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Report to Congressional Requesters

March 2003

CHILD WELFARE

HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff

GAO-03-357

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GAO Accountability • Integrity • Reliability

Highlights

Highlights of GAO-03-357, a report to Congressional Requesters

Why GAO Did This Study

A stable and highly skilled child welfare workforce is necessary to effectively provide child welfare services that meet federal goals. This report identifies (1) the challenges child welfare agencies face in recruiting and retaining child welfare workers and supervisors, (2) how recruitment and retention challenges have affected the safety and permanency outcomes of children in foster care, and (3) workforce practices that public and private child welfare agencies have implemented to successfully confront recruitment and retention challenges.

What GAO Recommends

GAO recommends that the Secretary of Health and Human Services (HHS) take actions that may help child welfare agencies address the recruitment and retention challenges they face. Such efforts may include HHS (1) using its annual discretionary grant program to promote targeted research on the effectiveness of perceived promising practices; and/or (2) issuing guidance or providing technical assistance to encourage states to use their program improvement plans to address the caseload, training, and staffing issues cited in the reviews HHS conducts.

www.gao.gov/cgi-bin/getrpt?GAO-03-357

To view the full report click on the link above. For more information, contact Cornelia Ashby at (202) 512-8403 or Ashbyc@GAO.gov.

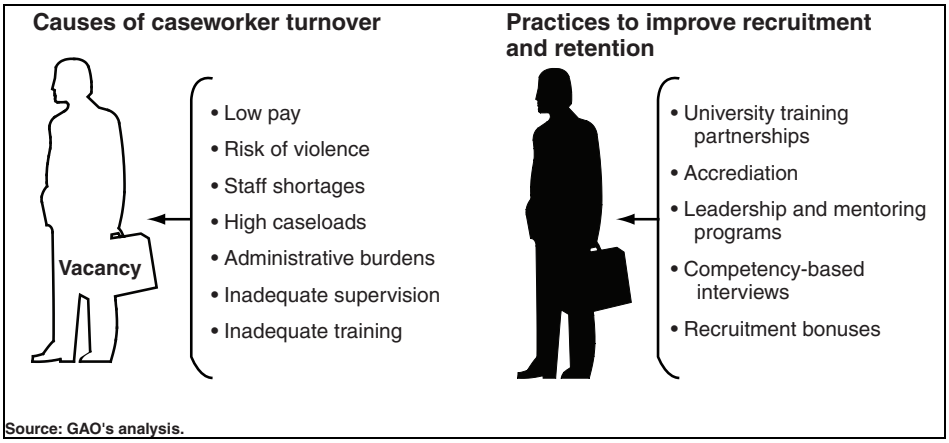
What GAO Found

Child welfare agencies face a number of challenges in recruiting and retaining workers and supervisors. Low salaries, in particular, hinder agencies' ability to attract potential child welfare workers and to retain those already in the profession. Additionally, caseworkers GAO interviewed in all four of the states GAO visited cited high caseloads and related administrative burdens, which they said took from 50 to 80 percent of their time; a lack of supervisory support; and insufficient time to take training as issues impacting both their ability to work effectively and their decision to stay in the child welfare profession. Most of these issues also surfaced in GAO's analysis of 585 exit interviews completed by child welfare staff across the country who voluntarily severed their employment.

According to caseworkers GAO interviewed, high turnover rates and staffing shortages leave remaining staff with insufficient time to establish relationships with children and families and make the necessary decisions to ensure safe and stable permanent placements. GAO's analysis of HHS's state child welfare agency reviews in 27 states corroborated caseworker accounts, showing that large caseloads and worker turnover delay the timeliness of investigations and limit the frequency of worker visits with children, hampering agencies' attainment of some key federal safety and permanency outcomes.

Child welfare agencies have implemented various workforce practices to improve recruitment and retention—including engaging in university-agency training partnerships and obtaining agency accreditation, a goal achieved in part by reducing caseloads and enhancing supervision—but few of these initiatives have been rigorously evaluated.

Causes of and Practices to Prevent Child Welfare Caseworker Vacancies



Source: GAO's analysis.

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Abbreviations

ACF	Administration for Children and Families
AFSCME	American Federation of State, County, and Municipal Employees
APHSA	American Public Human Services Association
ASFA	Adoption and Safe Families Act of 1997
BSW	Bachelor's of Social Work
CFSR	Child and Family Services Review
COA	Council on Accreditation for Children and Family Services
CWLA	Child Welfare League of America
HHS	Health and Human Services
MSW	Master's of Social Work
PIP	program improvement plan
TPR	termination of parental rights

GAO
Accountability * Integrity * Reliability

United States General Accounting Office
Washington, DC 20548

March 31, 2003

The Honorable Pete Stark
The Honorable James Greenwood
House of Representatives

With more than 800,000 children estimated to spend some time in foster care each year, the federal government allocates approximately $7 billion each year to states to investigate abuse and neglect, provide placements to children outside their homes, and deliver services to help keep families together. In addition to this funding, most of which is used by states and counties to implement child welfare programs,[1] the Department of Health and Human Services (HHS) monitors states' compliance with key federal goals, specified in part by the Adoption and Safe Families Act (ASFA) of 1997, to keep children safe and ensure their placement in stable and permanent homes. Through its formal review process, known as the Child and Family Services Review (CFSR), HHS uses specific assessment measures, such as agencies' ability to conduct timely abuse and neglect investigations and regularly visit children in their homes, to assess the performance of states' child welfare systems. HHS also provides guidance and technical assistance through its 10 national resource centers and funds training and research activities to improve child welfare services nationwide.

A stable and highly skilled child welfare workforce is necessary to effectively provide child welfare services that meet federal goals. Many child welfare caseworkers[2] have professional degrees in social work; however, this credential is not always required and many practicing in child welfare have undergraduate degrees in seemingly unrelated fields. Although the federal government has not set national workforce standards, independent organizations such as the Child Welfare League of America (CWLA) have developed guidelines concerning staff qualifications and optimal caseload levels, which agencies may voluntarily adopt. Agencies may also seek accreditation—a voluntary review and 4-year

[1]States and/or counties may also subcontract the delivery of child welfare services, such as family support services or adoption planning, to private agency providers.

[2]Child welfare caseworkers are considered caseworkers, case managers, investigators, or child welfare specialists, depending on their particular agency's classification scheme.

certification process by the Council on Accreditation for Children and Family Services (COA)—to help improve the delivery of child welfare services.

You asked us to identify (1) the challenges these agencies face in recruiting and retaining child welfare workers and supervisors, (2) what is known about how recruitment and retention challenges have affected children's safety and permanency outcomes, and (3) workforce practices that public and private child welfare agencies have implemented to confront these challenges.

To conduct our work, we obtained nearly 600 exit interview documents completed by staff who severed their employment from 17 state, 40 county, and 19 private child welfare agencies and categorized the reasons these former caseworkers provided for leaving their jobs.[3] Although the results of our exit interview analysis are informative, we cannot generalize the results nationwide. We also examined the available 27 Child and Family Services Reviews[4] and a variety of child welfare workforce studies to determine the severity and scope of recruitment and retention challenges across the country. To complement these analyses, we interviewed child welfare experts and officials across the nation and conducted multiple site visits to public and private child welfare agencies in four states—California, Illinois, Kentucky, and Texas—to obtain first hand information on workforce issues and their effect on children's safety and permanency outcomes. We selected these states to represent a range of urban and rural settings, county and state-administered systems, and varying degrees of reliance on private child welfare agencies to deliver services under contract. We also chose these states for the variety of practices they have implemented to address their recruitment and retention challenges. Furthermore, we contacted regional and headquarters officials at HHS to identify and obtain any information they had collected or disseminated on this topic and the impact of federal funding to support child welfare staff development. We conducted this work between March 2002 and January 2003 in accordance with generally

[3]Exit interviews seek to obtain information from employees on why they are leaving their current positions. Such interviews may be conducted orally or through use of a written survey, and their design and content vary widely across jurisdictions. One limitation of these interviews is that workers may not be candid in their disclosure of information because they do not wish to sever relationships with coworkers and managers.

[4]HHS reviewed an additional five states in fiscal year 2002, but these reports were not released in time for our analysis.

accepted government auditing standards. A more detailed discussion of our scope and methodology appears in appendix I.

Results in Brief

Public and private child welfare agencies face a number of challenges recruiting and retaining workers and supervisors. Low salaries, in particular, hinder agencies' ability to attract potential child welfare workers and to retain those already in the field. For example, caseworkers in each of the four states we visited said that many of their former child welfare colleagues pursued positions in the education field where they could not only make more money but also work with children without risking their own safety. Disparities in the salaries between public and private child welfare workers—with public agency caseworkers generally earning higher salaries—also present a retention challenge within the child welfare profession. Additionally, high caseloads, administrative burdens, limited supervision, and insufficient training reduce the appeal of child welfare work. Caseworkers and supervisors in all four states cited demanding and complex caseloads and related administrative requirements, such as casework documentation, as factors affecting retention. Some of the caseworkers we interviewed handle double the number of cases recommended by advocacy organizations and spend between 50 and 80 percent of their time completing paperwork, thereby limiting their time to assist children and families. Caseworkers told us that their desire to stay in the child welfare profession was influenced by high-quality supervision and adequate on-the-job training; however, these elements were often lacking. Some newly promoted supervisors, in particular, have said that they feel unprepared to meet job demands. Most of these issues also surfaced in our review of exit interview documents, although many workers indicated that they were leaving their positions for reasons not directly related to the workplace, such as to retire, stay at home with young children, or return to school.

Some evidence suggests how recruitment and retention challenges affect children's safety and permanency. Caseworkers in the four states that we visited said that high turnover rates and staffing shortages leave remaining staff with insufficient time to conduct the types of home visits necessary to assess children's safety and to make well-supported decisions to ensure safe and stable permanent placements. Worker turnover also disrupts the continuity of services, particularly when newly assigned caseworkers have to conduct or reevaluate educational, health, and safety assessments due to poor or insufficient information in case files left behind by others. Our analysis of federal CFSRs corroborated caseworker accounts, showing that large caseloads and worker turnover delay the timeliness of

investigations and limit the frequency of worker visits with children, thereby hampering agencies' attainment of some key federal safety and permanency goals. HHS officials said that they plan to examine these reviews to better understand the relationship between recruitment and retention and safety and permanency outcomes across the states. HHS currently has not targeted retention and recruitment as priority issues, however, because the federal government has no requirements concerning staffing and case management, and states have made few requests of HHS's national resource centers for assistance with child welfare staff recruitment and retention.

