

“The Child Welfare Workforce Crisis: Implications for Leadership”

Authors: Jess McDonald, Constance Flower, and Michael Sumski

A decade ago, no one would have predicted that the Illinois Department of Children and Family Services would one day be known as a success story.

In fact, a 1993 Chicago Tribune editorial described the Department as the “poster child of government indifference and incompetence” and a lawsuit brought by the American Civil Liberties Union blasted the Department as a “system reeling in chaos and failing to protect children”.

Illinois was caught in a downward spiral.

- The number of children in substitute care had doubled in only a few short years, up from 23,000 to over 52,000.
- On average, children came into care more often and stayed longer than any other state. Illinois’ median length of stay had increased to five years.
- Caseloads were four to six times the recommended national standards.
- Turnover ranged from 40-80% in both the public and private sector.
- Crisis management to ensure organizational survival had replaced concern for meaningful outcomes.

The Illinois Turnaround

Illinois child welfare was in need of an overhaul and we began by reviewing every aspect of our operations.

What became immediately apparent was that our system’s inherent conditions were setting our staff up for failure. We didn’t provide them with the tools or training they needed to assess safety and unreasonable caseloads prevented staff from reflecting on a family’s needs and acting strategically. In turn, our staff consistently erred on the side of bringing children into care and keeping them there.

Alleviating these conditions created a synergy that is now heralded as one of the most amazing turnarounds in the history of child welfare.

- Introduction of a new Child Endangerment Risk Assessment Protocol reduced recurrence of maltreatment to children nearly 29%. Once staff had access to a standardized, research-based tool, their decision-making was more confident and reliable.
- In June 2000, we became the second state child welfare agency to achieve full accreditation for all of our offices and contracted service providers. We had sent more than 200 staff back to school to receive advanced child welfare degrees. They returned to their jobs motivated and better prepared to do the work. Annual turnover among public child welfare staff dropped to a record low of 6-8%.
- Staff caseloads were reduced to nationally accepted standards encouraging significantly improved performance. By 2003, more than 40,000 children had been moved to permanency through adoption and guardianship while intake into foster care was dramatically reduced by improved “front end” services. The department’s overall caseload dropped from well over 50,000 in 1997 to only 21,000 by 2003.
- Children placed in out of state facilities dropped from about 800 in 1996 to less than 20 in 2003.

These impressive numbers are a testament to the hard work and commitment of all our partners within the Illinois child welfare system but, most importantly, to the direct service child welfare staff.

In retrospect, it is tragic that such costly and massive reforms had to be implemented at all. The wiser choice would have been to do the work right up-front.

A National Crisis

If Illinois were alone in its experience, there wouldn't be much of a story. However, we are in the midst of a national workforce crisis and child welfare administrators and policy-makers need to take notice.

In 2003, the Annie E. Casey Foundation estimated that there were 870,000 frontline workers comprising America's child welfare workforce. Annual staff turnover rates ranged from twenty to forty percent within the public sector to more than fifty percent in the private. Workers cited many reasons for leaving service, including heavy workloads, inadequate supervision, low status and pay, and a lack of work-family balance.

Their concerns are echoed by data. According to a 2003 report of the General Accounting Office, ninety percent of states report having difficulty recruiting and retaining child welfare staff.

Using the national caseload average of 24 to 31 cases that has been reported by the American Public Human Services Association and a time-study conducted as part of the Illinois Best Practice Project, a caseworker would need 360 to 465 hours a month to perform all of their job responsibilities. Yet, there are only 173 available hours if workers stick to a 40-hour week.

These work conditions are alarming. What does it mean to a child's chances of permanency when the most important partner they have is just the latest person to come through the revolving door? How can we expect positive results?

The child welfare system is the emergency room of human services. We ask our staff to be "first-responders", prepared to triage, diagnose and provide treatment. We expect them to make perfect decisions and to predict the future. We place complete responsibility for each child's life in the hands of these staff and then we fail to give them what they need to do the job.

The bottom line is that a system that fails to give due attention to workforce issues will never be able to achieve much on behalf of children and families. It simply can't happen.

Implications for Leadership

Beyond Illinois, several states have taken steps to address the most pressing workforce issues, including Arizona, Kentucky, New York, New Jersey, Georgia, Nebraska, Missouri, Texas and Wisconsin. Hiring additional caseworkers, providing more training and finding ways to reduce staff turnover are consistent themes.

Overcoming these hurdles will not be easy, but recognizing the field as the appropriate focus of attention is paramount. There are a number of lessons that we can learn from each other's experiences.

Caseworkers drive the cost of the system.

Front-line staff make decisions every day that impact the cost and outcomes of your overall system. Safety decisions are best made by staff with reasonable workloads, good training and solid supervision.

A 2005 turnover study conducted in Milwaukee County, WI, examined permanency rates for children who entered care in calendar year 2003 through September of 2004 and exited care within the same time period.

The study found that permanency was significantly correlated to lessening the chance of permanency achievement,

“Children entering care during the time period who only had one worker achieved permanency in 74.5% of the cases. As the number of case managers increased, the percentage of children achieving permanency substantially dropped, ranging from 17.5%, having two case managers to a low of 0.1% having six and seven case managers.”

If you're not paying attention to your staff - if you're not making sure they have what they need to do their jobs well – your system cannot succeed.

Manageable caseloads make a difference.

While we often pay lip service to burdensome caseloads, it is far more difficult to make the tough choices associated with bringing caseloads down. Yet, getting the right results for our children begins and ends with keeping the work manageable.

Standards established by national groups such as the Child Welfare League of America and the Council on Accreditation are right on the mark with what practice tells us is reasonable.

Raise your expectations.

Daniel Burnham, a major city planner and father of modern Chicago, had it right when he said, “Make no small plans.” Changing a child welfare system is no less complex. Think big and avoid the temptation of settling on a pathway that guarantees partial success but ultimately compromises real change.

Seek accreditation.

Seeking accreditation helps define and support an agency's operational framework. Accreditation requires achievement of specific caseload sizes, attention to the educational degrees of casework staff, development and delivery of a quality training program, and continuous monitoring and quality improvement efforts.

Accreditation pushes an organization to become more accountable to its staff and to the clients it serves. Meeting those national standards promote the achievement of positive outcomes for children and families.

Think creatively about training.

Building a workforce that is capable of achieving desirable results requires a solid training program. Currently, federal financing for training is limited, especially with regard to training staff within the private sector. Systems need to develop creative approaches for expanded training, including strategies that allow for blended classroom/field experiences.

It's not about numbers, it's about outcomes.

Just as you can be trapped by crisis management, you can similarly be driven by false number games. Getting to lower overall caseloads for the wrong reasons will not work.

Concluding Thoughts

In child welfare, everything we do begins and ends with the field. When you let the needs of your children and families be your compass and you properly equip your workforce with the resources they need to respond, positive outcomes can happen.

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About the Authors

Jess McDonald served as Director of the Illinois Department of Children and Family Services from 1994 to 2003. During his tenure, DCFS achieved a remarkable turnaround in performance to become regarded as a model for large child welfare system reform.

Connie Flower has been involved in direct public child welfare services for more than twenty years. Ms. Flower led the Illinois Department of Children and Family Services in implementation of the nationally-recognized "Best Practices" program.

Michael Sumski has a thirty-year career in public child welfare service for the states of Illinois, Missouri and Georgia. In addition to an extensive direct practice and administrative history, Mr. Sumski led the Illinois effort to achieve department-wide accreditation.

The authors can be reached by contacting Child Welfare Associates, LLC, www.childwelfareassociates.com, 20 Danada Square West, Suite 308, Wheaton, IL 60186.