period the work was unmanageable and that workers left because of the stress in managing this workload. They cited their worry about things they might miss or child safety that might be affected, and the impact on their own lives. Many people we talked to said OCFS could not hold on to new workers during this time and even described the period as a “revolving door” of new faces. We heard of multiple districts that had double-digit vacancies during the period.

Regarding turnover in the Department generally, we also heard from supervisors and PAs that they were losing good staff because of the requirements on staff to spend time afterhours in hotels and ER and the impact this had on staff’s personal lives. We heard from workers who have left OCFS employment because they did not feel supported by their supervisors or management. We also heard from caseworkers who stayed despite the difficult conditions because of support from their supervisors and peers. Workers described that when someone leaves the job, the work has to be redistributed among other workers leaving all those who remain with an increased burden.

In addition to the volume of work facing those who remain, supervisors talked about how supervising large numbers of new caseworkers increased the burden on them to monitor and teach workers while trying to manage the already large workload. Interviewees also talked about how having a large number of inexperienced workers impacted the quality of work being done, potentially impacting the safety of children.

During the interviews, OPEGA heard from some supervisors, PAs, and APAs that the ratio of supervisors to caseworkers needs to change if the volume of cases stays at the current level. They reported that there are too many caseworkers per supervisor, leading to supervisors feeling that they do not have adequate time to effectively monitor, supervise and train caseworkers. Some caseworkers reported that they felt they did not have enough time to discuss cases and debrief with their supervisor, and that quality of supervision is important in retaining workers.

### What could help

Throughout our surveys and interviews, workers made suggestions about things they thought could work better. Workers made suggestions in the interviews and surveys about ways the Department might better retain staff. They did think the pay increase over the summer was helping. We heard from staff who had considered leaving but now were planning to stay and we heard of staff members who had left OCFS now returning because of the pay increase. In the same vein, we heard suggestions that the service of longer-term staff could be recognized with a distinction between a Caseworker I and a Caseworker II that would acknowledge experience or potentially graduate education with a pay differential.

We heard throughout our interviews and surveys that the workload is unmanageable for workers and that the recommended solution was more workers who could be retained. Workers and supervisors talked about how having flexibility for workers could help. They thought they might be able to retain more workers if they could offer them different sorts of schedules or an option to do some work from home that might better fit with worker's individual needs. We heard that the ability to train and retain these workers would improve if there were more supervisors to keep a smaller ratio of supervisors to caseworkers.

Workers told us that all of the changes to practice and policy came down at a time when they were already inundated. They did not feel supported or understood by management at this point. We heard from workers that they want more clarification and trainings on policy and more training and preparedness for the job in general including more trainings that were current for the problems they are now facing, like drug identification or de-escalation techniques.

We heard specifically of worries about SDM missing serious cases of physical abuse and drug abuse because of how the tool requires “impact” to be shown to children. Workers thought the tool was missing cases where very young children might be endangered because they are not able to express if or how they have been impacted. We heard that workers, supervisors, and PAs had raised these concerns to Central Office and that they had been told that updates and solutions were coming. Pending the changes and updates, work-arounds were sometimes implemented so that staff could feel comfortable that situations where children were endangered were not missed.

Workers also told us that they lack the tools for the job, including administrative support, which means they spend time on tasks that could likely be handled in a different staff role. Workers felt they lacked the State cars necessary for this travel-intensive work and, that the mileage reimbursement was insufficient. We also heard that MACWIS, while not a new problem, contributes to the inefficiency of the work.

We heard from all levels of OCFS staff about the need for a solution to the problem of children being kept in hotels and ERs. According to staff, this situation results in trauma to children and workers and is a contributing factor to losing good staff.

### What workers want Legislators to know

One open-ended question OPEGA asked caseworkers and supervisors on the surveys read, “Is there anything else you want Legislators to know about your job?” The major themes workers described are covered below.

Of the 117 caseworkers who responded to the question, 54 responses wanted Legislators to be aware of the sheer volume of work that workers are being asked to manage and 36 answers addressed staff shortages and problems with retaining staff. Thirty-five workers provided answers that advised Legislators to listen to and support the frontline workers as they feel they have the best sense of what they need to do their job, and they feel they do not always get the support they need in their difficult line of work. Thirty-one workers wanted Legislators to be aware of their concerns that child safety is at risk and the quality of work is suffering in the current functioning of the child protective system where workers and the system are overwhelmed. Thirty responses sought to bring attention to the secondary trauma, stress, burnout and work-life balance issues that are endemic to the job. While, 24 workers wanted Legislators to know that they think the work that they do is important and they are trying to do their best despite the challenges. Twenty-one responses touched on the role of the Central Office in creating changes that have added challenges to the system. Additionally:

- 15 addressed the need for more resources for families, including foster care;
- eight discussed specific problems with CPS policy or practices; and
- eight stated they felt more administrative staff were needed.

See Appendix A for more detail.

Of the 34 supervisors who responded to the same question, 15 responses addressed the impacts to workers regarding secondary trauma, stress, burnout, and work-life balance. Thirteen responses discussed the need for better compensation for supervisors, including the fact that supervisors do not receive overtime pay. Thirteen responses again discussed the volume of work and difficulty in meeting the expected timeframes. Twelve themes addressed the importance of staff retention and having enough caseworkers to do the work. Other themes included:

- nine responses on the impact of Central Office and the recent changes, which supervisors think lacked input from workers;
- eight responses asking Legislators to listen to and support workers; and
- six responses with concerns about the impacts of the current functioning of the system on child safety and the quality of work being done.

Additionally, many OCFS staff surveyed and interviewed emphasized that the child protective system is impacted by factors outside of OCFS, such as the courts, the opioid crisis, housing shortages, lack of community resources, lack of foster placements, and shortages of beds in residential settings for high-needs children.

Although the work of protecting children extends far beyond OCFS and into areas outside of their control, OCFS staff play a critical role in working to ensure child safety. Their experiences and relationships with the families and children they serve provide valuable perspectives on aspects of both the child protective system and their role as staff within OCFS. Our surveys, interviews, and this information brief sought to capture those perspectives. While we have not researched or validated the information contained in the responses, we hope that these perspectives can be of use in determining future efforts that may be needed to ensure the child protective system is operating efficiently and effectively to ensure the safety of children in Maine.