Child welfare agencies have implemented various workforce practices—including training partnerships, accreditation, and enhanced supervision—to improve recruitment and retention, but few of these initiatives have been fully evaluated. Dozens of state agencies have used federal and state training dollars to form partnerships with universities and their schools of social work to train current caseworkers and better prepare social work students to enter the child welfare profession. In exchange for tuition stipends, the students who participate in these programs commit to work in a public child welfare agency for a minimum specified term, typically 1 to 2 years. In Kentucky and California, studies showed that 86 and 85 percent, respectively, of participants continued to work for the agency after their minimum work commitment concluded. In Kentucky, this retention rate far exceeded the percentage of nonparticipants who remained with the agency over the same period. Accreditation can also enhance recruitment and retention. Illinois officials told us that meeting accreditation standards of lower caseloads, reduced supervisor-to-staff ratios, and increased emphasis on professional credentials has improved the agency's attractiveness to applicants and enhanced worker morale and performance—two factors critical to retention. Additionally, programs that improve supervision through leadership development and specific mentoring relationships appear to aid in staff decision making and reduce staff's case management related stress. Other potentially promising practices include recruitment bonuses and opportunities for applicants to preview jobs by viewing videotapes of caseworkers performing their duties. In this way, caseworkers were reported to have a clearer understanding of the job's requirements before they accepted employment and appeared to be less intimidated by the job's challenges once employed.

Given the reported impact of staffing shortages and high caseloads on the attainment of federal outcome measures, we are recommending that the Secretary of HHS take actions that may help child welfare agencies

address the recruitment and retention challenges they face. In commenting on a draft of this report, the Administration for Children and Families (ACF) generally agreed with our findings and recommendation. ACF noted that it has begun to explore the effectiveness of child welfare training programs, with an emphasis on lessons learned and best practices. However, ACF also noted constraints that it believes affect its ability to further assist the states. We believe that ACF's stated actions represent a first step and, as we recommended, that it should take additional actions to help child welfare agencies address other facets of their recruitment and retention challenges.

Background

Most states and counties provide some child welfare services directly and provide others through contracts with private agencies, where caseworkers provide residential treatment and family support services as well as reunification and adoption services. The role and level of assistance that private child welfare agencies provide varies by state, though in Illinois for example, approximately 80 percent of child welfare services is reported to be provided through the private sector. Although public and private child welfare agencies face different financial constraints and use different personnel guidelines, national survey data confirm that both state and private child welfare agencies are experiencing similar challenges recruiting and retaining qualified caseworkers. For instance, turnover of child welfare staff—which affects both recruitment and retention efforts—has been estimated at between 30 percent and 40 percent annually nationwide, with the average tenure for child welfare workers being less than 2 years.

Evidence from a national child welfare workforce study indicates that fewer than 15 percent of child welfare agencies require caseworkers to hold either bachelors or masters degrees in social work,[5] despite several studies finding that Bachelor's of Social Work (BSW) and Master's of Social Work (MSW) degrees correlate with higher job performance and lower turnover rates among caseworkers.[6] Further evidence suggests that the majority of credentialed social workers are not employed in child or

[5]Child Welfare League of America "Minimum Education Required by State Child Welfare Agencies, Percent, By Degree Type, 1998." *State Child Welfare Agency Survey.* 1999

[6]Albers, E. et al (1993). "Children in foster care: Possible factors affecting permanency planning." *Child and Adolescent Social Work Journal*, 10(4). Dhooper, S.S., et al (1990). "Does social work education make a difference?" *Social Work*, 35(1).

family service professions; instead, they choose professions in mental health, substance abuse prevention, rehabilitation, and gerontology.

Nevertheless, child welfare caseworkers, assisted by their supervisors, are at the core of the child welfare system, investigating reports of abuse and neglect; coordinating substance abuse, mental health, or supplemental services to keep families intact and prevent the need for foster care; and arranging permanent or adoptive placements when children must be removed from their homes. In some agencies, caseworkers perform multiple functions from intake to placement on any given case; in others, they are specialized in areas such as investigations, reunification/family preservation, and adoptions. The primary role of supervisors is to help caseworkers perform these functions, thereby meeting the needs of families and carrying out the agency's mission. Some functions of the child welfare supervisor include assigning cases, monitoring caseworkers' progress in achieving desired outcomes, providing feedback to caseworkers in order to help develop their skills, supporting the emotional needs of caseworkers, analyzing and addressing problems, and making decisions about cases. In addition, given the challenges agencies face in recruiting and retaining child welfare workers, some supervisors provide direct assistance to caseworkers by taking on some of their cases.

The federal government's primary connection to the child welfare workforce has been through its funding of child welfare training programs as they relate to the provision of child welfare services. ACF at HHS is responsible for the administration and oversight of the approximately $7 billion in federal funding allocated to states for child welfare services. As part of this allocation, ACF provides matching funds for the training and development of child welfare caseworkers through Title IV-E of the Social Security Act. Title IV-E authorizes partial federal reimbursement[7]—75 percent—of states' training funds to implement training programs for current child welfare staff and to enhance the child welfare curriculum of undergraduate and graduate social work programs to better educate and prepare potential caseworkers. This funding may also be used for curriculum development, materials and books, support for current workers to obtain a social work degree, and incentives to induce entry to the child welfare field. During fiscal year 2001, 49 states received

[7]Under the Social Security Act [42 U.S.C. §674(a)(3)(a)], the federal government reimburses 75 percent of states' training expenditures related to foster care and adoption services. Pursuant to HHS regulations, states providing training for contracted private agency staff can receive 50 percent federal reimbursement for this purpose.

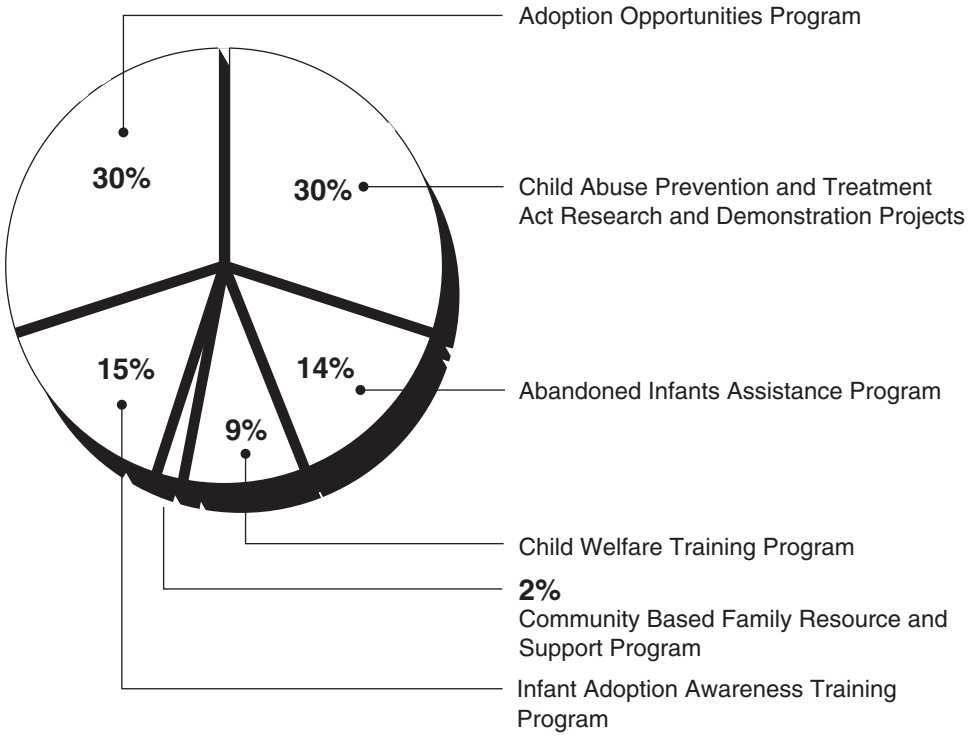
$276 million in Title IV-E training reimbursements.[8] These reimbursements ranged from a low of approximately $1,400 in Wyoming to a high of more than $59 million in California, with the median reimbursement approximating $3.1 million.

In addition, ACF's Children's Bureau manages six discretionary grant programs through which it funds various activities related to improvements in the child welfare system. Each of these programs receives a separate annual appropriation from the Congress. One of these programs—the Child Welfare Training Program, authorized by Section 426 of Title IV of the Social Security Act—awards grants to public and private nonprofit institutions of higher learning to develop and improve the education, training, and resources available for child welfare service providers. This is the only program of the six with a specific emphasis on staff training;[9] however, in fiscal year 2002, it received the second smallest share—9 percent—of the Children's Bureau's total discretionary funds (see fig. 1).

[8]The District of Columbia, Massachusetts, and Puerto Rico have not participated in Title IV-E reimbursements for at least the last 2 fiscal years.

[9]Although the other discretionary grant programs fund initiatives that can involve caseworker training, caseworker training and development is not their primary focus.

Figure 1: Distribution of Discretionary Grant Funds for Child Welfare Services



Source: GAO analysis of Children's Bureau data for fiscal year 2002.

In 2000, ACF began a new federal review system to monitor states' compliance with federal child welfare laws. Under this system, ACF conducts CFSRs, assessing states' performance in achieving the goals of safety, permanency, and child and family well-being—three goals emphasized in ASFA. The CFSR process involves a state self-assessment and an on-site review by a joint team of federal and state officials to assess states' performance on assessment measures such as timely investigations of maltreatment and caseworker visits with families.[10] States that have not met the standards are required to develop a program improvement plan (PIP) and can face the withholding of federal funds should they fail to

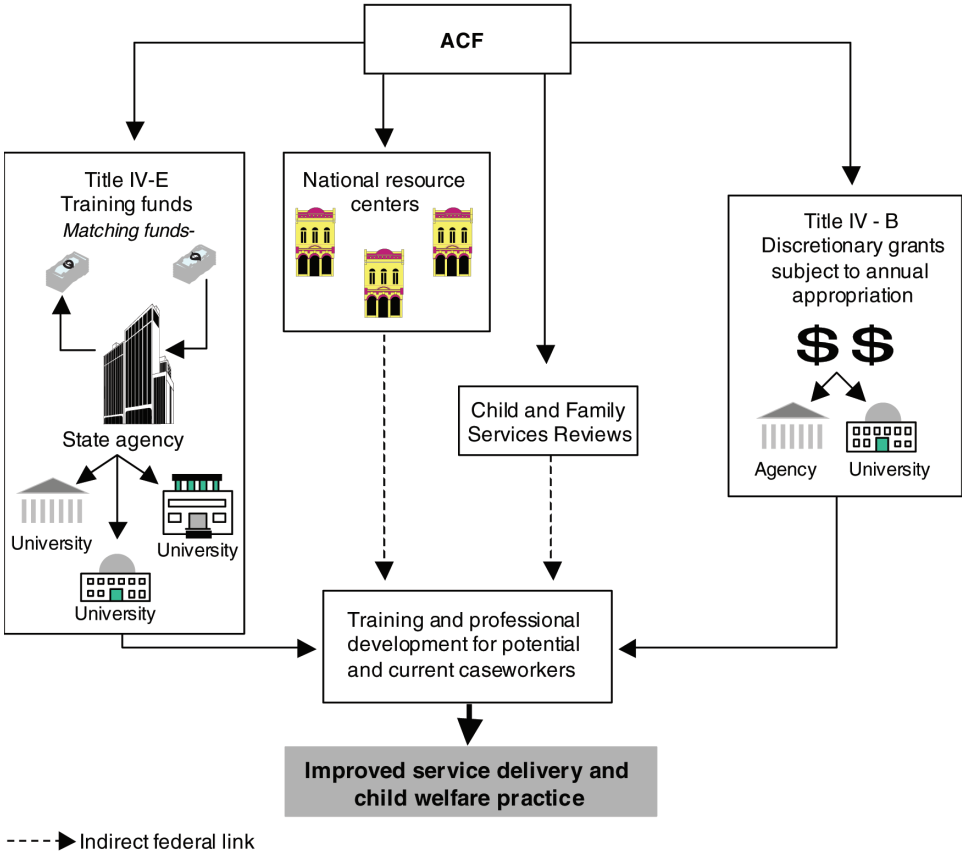
[10]In commenting on a draft of this report, HHS noted that the CFSR assesses state performance on 23 measures, which make up the seven outcomes related to safety, permanency, and well-being in cases and an additional 22 measures, which make up the seven federally required system factors that states must have in place by federal law and/or regulation.

develop a plan or fail to take the specified corrective actions. As of December 1, 2002, ACF had completed and documented its reviews for 27 states.

In addition to these reviews, ACF provides assistance to states via its 10 resource centers, all of which have different areas of expertise, such as organizational improvement, legal and judicial guidance, and child welfare information technology. The primary goal of these centers is to help states implement federal legislation intended to ensure the safety, well-being, and permanency of children who enter the child welfare system, to support statutorily mandated programs, and to provide services to discretionary grant recipients. These centers conduct needs assessments, sponsor national conference calls with states, collaborate with other resource centers and agencies, and provide on-site technical assistance and training to states. States may request specific assistance from the centers; however, ACF sets the centers' areas of focus and priorities, and no one center focuses specifically on recruitment and retention issues at this time.

Figure 2 shows the major channels through which federal dollars can be used for staff development.

Figure 2: Major Channels of Federal Funding for Staff Development



Source: GAO.

Members of the current and previous Congress have introduced proposals to expand federal funding to combat the recruitment and retention challenges that child welfare agencies face. As of March 26, 2003, the Congress was considering H.R. 14 and S. 342, each named the "Keeping Children and Families Safe Act of 2003," which contain provisions to improve the training of supervisory and nonsupervisory workers; improve

public education relating to the role and responsibilities of the child protective system; and provide procedures for improving the training, retention, and supervision of caseworkers.[11] The Congress is also currently considering S. 409 and H.R. 734, bills that would provide federal loan forgiveness to social workers who work for child protective agencies and have obtained their bachelor's or master's degrees in social work.[12] As a tool to increase retention, both of these bills tie education loan repayment to tenure, such that the longer the caseworker remains with the agency, the greater the share of the loan that is repaid. These bills would apply to caseworkers in public and private child welfare agencies operating under contract with the state.

Public and Private Child Welfare Agencies Face Challenges in Recruiting and Retaining Workers and Supervisors

Child welfare agencies face a number of challenges recruiting and retaining workers and supervisors. Public and private agency officials in all four of the states we visited struggled to provide salaries competitive with those in comparable fields, such as teaching. According to these officials, they lose both current workers and potential hires to these fields, which pay higher wages and offer safer and more predictable work environments. National salary data, though somewhat broad in how it defines certain occupations, confirm that child and family caseworkers earn less than educators. Specifically, one county official in Texas said that teachers now earn starting salaries of about $37,000 while entry-level caseworkers earn about $28,000 annually, a difference of about 32 percent. Caseworkers we interviewed in each state also cited administrative burdens, such as increased paperwork requirements for each child in a case; a lack of supervisory support; and insufficient time to participate in training as issues impacting both their ability to work effectively and their decision to stay in the child welfare profession. These issues were mentioned by both public and private agency staff in all four states, where some caseworkers handled double the number of cases recommended by independent child welfare organizations. Former child welfare workers also identified these issues in exit interview documents we reviewed. In addition to retirement and other personal reasons staff chose to leave their positions, low salaries and high caseloads were among the factors affecting child welfare workers' decisions to sever their employment.

[11]These provisions were originally introduced by both the House and the Senate in the 107th Congress as the "Keeping Children and Families Safe Act of 2002," H.R. 5601 and S. 2998.

[12]These provisions were originally introduced in the 107th Congress as part of the Child Protection Services Improvement Act, H.R. 1371.

Low Salaries Hinder Agencies' Ability to Maintain a Stable Workforce

Public and private agencies we visited in all four states struggled to provide salaries competitive with those in comparable occupations and encountered difficulty retaining staff due to salary gaps within the profession of child welfare. According to our analysis of 585 exit interviews completed by staff who severed their employment, 81 cited low pay as one of their reasons for leaving.[13] In addition, according to agency officials in all four states, they consistently lose both current workers and potential hires to higher-paying professions, such as teaching.[14] The Bureau of Labor Statistics' national wages survey[15] reports that elementary and middle school teachers earn, on average, about $42,000 annually while social workers earn about $33,000.[16] Furthermore, one California private agency reported that foster care caseworkers with MSWs who worked in group residential care facilities, which provide structured living arrangements and treatment services for children with complex needs, earned from $5,000 to $30,000 less than school counselors, nurses, and medical and public health social workers.[17] Other states also report significant wage disparities within the child welfare profession. One study in South Carolina found that salaries for public agency caseworkers were almost double those of direct care workers in private agency residential programs.[18] Additionally, according to labor union representatives in Illinois, public agency caseworkers there earn considerably more than

[13]According to our analysis and categorization of exit interview documents obtained, the top five reasons child welfare workers gave for leaving were: other—including retirement, stay at home, return to school, and undisclosed personal reasons (59.15 percent); stress/burnout/workload (14.7 percent); inadequate compensation (13.85 percent); alternate employment (13.5 percent); and relocation (10.77 percent).

[14]Most states require teachers to take multiple state certification examinations in order to become certified to teach in certain subject areas. However, qualifications for teachers vary by state, and the current debate centers around permitting uncertified teachers to teach while receiving their training at night or on weekends.

[15]U.S. Department of Labor, Bureau of Labor Statistics. *2000 National Occupational Employment and Wage Estimates.*

[16]This amount is specific to child, family, and school social workers (the occupation under which caseworkers would likely be classified).

[17]California Alliance of Child and Family Services. *Comparison of Foster Care Funding for the Wages of Child Care Workers and Social Workers in Group Homes with Wages in Other Occupations.* July 1, 2001.

[18]South Carolina Association of Children's Homes and Family Services. *Comparative Study of Salaries and Benefits of Direct Care Workers in Member Agencies and Selected South Carolina State Government Positions.* Lexington, S.C. January 2000.

staff in private child welfare agencies, and union officials at the national level attribute this wage gap to their lobbying efforts.

In addition, low salaries—because they often contribute to limited applicant pools—can make it particularly difficult for agencies to recruit child welfare staff in certain geographical areas and to serve bilingual clients. For example, a New York State study of turnover among caseworkers from January to December 2001 shows that small counties near cities, in particular, have more difficulty recruiting staff because of higher salaries in surrounding areas.[19] Additionally, in Texas for example, officials said that counties in rural areas with larger Spanish-speaking and Native American populations do not pay adequate salaries to successfully recruit qualified bilingual staff or staff who are sensitive to local cultures. State officials in Illinois and California echoed these concerns.

Furthermore, according to public agency caseworkers in Texas, their salaries do not reflect the risks to personal safety they face as part of their work. These caseworkers told us that given the safety risks they are exposed to daily, they should be given hazardous duty pay similar to workers in other high-risk professions. According to a national study by the American Federation of State, County, and Municipal Employees (AFSCME),[20] a union representing primarily government employees including child welfare caseworkers throughout the country, caseworkers routinely deal with high levels of risk. Specifically, AFSCME researchers found that more than 70 percent of front-line caseworkers had been victims of violence or threats of violence in the line of duty. In addition, in a peer exit interview process conducted in one state we visited, 90 percent of its child protective services employees reported that they had experienced verbal threats; 30 percent experienced physical attacks; and 13 percent were threatened with weapons.

[19]New York State Office of Children and Family Services, Bureau of Training. *2001 Caseworker Turnover Survey.* May 2002.

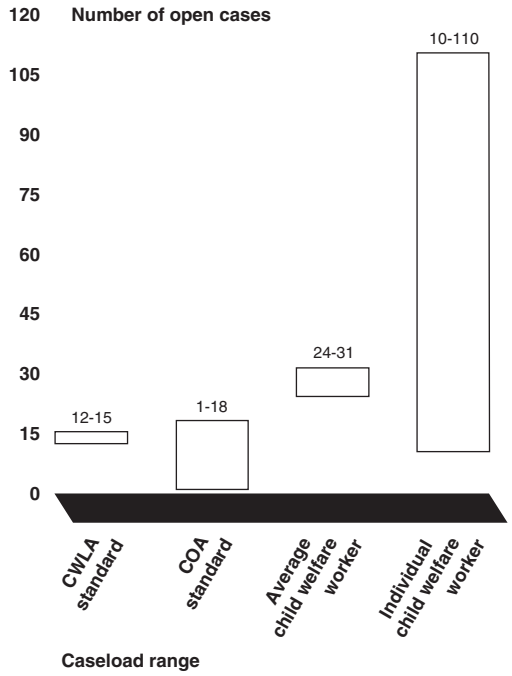
[20]American Federation of State, County, Municipal Employees. *Double Jeopardy: Caseworkers at Risk Helping At-Risk Children: A Report on the Working Conditions Facing Child Welfare Workers*, 1998.

High Caseloads, Administrative Burdens, Limited Supervision, and Insufficient Training Reduce the Appeal of Child Welfare Work

Although many of the caseworkers and supervisors we interviewed in each state told us they were motivated by their desire to help people, protect children, work with families, and potentially save lives, they also told us that workplace issues such as high caseloads, administrative burdens, limited supervision, and insufficient time to participate in training reduce the appeal of child welfare work, making it difficult for staff to stay in their positions. In each of the four states we visited, the agency's inability to retain staff has contributed to existing unmanageable caseloads. CWLA suggests a caseload ratio of 12 to 15 children per caseworker, and COA suggests that caseloads not exceed 18 children per caseworker. However, in its May 2001 report, the American Public Human Services Association (APHSA) reported that caseloads for individual child welfare workers ranged from 10 to 110 children,[21] with workers handling an average of about 24 to 31 children each (see fig. 3). Managers we interviewed in California confirmed this, stating that caseworkers often handle double the recommended number of cases.

[21]American Public Human Services Association. *Report from the Child Welfare Workforce Survey: State and County Data and Findings*, May 2001.

Figure 3: Comparison of Average and Individual Child Welfare Worker Caseloads to Recommended Standards



Source: Compiled by GAO.

Note: Cases are defined as one child. Not all open cases are actively managed. According to a CWLA official, due in part to high caseloads, case files that should be closed sometimes will remain open.

Furthermore, caseworkers and supervisors we interviewed in the four states we visited told us that heavy workloads encourage workers to leave for other careers that they perceive as requiring less time and energy. For instance, caseworkers in Texas told us that former co-workers left the field to go into teaching, in part, because of the more appealing work schedule, including seemingly shorter hours and holidays and summers off. Also, caseworkers in all states we visited emphasized concerns about the increasing complexity of cases—more cases involve drug and alcohol abuse and special needs children, in particular. In the exit interview documents we reviewed, 86 out of 585 child welfare workers identified high caseloads as a factor influencing their decision to leave. One former private agency caseworker in Delaware reported in an exit interview that, although caseloads were manageable, the complexity of each case was a problem. In addition, one former county worker in California said that cases are becoming increasingly difficult, and caseworkers are no longer

able to do "social work." This caseworker also said that the amount of work and stress is endless and limits the amount of time she has to perform her job well.

Furthermore, caseworkers and supervisors in the four states we visited told us that overwhelming administrative burdens, such as paperwork, take up a large portion of their time, with some estimating between 50 percent and 80 percent. Some also said that these administrative burdens were factors influencing their decisions to seek other types of employment. According to two labor union representatives in California,[22] caseworkers often have to work overtime to complete their paperwork, but instead of being compensated in salary for their overtime, they are given days off. The representatives said, however, that many caseworkers could not afford to take time off because paperwork continues to mount in their absence. Caseworkers in Illinois, for example, told us that they are required to complete more than 150 forms per child in their caseload. Such requirements are multiplied as caseloads increase. One study of the child welfare system reported that part of the administrative burden child welfare workers face also stems from the time they must spend in court as a result of requirements of ASFA.[23] The authors said that child welfare workers frequently mentioned that the earlier and more frequent court hearings that ASFA requires mean additional responsibilities for them. Furthermore, in exit interview documentation we reviewed, workers expressed frustration with these burdens, with some saying that they spent insufficient amounts of time with families due to paperwork, in particular, and that more clerical staff is needed to assist with documentation. One caseworker in a California county indicated that more than 80 percent of her job was administrative and that it was impossible to meet all administrative requirements and do a quality job at the same time.

Officials and caseworkers in all of the states we visited also expressed concerns about the quality of supervision, with most indicating that supervisory support either motivated caseworkers to stay despite the stress and frustration of the job or that lack of supervisory support was a

[22]Among other things, labor unions work to improve the availability and quality of support services, promote continuing education, and foster effective staff relationships with management.

[23]Malm, Karin, et al. *Running to Keep in Place: The Continuing Evolution of Our Nation's Child Welfare System.* Urban Institute, Occasional Paper Number 54, October 2001.

critical factor in their decision to leave. Although challenging, two critical functions of child welfare supervisors are to recognize and respond to the needs and concerns of caseworkers and to provide them with direction and guidance. However, caseworkers we visited said that their supervisors are often too busy to provide the level of supervision needed. In Kentucky, workers told us that the inaccessibility of their supervisors negatively impacted their effectiveness and morale. Furthermore, one Texas state official told us that because of high turnover, caseworkers with only 3 years of experience are commonly promoted to supervisory positions. According to tenured supervisors there, this advanced promotion track has caused additional problems. Some newly promoted supervisors have requested demotions because they feel unprepared for the job requirements, and the caseworkers they supervise have complained of poor management and insufficient support.

Our analysis of exit interview documents revealed that inadequate supervision was not among the top five reasons caseworkers gave for leaving, but some caseworkers (about 7 percent) cited it as an area of concern. One former county caseworker in Pennsylvania, who had been with the agency for 3 years, reported that her supervisor lacked both leadership qualities and experience. Additionally, one private agency caseworker in Wisconsin, who had left the agency after just 6 months, reported in her exit interview that mentors were good when they were available, but they were often unavailable due to work demands. She also reported that mentorship becomes even more difficult when a group of new caseworkers completes training at the same time, suggesting a lack of tenured staff interested or available to provide such on-the-job guidance. Furthermore, a former caseworker in Arizona reported that communications with her supervisor were mainly through electronic mail—seldom in person. Finally, a former private agency caseworker in Maine said that most interactions with her supervisor seemed punitive rather than educational or supportive in nature.

Agency and supervisory support can mitigate the stress of the job and the workload, according to some studies. For example, one California county's workforce analysis stated that competent and supportive supervision was critical to reducing staff turnover.[24] Another California study—in a county where most caseworkers indicated that they were

[24]Network for Excellence in Human Services. *Workforce Analysis for Riverside County Department of Public Social Services.* October 2001.

satisfied with their jobs—reported that these caseworkers rated their relationship with supervisors as one of the most satisfying factors of their work, giving supervisors very high ratings for their effectiveness, personal skills, and ability to help workers collaborate.[25]

In addition to their concerns about supervision, caseworkers and supervisors in all four states consistently told us that insufficient training poses a recruitment and retention challenge to their agencies. Specifically, they told us that training opportunities were often inadequate to ensure a smooth transition for new recruits into the agency. Despite the fact that public agencies in all four states had both minimum requirements for training new hires and ongoing training for senior workers, some caseworkers said that basic training does not provide new staff with the skills they need to do their jobs. Additionally, they told us that with high caseloads and work priorities, neither supervisors nor tenured staff are able to conduct on-the-job training to compensate. In one urban Texas region, for example, caseworkers told us that new hires are typically assigned between 40 and 60 cases within their first 3 months on the job. According to caseworkers there, high caseloads and the limited time new hires spend in training are often responsible for caseworker turnover. Furthermore, by their supervisors' estimation, about half of new trainees leave their jobs before completing 1 year. According to these supervisors, many leave, in part, because they are not sufficiently trained and supported to do their jobs.

Participation in ongoing training for staff at all levels also appears problematic—caseworkers in each state told us either that available training did not meet their needs or that they did not have time to participate in classes. For example, in Illinois, caseworkers said training was often too time-consuming and irrelevant. They added that, given the administrative burdens of paperwork, they most need training on paperwork management. Furthermore, university Title IV-E program officials in Kentucky said that Title IV-E funds, which support caseworker training and development, cannot be used to provide courses specifically on substance abuse or mental health training,[26] which they noted would be particularly relevant to service delivery. Additionally, caseworkers in all

[25]Network for Excellence in Human Services, *Workforce Analysis for Imperial County Department of Social Services.* March 2001.

[26]HHS officials told us that Child Abuse Prevention and Treatment Act funds are available for this type of training.

states we visited said that, when training was available, high caseloads and work priorities hindered their attendance. In Kentucky, for example, caseworkers told us that, unless training is required, they do not attend because casework accumulates, discounting the value of the training received. In addition, caseworkers in California said that one program designed to allow part-time work while they pursue an MSW is not practical because caseloads are not reduced and performance expectations do not change.

Challenges in training child welfare workers also exist for public agencies that contract with private agencies to provide services. The federal government reimburses states 75 percent for training public agency staff and 50 percent for training private agency employees. In Illinois, where about 80 percent of child welfare services are provided under contract with private agencies, training reimbursement has become a major issue for workforce development. One program director said that many workers have left private child welfare agencies in Illinois because they did not believe that existing training programs adequately prepared them to do their jobs. However, Illinois recently took steps towards addressing these issues by pursuing a waiver from HHS to obtain additional reimbursement for training expenses. According to HHS officials, Illinois is the only state, to date, that has requested and received this spending authority. From Illinois' officials' perspectives, however, states that have opted to privatize child welfare services should not be penalized or compelled to apply for a waiver in order to ensure that all service providers are adequately trained.

Some Evidence Suggests How Recruitment and Retention Challenges Affect Children's Safety and Permanency, but the Magnitude of the Effect Is Unknown

Caseworkers we interviewed in all four states and our analysis of HHS's CFSRs indicate that recruitment and retention challenges affect children's safety and permanency by producing staffing shortages that increase the workloads of remaining staff. As a result, they have less time to establish relationships with children and their families, conduct frequent and meaningful home visits in order to assess children's safety, and make thoughtful and well-supported decisions regarding safe and stable permanent placements. Our analysis of the 27 available CFSRs corroborates caseworkers' experiences showing that staff shortages, high caseloads, and worker turnover were factors impeding progress toward the achievement of federal safety and permanency outcomes. Although HHS officials told us that they plan to examine these reviews to better understand the relationship between recruitment and retention and safety and permanency outcomes across the states, they have not yet completed this effort.

Agency Staff Shortages and High Caseloads Impair Caseworkers' Abilities to Perform Critical Case Management Activities

According to the caseworkers we interviewed in each of the four states, staffing shortages and high caseloads disrupt case management by limiting their ability to establish and maintain relationships with children and families. They told us that gathering information to develop and manage a child's case requires trust between the child and the caseworker. Due to turnover, this trust is disrupted, making it more difficult for caseworkers who assume these cases to elicit from the child the type of information necessary to ensure appropriate care. For example, when staff change, caseworkers may have to reestablish information to update the case record, frustrating all parties involved. Caseworkers noted that families become hesitant to work with unfamiliar caseworkers, making it difficult to learn the history of the case. The negative effects of turnover can be particularly pronounced in group residential care facilities. According to several residential care caseworkers in California and Illinois, worker turnover compounds children's feelings of neglect and often results in behavior changes that affect their therapeutic treatment plans. These workers said that children channel their feelings of abandonment towards remaining staff, become resistant to therapy, and act violently and aggressively towards other children in the residential facility.

In every state we visited, caseworkers said that staffing shortages and high caseloads have had detrimental effects on their abilities to make well-supported and timely decisions regarding children's safety. Many said that high caseloads require them to limit the number and quality of the home visits they conduct, forcing them to focus only on the most serious circumstances of abuse and neglect. One caseworker in Texas noted that when she does make a home visit, the visit is quick and does not enable her to identify subtle or potential risks to the child's well-being.

Other caseworkers in all four states said that when they assume responsibility for cases as a result of worker turnover, their own caseloads increase and their ability to ensure the safety of the children whose cases they assume is limited. For example, a Texas caseworker told us that, when a former colleague left the agency, he was assigned a case in which the initial investigation had not been done. According to the caseworker, because his own caseload was high before assuming responsibility for the new case, the investigation of the abuse allegation and home visit were delayed by 3 months. As a result of the delay, the claim could no longer be substantiated—the evidence of alleged abuse had healed, no one could corroborate the claim, and the case was closed. By his estimation, if the case initially had been handled more quickly, or if high caseloads were not driving attrition, caseworkers might be better able to identify, mitigate,

and/or prevent future situations that could possibly jeopardize children's safety.

Additionally, all of the caseworkers we interviewed told us that transitioning cases to remaining staff takes time and can result in delays or changes to permanency decisions. Caseworkers in Kentucky noted that this is particularly true when they assume responsibility for a case with inadequate documentation. Given their high caseloads and ASFA's requirements to file for termination of parental rights (TPR) if the child has been in care 15 of the last 22 months, caseworkers have little time to supplement a child's file with additional investigations and site visits. As a result, they sometimes make permanency decisions without thoroughly evaluating the adequacy and appropriateness of available options. According to private agency officials in Illinois, this type of unsupported decision making is believed to result in placement disruptions, foster care re-entry, or continued abuse and neglect. In addition, supervisors in Texas told us that caseworkers often determine that filing a TPR under the 15-of 22-month provision is not in the best interests of the child when sufficient evidence is not available to support the TPR. In doing so, the caseworkers are able to continue to conduct their casework.[27]

Child and Family Services Reviews Show That Workforce Deficiencies Hamper Agencies' Attainment of Federal Child Welfare Outcomes

Our examination of the 27 completed CFSRs corroborates caseworkers' statements about the impact of recruitment and retention challenges on children's safety, permanency, and well-being. Although identifying workforce deficiencies is not an objective of the CFSR process, in all 27 CFSRs we analyzed, HHS explicitly cited workforce deficiencies—high caseloads, training deficiencies, and staffing shortages—that affected the attainment of at least one assessment measure. While the number of affected assessment measures varied by state, we found that HHS cited these factors for an average of nine assessment measures per state. Furthermore, more than half of the 27 states exceeded this average. For example, Georgia's and Oregon's CFSRs showed the greatest number of citations related to workforce deficiencies, with high caseloads, training deficiencies, and staffing shortages affecting the attainment of 14 and 16 assessment measures, respectively.

[27]ASFA allows for various exemptions from the 15-of 22-month provision. Under ASFA, states are not required to file for a TPR if the child is being cared for by a relative; the state documents a compelling reason why filing a petition to terminate parental rights is not in the child's best interests; or the state has not provided services needed to make the home safe for the child's return.

Additionally, several states' CFSRs present useful examples of how high caseloads, limited training, and staffing shortages affect the outcomes for children and families in care. For example, in Georgia, reviewers found that case managers' caseloads were unreasonably high, limiting their ability to conduct meaningful and frequent visits with families and carry out their responsibilities. Additionally, in New Mexico's CFSR, reviewers cited staff turnover and vacancies as affecting workers' responsiveness to cases and decreasing their ability to help children achieve permanency. Finally, the District of Columbia's CFSR describes heavy workloads, high staff turnover, and a climate in which supervisors often call new workers out of training to handle ongoing caseload activities. Table 1 shows the assessment measures affected by the workforce deficiencies in five or more states.

Table 1: CFSR Assessment Measures Whose Attainment was Affected by Workforce Deficiencies in 5 or More of the 27 States Reviewed

CFSR assessment measures	States (total number in parenthesis)
Caseworkers investigate reports of child maltreatment in accordance with state policy.	AK, AZ, FL, GA, MA, NC, NM, OK, OR, TN, TX, VT, WV, (13)
Caseworkers maintain diligent efforts to provide services to families in order to protect children in home and prevent removal.	AK, DE, KS, NC, NM, NY, OR, SD, TX, (9)
Caseworkers make diligent efforts to reduce the risk of harm to children in each case.	AZ, NM, OR, TX, WV (5)
Caseworkers maintain stability of foster care placement.	CT, GA, NC, NE, OK (5)
Caseworkers establish permanency goal for child in timely manner.	AL, AZ, CT, DC, GA, IN, NC, NM, NY, OK, OR (11)
Caseworkers finalize adoptions with appropriate and timely efforts	AK, AL, AZ, GA, ND, OR, TX, VT, WV (9)
Caseworkers assess and address the needs of child, parents, and foster parents adequately.	AK, KS, ND, OR, PA, SD, WV (7)
Caseworkers involve children and families in case planning.	AK, AZ, DE, FL, IN, KS, MN, NC (8)
Caseworkers adequately monitor child safety and well-being through frequent visits with children, focusing on case planning, service delivery, and goal attainment.	AK, DC, FL, GA, IN, NC, NM, OK, OR, TX, VT, WV (12)
Caseworkers maintain sufficient face-to-face contact with parents to promote attainment of case goals and ensure children's safety and well-being.	DC, FL, GA, IN, NC, NE, OK, TX, VT (9)
Agency reduces incidence of repeat maltreatment.	IN, KS, NM, NY, SD (5)
Agency provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.	AK, AZ, CO, NE, OK, OR, TN, TX (8)
Agency develops and implements standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.	AK, CO, DC, KS, ND, VT (6)
Agency operates a staff development and training program that supports the goals and objectives in the Child and Family Services Plan[a], addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services.	AK, AL, AR, AZ, CO, CT, DC, DE, FL, GA, IN, KS, MA, MN, NC, ND, NE, NM, NY, OK, OR, PA, SD, TN, TX VT, WV (27)
Agency provides ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the Child and Family Service Plan.	AK, AR, AZ, CO, CT, DC, DE, FL, GA, IN, KS, MA, MN, NC, ND, NE, NM, NY, OK, OR, PA, SD, TN, TX VT, WV (26)

Source: GAO's analysis of CFSR reports released before December 1, 2002.

Note: GAO defined workforce deficiencies as one or more of the following: high caseloads, training deficiencies, and staffing shortages.

[a]Child and Family Services Plans are required under Title IV-E of the Social Security Act in order for states to receive federal foster care funds for maintenance of foster children, specific administrative costs associated with foster care programs, and adoption assistance.

According to officials at HHS, few states have consulted the national resource centers for recruitment-and retention-related guidance, and HHS has not yet made these issues a priority in its technical assistance efforts.

Although one center is considering studying the impact of recruitment and retention on federal safety outcomes, an action plan is not yet in place. Additionally, although HHS officials who participated in the CFSR process acknowledge that high caseloads and worker turnover can pose barriers to conformity with federal standards, HHS has not yet analyzed this relationship and does not require states to use their PIPs to address existing recruitment and retention challenges.[28] While HHS has used CFSRs to identify best practices concerning safety and permanency planning, officials said the focus on states' workforce deficiencies and their impact on safety and permanency outcomes has been limited. HHS attributed this limited focus to the absence of federal standards regarding staffing and case management.

Agencies Have Implemented Various Workforce Practices, but Few Have Been Fully Evaluated

Public and private agencies have implemented a variety of workforce practices to address recruitment and retention challenges, but few of these initiatives have been fully evaluated. University partnerships to train current workers or prepare social work students for positions in the child welfare profession are widespread, and two of the four states we visited—Kentucky and California—have demonstrated several benefits of these programs related to recruitment and retention. Additionally, officials and caseworkers in Kentucky and Illinois told us that COA's standards of lower caseloads, reduced supervisor-to-staff ratios, and increased emphasis on professional credentials have improved their attractiveness to applicants and enhanced worker morale and performance—two factors they noted were critical to retention. Furthermore, improvements to supervision, such as leadership development or mentoring programs, may help alleviate worker stress while other practices, such as the use of competency-based interviews and realistic job previews, also appear to improve agencies' abilities to hire staff who are better prepared for the job's requirements.

[28]Of the 10 available PIPs, five states include specific measures to address high caseloads, inadequate staffing levels, and new worker training.

University-Agency Partnerships Appear to Improve Recruitment and Reduce Turnover

Available evidence suggests that more than 40 state agencies have formed child welfare training partnerships—collaborations between schools of social work and public child welfare agencies—to provide stipends to participating students through use of federal Title IV-E dollars and state contributions.[29] These programs are designed to prepare social work students for careers in the child welfare profession and develop the skills of current workers. The programs require that students receiving stipends for the study of child welfare commit to employment with the state or county public child welfare agency for a specified period of time. The length of the contractual employment obligation—usually 1 to 2 years—and the curriculum content each program offers differ by state and sometimes by university.

While few in number, authors of available studies on the impact of Title IV-E training partnerships suggest that they improve worker retention. One study tracked four cohorts of students who participated in a training partnership and found that overall, 93 percent continued to be employed in the child welfare profession—and 52 percent remained with public agencies—well beyond the minimum required by their employment obligation.[30] Furthermore, two of the states we visited, Kentucky and California, conducted similar analyses of employee graduates of Title IV-E programs, each finding that over 80 percent of participants remained with the state agencies after their initial work obligations concluded (see table 2). Kentucky state officials attribute these retention rates, in part, to the intensive coursework, formal internships, and rigorous training included in the curriculum of these training partnerships.

[29]The relationship between state agencies and the universities with which they partner varies by state. Some partnerships are more collaborative than others; in some states the agency acts only as a conduit of federal dollars, while in others, agencies work with schools of social work to shape the curriculum and design the internship program. In commenting on a draft of this report, ACF said that HHS's child welfare training grant program has fostered stronger partnerships by requiring schools of social work to collaborate with state child welfare agencies in designing their programs.

[30]Robin, S.C, and C.D. Hollister. *Career Paths and Contributions of Four Cohorts of IV-E Funded MSW Child Welfare Graduates*. School of Social Work, *Journal of Health and Social Policy*, vol. 15, no.3/4 (2002).

Table 2: BSW And MSW Programs Offered through Agency-University Partnerships in Four States

State program	Key features of partnership	Effect on recruitment and retention
California		
California Social Work Education Center (CalSWEC) - Collaboration between California's 15 graduate schools of social work, its Department of Social Services, county welfare directors, and the California chapter of the National Association of Social Workers.	Objective is to recruit and prepare a diverse group of social workers for careers in pubic service with special emphasis on child welfare. In exchange for full financial aid, MSW candidates enroll in child welfare classes, participate in fieldwork placements, and agree to at least 1 year of full-time employment in a county child welfare agency upon graduation.	Based on data collected in 1999 from the cohort of all 1997 CalSWEC graduates, 85% remained with the agency after their contractual employment obligation was completed.[a]
Illinois		
Passport Program – Collaboration between Illinois' 13 undergraduate schools of social work and the Department of Children and Family Services. Pena Professional Degree Program—Collaboration with employee labor union and six graduate schools of social work to help staff with a demonstrated commitment to child welfare and leadership in the agency obtain their MSW.	Objective is to improve recruitment, preparation, and retention of new hires. Interested BSW candidates in their senior year receive full tuition in exchange for committing 1 year of employment to the child welfare agency upon graduation. Illinois pays qualifying workers' tuitions and provides paid time off to attend daytime classes. Participants sign a payback agreement corresponding to the level of benefits they receive. Selection is based on a review of a candidate's application and concurrence with eligibility criteria. Receipt of the MSW is tied to an automatic pay increase and promotion.	The first cohort of Passport participants entered the program in August 2001. The agency's goal is that 80% of participants will be retained with the agency for at least 3 years. No formal retention studies of either program have been conducted yet.
Kentucky		
Public Child Welfare Certification Program – Collaboration between nine of Kentucky's undergraduate social work schools and the Cabinet for Families and Children.	Objective is to provide advanced knowledge and skill preparation for undergraduate social work students entering the public child welfare arena. In exchange for full financial aid during their last 2 years in college, BSW candidates enroll in child welfare classes, participate in fieldwork placements, and special retreats, and agree to 2 years of full-time employment with the child welfare agency upon graduation. The program uses common instructors, syllabi, and texts.	A recent tracking study of the first cohort of certification graduates found that 86% remained with the agency beyond their contractual obligation,[b] while only 54% of nonparticipants were retained.
Texas		
Throughout Texas, six universities offer both BSW and MSW stipends; five offer BSW stipends only; and one offers only MSW stipends. Title IV-E contracts are managed separately at the regional, rather than state level.	BSW and MSW students participate in field placements with the state's child welfare agency and commit to a minimum of 1 year of full-time agency employment upon graduation. Stipends also can be awarded to current staff—who take courses part -time while working—for a maximum of 4 years.	Graduates of one participating Texas IV-E program were surveyed. 70% of respondents were still employed with the agency after their contractual employment obligation expired.[c]

Source: GAO's analysis.

[a]Dickinson, Nancy S., and Robin Perry. "Do MSW Graduates Stay in Public Child Welfare? Factors Influencing the Burnout and Retention Rates of Specially Educated Child Welfare Workers." The California Social Work Education Center. University of California at Berkeley, August 1998. A new wave of the CalSWEC retention study began in August 2001 and data are still being analyzed.

[b]Barbee, A.P. "Creating a Chain of Evidence for the Effectiveness of Kentucky's Training System." For the CFSR. March 2003.

[c]Scannapieco, Maria and Kelli Connell-Carrick. "Do Collaborations with Schools of Social Work Make a Difference for the Field of Child Welfare? Practice, Retention, and Curriculum." *Journal of Human Behavior in the Social Environment*. 2003.

Evaluations in Kentucky and California also suggest that training partnerships improved worker competence. In both states, evaluations found that staff hired through specially designed IV-E child welfare programs performed better on the job and applied their training more deftly than employees hired through other means. In their evaluation of Kentucky's training partnership program, researchers tested all new hires—those who had completed the program and those who did not—after the agency's core competency training. Controlling for undergraduate grade point averages, the study found that those who completed the training scored better on the agency's test of core competencies.[31] Additionally, Kentucky supervisors, when surveyed, reported that they considered certification students to be better prepared for their job than other new employees. The California study also compared training partnership participants with nonparticipants and found similar results. Those who participated in training partnerships scored higher on a test of child welfare knowledge and reported greater competency in their work and a more realistic view of child welfare work than those who had not participated.[32]

These studies and our discussion with caseworkers in all four states suggest that while training partnerships may increase workers' skill levels, caseworkers may still feel unprepared for the realities of child welfare practice. The California study cited earlier found that IV-E graduates did not have higher levels of job satisfaction or lower levels of stress than their non-IV-E counterparts, and caseworkers who graduated from the Kentucky certification program told us that even with the training, they still felt unprepared to manage complex cases and were constantly frustrated with the burdens of paperwork documentation.

[31]Fox, S., Miller, V. & Barbee, A.P. Finding and Keeping Child Welfare Workers: Effective Use of Title IV-E Training Funds. *Journal of Human Behavior in the Social Environment* (forthcoming).

[32]Jones, Loring P. and Amy Okamura. "Reprofessionalizing Child Welfare Services: An Evaluation of Title IV-E Training." *Research on Social Work Practice*, September 2000. Ongoing research in Louisiana also found similar results. IV-E participants score higher on child welfare competency exams than control groups, have higher rates of retention within the agency, and score higher on supervisor evaluations of their work preparation (Ellett, Bert and Kristin Gansle. "Louisiana Title IV-E Program Begins Evaluation Process." *Partnerships for Child Welfare*, Vol. 5, No.5. February 1998).

Systemic Improvements in Managing Child Welfare Cases Help Alleviate Worker Stress

Systemic improvements in managing child welfare, such as accreditation and the enhancement of supervisor skills, help alleviate worker stress by improving the working environment. According to state officials and CWLA staff, accreditation facilitates high-quality service delivery, in part, because it requires reasonable caseloads and reduces the number of staff supervisors must oversee. Additionally, caseworkers and their managers told us that supervisory training that focuses on leadership skills and case management practices improves overall communication and aids in staff decision making.

Accreditation

Since 1977, the Council on Accreditation for Children and Family Services has accredited public and private child welfare agencies that comply with organizational, management, and service standards of child, family, and behavioral healthcare services.[33] Only two states—Illinois and Kentucky—have fully accredited child welfare systems,[34] and caseworkers in Illinois and Kentucky told us that adhering to these standards—in particular, those related to caseloads and supervision—has improved their attractiveness to applicants and enhanced worker morale and performance, two factors they noted were critical to retention. COA's specific standards related to maximum caseload size, supervisor-to-staff ratios, and professional credentials for caseworkers and supervisors are shown in appendix II.

According to state officials in both Illinois and Kentucky, accreditation has improved retention and helped their agencies better focus on children's outcomes. Illinois' Department of Children and Family Services received its accreditation in June 2000. Since that time, all private agencies that contract with the state agency are reported to have also received accreditation. According to the state's child welfare director, the pursuit of accreditation stemmed from a court order mandating smaller caseloads for staff and the fact that the agency was confronting receivership and facing increased media scrutiny.[35] According to several Illinois supervisors,

[33]Agencies' capacities to meet and comply with COA accreditation standards are assessed through a formal review process. Accredited agencies are reevaluated at least every 4 years to maintain their status.

[34]As of December 2002, there were 1,090 accredited private child welfare agencies. In addition to Illinois and Kentucky, whose entire systems are accredited, 12 states have at least one accredited county or local child welfare office.

[35]A receivership is an arrangement in which a court appoints a person to temporarily manage a local agency with broad authority to ensure full compliance with the court order in an expeditious manner.

accreditation changed the operations of the agency—they now operate with reduced caseloads, improved internal communication, and increased public confidence in the system. Furthermore, to prepare for reaccreditation, staff engage in a routine practice called "peer review" to determine how their caseload management contributes to the state's safety and permanency outcomes measures. According to one Illinois supervisor, preparing for these peer reviews has united staff in a common goal and increased their attentiveness to service delivery.

Kentucky's Cabinet for Families and Children became accredited in October 2002 and state officials there said that accreditation has helped the agency professionalize child welfare staff by emphasizing appropriate educational backgrounds, improving training, and building pride within the organization. These officials also said that accreditation has strengthened recruitment and improved retention because the agency is focused on hiring qualified people who know what to expect on the job. According to Kentucky supervisors and staff, accreditation was also the driving force behind the creation of the agency's new MSW stipend program, its push towards continuous service quality improvement for children and families, and higher expectations for staff performance.

To obtain these benefits, accreditation requires sustained financial and organizational commitment. Even before applying, agencies devote significant dollars to make their services and practices compliant with COA eligibility standards. This process can entail reforming personnel policies, hiring more staff, or upgrading communication and data systems. Furthermore, the costs associated with 4-year accreditation can range from $5,700 to more than $500,000, depending on an agency's annual budget. Once accredited, filling vacancies to maintain rigorous caseload standards, for example, becomes a constant and expensive demand on agencies' resources. According to an HHS Inspector General report on the topic,[36] while many agencies that receive accreditation may be performing well already, accreditation status does not guarantee high-quality service.[37] Caseworkers in Illinois and Kentucky also mentioned this, telling us that

[36]U.S. Department of Health and Human Services, Office of Inspector General, Office of Evaluation and Inspections. *Accreditation of Public Child Welfare Agencies*. March 1994. OEI-O4-94-00010.

[37]Although accredited agencies are required to submit yearly Maintenance of Accreditation reports to COA, according to one COA official, there is no mechanism in place to certify agencies' compliance with the accrediting standards on a daily or monthly basis.

they continue to cut corners by limiting home visits or falling behind on their documentation in order to manage both the volume and the complexity of their caseloads. Furthermore, some agencies' staffing shortages are so severe that implementing COA's educational requirements might further restrict the pool of qualified applicants. In some cases, personnel standards, such as minimum degree requirements, may conflict with states' merit systems, particularly those that govern personnel policies and procedures. Unlike Illinois and Kentucky, which were able to revise their position classifications, other states may not be able or interested in complying with this standard. According to a state official in Texas, the state's child welfare agency has no plans to pursue accreditation because caseloads—though recently reduced—are still well above COA's standard, and the agency is currently struggling with staff turnover and high vacancy rates.

Enhancements to Supervision and Mentoring

States have taken a number of approaches to enhance staff supervision. In Illinois, all supervisors are required to have an MSW, not only because COA requires it, but also because state officials believe the degree improves managers' competencies and knowledge. Kentucky is also moving toward requiring MSWs of supervisors for the same reasons. Currently, Kentucky prefers that caseworkers have a minimum of 5 years' experience before they can be promoted to supervisory positions. Kentucky also has a supervisory development training series that includes topics such as conflict resolution and supervisory skill mastery. Similarly, Texas offers tenured managers courses in decision making, program administration, and leadership. By late 2003, the agency plans to have these managers serving as mentors and leadership coaches for its new supervisors.

Kentucky has also taken steps to enhance the mentoring of new caseworkers. A pilot program—designed for new hires that have not participated in the undergraduate IV-E funded child welfare certification program—affords new caseworkers, for their first 3 months on the job, the opportunity to observe and practice newly acquired skills under the tutelage of tenured employees selected for their superior performance in the agency. While an initial assessment of the program indicated that employees' confidence in their skills improved, additional improvements are underway and must be completed before the program will be implemented across the state.

Use of Hiring Competencies, Realistic Job Previews and Recruitment Bonuses May Enhance Agencies' Abilities to Hire Qualified Staff

To avoid hiring decisions that may later result in turnover or poor performance, some agencies have begun to develop hiring competencies, use more realistic portrayals of an agency's mission, and offer recruitment bonuses. While some evidence exists that these practices improve recruitment and retention, few evaluations of their success have been conducted.

Matching Recruits' Competencies and Expectations with Agency Needs

Many states have created lists of desired worker competencies to evaluate the skills of potential hires and match their expectations with agency needs. The objective of these tools is to select candidates who may be satisfied with and successful in the agency once employed.[38] Although Illinois requires certain academic credentials of all new hires, the state also uses an applicant screening tool to assess the education, writing ability, verbal ability, cultural sensitivity, and ethics and judgment of candidates. The screening requires candidates to complete several verbal or written vignettes that represent realistic situations a child welfare investigator or caseworker might encounter. Candidates are graded on how they resolve situations as well as on technical skills, such as writing and verbal ability. Additionally, recruiters in other states, such as Colorado, Maine, Nebraska, and Wisconsin, require candidates to demonstrate the required competencies in oral and written communication, and explain how their interests, strengths, and academic credentials or experiences fit with child welfare work. Furthermore, Delaware's child welfare agency and one county in Texas are attempting to maintain new hire pools—reserves of newly hired and trained caseworkers—in order to fill vacancies quickly with competent and well-prepared staff.

Agencies have also begun to use "realistic job previews"—videos that portray caseworkers confronting hostile families, working with the courts, and learning agency practices and protocols. Nebraska's child welfare agency developed a 25-minute realistic job preview video, which is required viewing before any child welfare applicant can even schedule an interview with agency officials. This video—similar to ones that are used in some parts of Texas and California—describes the requirements of

[38]In commenting on a draft of this report, ACF noted that it has fostered the identification of caseworker competencies by requiring clear delineation of worker competencies as a basis for curriculum development in announcements for child welfare training fund proposals.

maintaining accurate records and tracking children and families' progress. The video also portrays the camaraderie caseworkers and supervisors may share and documents the emotions caseworkers felt when actions on their cases were either taken or delayed. Furthermore, when piloting its use, researchers in Nebraska found that the realistic job preview prompted ill-suited applicants to self-select out of job competition, allowing the agency to focus its recruitment efforts on the most eager and informed job candidates.

Using Bonuses to Attract and Retain Caseworkers

Another recruitment and retention practice that appears to help child welfare agencies hire competent staff has been the use of hiring or signing bonuses. Although some child welfare agencies choose instead to work towards more permanent increases in annual compensation packages, child welfare officials in Riverside County, California, who have implemented this practice perceive it as a necessary tool to fill their growing number of vacancies. Furthermore, fields comparable to child welfare, such as nursing—a profession in which an estimated 120,000 positions went unfilled last year—and teaching, have used hiring bonuses in an attempt to reduce their labor shortages. Last year, according to one study,[39] 19 states and the District of Columbia offered incentive programs, such as signing bonuses, to relieve teaching shortages. In Riverside County, the social services department began offering a hiring bonus in June 2000. New hires for one difficult-to-fill caseworker position, which requires an MSW, are currently offered $500 upon hiring, $500 after 6 months, and another $1,000 after 1 year of service. An additional $2,000 is granted annually to these hires until they reach their fifth year of employment with the agency.

Little evidence exists across occupations to determine whether or not incentive programs, such as bonuses, actually work to recruit and retain employees. In Riverside County, human resource managers said that they credit the monetary incentive with improving their ability to hire more qualified workers, reduce turnover, and improve service to clients. The county has not determined, however, what percentage of those hired under the bonus plan have remained with the agency after 2 years on the job. Furthermore, Riverside has not done any studies to isolate the impact of the bonus on employees' decisions to stay.

[39]Meyer, Lori. "State Incentive Programs for Recruiting Teachers. Are They Effective in Reducing Shortages?" *Issues in Brief*, National Association of State Boards of Education, October 2002.

Conclusion

Available evidence suggests that public and private child welfare agencies are experiencing difficulty hiring, training, and retaining their workforces. The absence of a stable, skilled, and attentive workforce threatens these agencies' ability to provide services for the more than 800,000 children estimated to spend some time in foster care each year. For example, when staff shortages lead to additional casework that delays decision-making, states have taken advantage of the ASFA exemptions to the 15-of 22-month provision intended to move children more quickly into permanent homes. While interviews with child welfare workers in four states and our examination of CFSRs indicate that workforce issues impair agencies' abilities to meet children's needs, several workforce practices do appear to improve recruitment and retention. HHS's role in identifying and addressing the challenges agencies face, however, has been limited. For example, HHS has not yet prioritized its research agenda to identify and/or assess promising workforce practices. Additionally, it has not provided targeted assistance to states to ensure that their PIPs adequately address the caseload, training, and staffing issues cited in the CFSR process. Engaging in such activities could enhance states' capacities to improve their performance on safety and permanency assessment measures, resulting in improved outcomes for children.

Recommendation

Because of the reported impact staffing shortages and high caseloads have on the attainment of federal outcome measures, we recommend that the Secretary of HHS take actions that may help child welfare agencies address the recruitment and retention challenges they face. Such efforts may include HHS (1) using its annual discretionary grant program to promote targeted research on the effectiveness of perceived promising practices and/or (2) issuing guidance or providing technical assistance to encourage states to use their program improvement plans to address the caseload, training, and staffing issues cited in the CFSR process.

Agency Comments

We obtained comments on a draft of this report from HHS's Administration for Children and Families. These comments are reproduced in appendix III. ACF also provided technical clarifications, which we incorporated when appropriate.

ACF generally agreed with our findings and said that our report highlights many of the concerns that the department identified in its analysis of the 32 Child and Family Services Reviews completed to date. Specifically, ACF noted that a direct relationship was found between the consistency and quality of caseworker visits with children and families and the achievement of case outcomes evaluated in the reviews. ACF also

confirmed that high caseloads are a major factor in staff turnover for those states in which a review was completed. ACF also concurred with our recommendation, saying that it has begun to explore the effectiveness of child welfare training programs, with an emphasis on lessons learned and best practices. However, ACF stressed that it has no authority to require states to address caseload issues in their program improvement plans or to enforce any caseload standard. Further, although ACF agreed that high caseloads also impact the ability of child welfare agencies to help families achieve positive outcomes, it said that the federal government has limited resources to assist states in the area of staff recruitment and retention and noted that technical assistance offered by the 10 resource centers is focused specifically on those areas, such as permanency timeframes, where federal legislative or regulatory requirements exist that states must achieve. We believe that ACF's stated actions represent a first step and, as we recommended, that it should take additional actions to help child welfare agencies address other facets of their recruitment and retention challenges.

We also provided a copy of our draft report to child welfare officials in the four states we visited--California, Illinois, Kentucky, and Texas. Each of these states generally agreed with our findings and provided various technical comments, which we also incorporated when appropriate.

We are sending copies of this report to the Secretary of Health and Human Services, state child welfare directors, and other interested parties. We will make copies available to others on request. If you or your staff have any questions or wish to discuss this material further, please call me at (202) 512-8403 or Diana Pietrowiak at (202) 512-6239. Key contributors to this report are listed in appendix IV. This report is available at no charge on GAO's Web site at http://www.gao.gov.

Cornelia M. Ashby, Director
Education, Workforce and
Income Security Issues

Appendix I: Scope and Methodology

In order to characterize the reasons for employee turnover, we engaged in the first known national attempt to obtain and classify exit interview documents from former child welfare caseworkers and supervisors. To begin this analysis, we designed a survey to learn (1) how many agencies were conducting and documenting exit interviews with staff who severed their employment and (2) if these agencies would be willing to share these documents with us. We distributed the survey to the directors of all 40 state-administered child welfare agencies (including the District of Columbia) and to a state-stratified sample of directors from 444 county child welfare agencies[1] in each of 10 county-administered states.[2] In addition, we sent our survey to a random sample of 281 private child welfare agencies from a universe of 945 with Child Welfare League of America (CWLA) membership. Responses to this survey indicated that 18 states, 39 counties, and 51 private agencies were conducting, documenting, and willing to share the exit interviews of staff who severed their employment between January 1 and May 31, 2002.[3] After follow up, we obtained and analyzed a total of 585 exit interview documents from 17 states, 40 counties, and 19 private child welfare agencies across the country.[4] In addition, we received and reviewed summary reports—in lieu of or to supplement actual exit interview documents—from 5 states and 7 counties. Because of the low number of responses, we were unable to generalize the results of our analysis beyond the data actually received.

In addition to the exit interview analysis, we conducted interviews with about 50 child welfare practitioners and researchers to determine which states were experiencing recruitment and retention challenges and how these were being addressed. We obtained and reviewed relevant literature and selected four states in which to conduct comprehensive site visits—California, Illinois, Kentucky, and Texas. We chose these states in part due

[1]Of the 444 county agencies in our sample, 100 were intentionally selected—to ensure adequate representation of urban and rural areas—because they are located in the 5 least populated and 5 most populated counties in each of the 10 states, and 344 were selected through randomization of each state's remaining midsize counties.

[2]The eleventh county-administered state—California—sent our survey to all 58 of its counties.

[3]These numbers do not include agencies that were willing to share exit interviews with us but had no staff leave during the specified period.

[4]Some agencies—originally indicating that they were willing to share their exit interview documents—did not do so, while other agencies—originally *unwilling* to share their documents—ultimately provided them.

to their geographic diversity, the variation in their caseload sizes, and their abilities to provide both urban and rural perspectives on the issues. These states also varied in terms of two important characteristics of child welfare programs—county versus state administration and reliance on private agencies for the delivery of services. In each state, we interviewed management, current caseworkers, and supervisors at various private and public agencies; obtained and reviewed relevant agency documents and data on vacancy, turnover, salary, and caseload rates; and talked with appropriate child welfare associations, advocacy groups, and researchers.

To determine the extent to which recruitment and retention challenges affect children's safety, permanency, and well-being, we analyzed the 27 Child and Family Services Reviews (CFSRs) that the Department of Health and Human Services (HHS) had completed and released to us by December 1, 2002.[5] Specifically, we conducted a content analysis, noting each instance in which HHS explicitly cited high caseloads, insufficient training, and staffing shortages as affecting the attainment of all 45 CFSR assessment measures. In addition to the CFSR analysis, we obtained evidence on the link between recruitment and retention challenges and outcomes from conversations with caseworkers and managers during our site visits and from available research on the topic obtained through consultation with researchers and practitioners.

To determine the workforce practices public and private agencies have implemented to confront recruitment and retention challenges, we relied on site visits to the four states, interviews with experts and researchers, and relevant studies that highlighted those strategies with promise. We were not able to conclusively determine whether such strategies were or will be successful, because most agencies did not conduct research that could isolate the effect of the practices we investigated.

We conducted our work between March 2002 and January 2003 in accordance with generally accepted government auditing standards.

[5]HHS reviewed an additional five states in fiscal year 2002, but these reports were not available at the time of our analysis.

Appendix II: Selected Council on Accreditation for Children and Family Services Standards

Table 3: Staff Qualifications

Service area	Standard
Child Protective Services	At a minimum, personnel assigned to the child protective service have (a) a master's degree in social work or a comparable human service field from an accredited institution and 2 years of direct practice experience or (b) a bachelor's degree in social work or a comparable human service field and supervision by a person with a master's degree in social work or a comparable human service field who has 2 years of experience in the delivery of child protective services.
Adoption Services	Direct service personnel are qualified according to the following criteria: (a) previous experience in providing adoption services or family and children services, (b) a bachelor's degree from an accredited program of social work education, or (c) a bachelor's degree in another human service field. COA Interpretation (S14.10.02): Recently hired direct service providers who do not have prior experience in adoption receive 10 or more hours of in-service adoption training per year.
Foster and Kinship Care Services	Family foster care and kinship care workers have (a) an advanced degree from an accredited program of social work education or a comparable human service field or (b) a bachelor's degree in social work or a related human service field, with supervision by a person with an advanced degree in social work or a comparable human service field who has at least 2 years' experience in services to families and children. The kinship care service is staffed according to the following: (a) kinship care workers have a bachelor's in social work or another related human service field and (b) supervisors possess an advanced degree from an accredited program of social work education or another comparable human service field and have experience working with families and children.
Residential Treatment	Residential counselors and/or child care workers have (a) a bachelor's degree (If a few extensively experienced and highly trained persons lack a bachelor's degree and/or are in the process of obtaining the degree, their training and experience is thoroughly documented.); (b) the personal characteristics and experience to provide appropriate care to residents, win their respect, guide them in their development, manage a home effectively, and participate in the overall treatment program; (c) the temperament to work with and care for children, youth, or adults with special needs, as appropriate; and (d) basic skills in first-aid and the identification of medical needs.
Family-Centered Casework: Intensive Family Preservation	Direct service providers/practitioners are qualified by (a) an advanced degree in social work or a comparable human service field from an accredited institution and at least 2 years' experience in family and children's services and/or (b) a bachelor's degree in social work or another human service field from an accredited institution and at least 3 years' post-degree experience in family and children's services. COA Interpretation (S20.7.02): It is common for an interdisciplinary team to work collaboratively with families. This team may be comprised of individuals from the following fields: social work, mental health, special education, health (including nursing and public health), and juvenile justice. Examples of acceptable exceptions, if they represent a small percentage of the whole, include a BSW with only 2 years of post-degree experience or an MSW with experience in another area of practice not directly applicable to family centered services.

Source: Council on Accreditation Standards and Self Study Manual, 7th Edition, 2001.

Table 4: Supervisor Qualifications

Service area	Standard
Child Protective Services	Supervisors hold an advanced degree from an accredited social work program or a comparable human service field and have had at least 2 years of direct practice experience in services to families and children.
Adoption Services	Supervisory personnel have prior professional experience in providing family and children's services and have an advanced degree from an accredited program of social work education or an accredited program in another human service field.
Foster and Kinship Care Services	Foster/kinship care supervisors possess an advanced degree from an accredited program of social work education or a comparable human service field and 2 years of direct practice experience.
Family Centered Casework: Intensive Family Preservation	Supervisors have at least an advanced degree in social work or in a comparable human service field from an accredited institution and 2 years' post-master's degree experience in the delivery of family and children's services.

Source: Council on Accreditation Standards and Self Study Manual, 7th Edition, 2001.

Table 5: Caseload Limitations

Service area	Standard
Child Protective Services	Under no circumstances does a child protective worker's caseload exceed (a) 15 cases at one time that involve intensive intervention or investigation; (b) 30 cases at one time that involve case coordination, continuing services, or follow-up; and/or (c) a proportionate mix of the above. COA Interpretation (S10.7.07): A child protective service case is defined as a child, unless a family assessment model or equivalent is used. In this situation, the organization must provide average caseload sizes under categories (a) and (b) and a rationale.
Adoption Services	The organization structures its services so that adoption caseloads (a) do not exceed 25 families per worker when counseling birth families, preparing and assessing adoptive applicants for infant placements, and supporting these families following placement; (b) do not exceed 12 children per worker when preparing children for adoption who are older or who have special needs; (c) do not exceed 15 families per worker when preparing and assessing adoptive applicants for the placement of children who are older or have special needs and providing support to these families following placement; and (d) are adjusted for case complexity, travel, and nondirect service time.
Foster and Kinship Care Services	Caseloads for family foster and kinship workers do not exceed 18 children, and workers are able to perform their functions within these guidelines. Treatment foster care workers have caseloads of no more than 8 treatment foster care children. Kinship care caseload sizes do not exceed 12-15 families per worker. COA note: Reviewers may vary caseload limits set by rating indicators if the organization can demonstrate that (1) its workers do not have responsibility for a major, routine component of case work (i.e., planning); and (2) a time study has been done to adequately justify the organization's caseload limits.
Residential Treatment	Caseloads for direct care personnel do not exceed 12 residents.
Family Centered Casework: Intensive Family Preservation	For family-centered casework programs, caseloads are generally limited to 12 or fewer cases per direct service provider and are adjusted downward according to (a) internal organizational procedures governing caseload size that address the relationship between target population needs, duration and intensity of service, the number of service hours needed based on the issues presented, and the personnel model chosen by the organization; (b). the size of teams, if the service is team-delivered; (c) the need for extra attention in high-risk families; and (d) the need for balance between families at beginning stages of work, families moving toward termination, and families presenting different levels of need. For intensive family preservation programs, the organization limits caseloads to approximately 2 to 6 families per direct service provider or team and, within that range, caseloads are adjusted according to (a) internal organization procedures governing caseload size that address the relationship between target population needs, duration and intensity of service, the number of service hours needed based on the issues presented and the personnel model chosen by the organization; (b) the need for extra attention in cases where there is active suicidal, homicidal or assault behavior, failure-to-thrive or severe neglect, or increased degree of risk of harm to children, families, or the community; and (c) the need for balance between families at the beginning stages of work, families moving toward termination, and families presenting different levels of need.

Source: Council on Accreditation Standards and Self Study Manual, 7th Edition, 2001.

Table 6: Supervisor-to-Staff Ratios

Service area	Standard
Child Protective Services	A child protective service supervisor is responsible for supervising no more than (a) seven workers who are experienced and professionally trained and/or (b) five workers who have less professional education and experience.
Foster and Kinship Care Services	The maximum supervisor to caseworker ratio is 1:5.
Family Centered Casework: Intensive Family Preservation	The standards for supervisory workloads are: (a) one full-time equivalent supervisor for each of five to eight practitioners or teams and (b) appropriately modified for total number of families represented, experience levels of practitioners, geographic distances, size of teams, and other relevant factors.

Source: Council on Accreditation Standards and Self Study Manual, 7th Edition, 2001.

Appendix III: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

MAR 18 2003

TO: Cornelia M. Ashby
Director, Education, Workforce,
and Income Security Issues
General Accounting Office

FROM: Wade F. Horn, Ph.D.
Assistant Secretary
for Children and Families

SUBJECT: Comments on the GAO Draft Report, "HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff," GAO-03-357

Attached are the Administration for Children and Families' comments on the GAO Draft Report, "HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff, " GAO-03-357.

Should you have questions regarding our comments, please contact Marva Benjamin, Child Welfare Program Specialist, Administration on Children, Youth and Families, at (202) 205- 8405.

Attachment

COMMENTS OF THE ADMINSTRATION FOR CHILDREN AND FAMILIES ON THE GENERAL ACCOUNTING OFFICE'S DRAFT REPORT, "HHS COULD PLAY A GREATER ROLE IN HELPING CHILD WELFARE AGENCIES RECRUIT AND RETAIN STAFF" (GAO-03-357)

The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau (CB) appreciates the opportunity to comment on this draft report, which addresses the causes, impact of, and possible solutions to staff recruitment challenges and turnover rates in child welfare programs.

General Comments

This report provides a thoughtful analysis of data about and interviews with child welfare staff at the local and State office levels. States may use this information to help prioritize their efforts to develop and maintain an effective child welfare workforce. Further, although few in number, the ACF funded university and State child welfare agency partnerships referenced in this report have had a positive impact on State child welfare agencies' ability to recruit and retain child welfare staff. Since States face many different caseworker recruitment and retention barriers, State-specific assessments are a useful way for them to understand current personnel practices, training programs and supervision in order to develop effective strategies for improvement. Such strategies must take into consideration the requirements of the Adoption and Safe Families Act (ASFA) of 1997. The principles that govern this Act to ensure child safety and shorten the time frame for making permanency decisions are the safety, permanency and well-being of children and their families. The Department of Health and Human Services (HHS) monitors State compliance with ASFA through the Child and Family Services Reviews (CFSRs).

ACF 's initial analysis of the CFSR data involving the first 32 States reviewed makes it abundantly clear that sufficient staff to make regular, substantive contacts with the children and families in their caseloads is essential. A direct relationship was found between the consistency and quality of caseworker visits with the child and family and the achievement of case outcomes evaluated in the CFSR. Although such a correlation has long been suspected, this is the first time that data provided a basis for ACF to note with confidence that consistency in caseworker visitation has a positive impact on achieving the Federal expectations set for State child welfare program performance.

Additionally, analysis of the data related to State performance in the CFSR found that none of the first 32 States reviewed were in substantial conformity with the well-being outcome that "Families have enhanced capacity to provide for their children's needs." This is consistent with the GAO report finding that caseworkers interviewed cited staffing shortages and high caseloads as factors that disrupt their ability to establish and maintain relationships with children and families. Other major factors cited are the overwhelming administrative burdens of paperwork requirements, and at least one study attributed part of the administrative burdens caseworkers face to the time they must spend in court as a result of ASFA requirements. However, it is unclear as to the extent paperwork requirements involving documentation of case planning with families affects efforts to prevent removals and achieve permanency consistent with ASFA requirements. Nevertheless, as noted in the GAO report, these barriers to relationship building

hamper gathering information from each family to identify service needs. Logically, if service needs are not adequately identified, the family's capacity to better provide for their children's needs cannot be substantially improved.

GAO Recommendation

Because of the reported impact of staffing shortages and high caseloads on the attainment of Federal outcome measures, GAO recommends that the Secretary of HHS take actions that may help child welfare agencies address the recruitment and retention challenges they face. Such efforts may include HHS (1) using its annual discretionary grant program to promote targeted research on the effectiveness of perceived promising practices and/or (2) issuing guidance or providing technical assistance to States to ensure that States' program improvement plans adequately address the caseload, training and staffing issues cited in the reviews HHS conducts.

ACF Comments

ACF concurs with GAO's recommendation on the need for action in addressing staff recruitment and retention issues. Activities have been set in motion to explore the effectiveness of child welfare training programs, with an emphasis on lessons learned and best practices. ACF believes that there is a need to develop and implement a training model on recruiting and retaining a strong workforce in child welfare. A strong workforce includes professionally trained, front-line workers with desired worker competencies, as well as placing a strong emphasis on learning, innovation and staff development. With regard to the recommendation to issue guidance or provide technical assistance to States for ensuring that their program improvement plans (PIPs) address caseload, training and staffing issues, it must be stressed that HHS has no authority to require States to address caseload issues in their PIPs nor does it have authority to enforce any such caseload provision.

The Child and Family Services (CFS) reviews provide an outcomes-based model utilizing multiple sources of information for assessing child protection and child welfare services provided by the States. As part of the CFS review, States are required to conduct a Statewide self-assessment to identify program strengths and barriers to performance in relation to Federal requirements. The systemic indicator which HHS monitors related to casework staff is based on Federal law and is as follows:

> "The State is operating a staff development and training program that supports the goals and objectives in the Child and Family Service Plan (CFSP), addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services."

Although the CFS review does not include issues such as caseload size in its review process, it is nevertheless clear from interviewing staff in the 32 States that have undergone the CFS review that high caseloads are a major contributor to staff turnover. Such high caseloads also impact the ability of child welfare agencies to help families achieve positive outcomes.

Issues related to caseworker training and performance are noted in the CFS review during the on-site review of specific cases and in local and State-level stakeholder interviews. The additional information obtained during the CFS review gives the context needed to understand how staffing patterns, high caseload and worker retention impact case outcomes. Using the full information gathered in the review allows HHS to target technical assistance resources better to specific barriers in each State.

A number of States have identified strategies that target workforce stabilization and reduction in caseloads as part of their PIP in order to improve outcomes for children and families, e.g., the District of Columbia and Georgia. Yet, the Federal government has limited resources to offer States in these efforts and the training and technical assistance offered by the ten resource centers funded by the Children's Bureau are focused specifically on those areas where there are Federal legislative or regulatory requirements that the States must achieve.

Each State will have completed a Statewide assessment by October 2004. The CFS reviews help identify strengths the States have to build on and the needs they should address in program improvement plans.

Appendix IV: GAO Contacts and Acknowledgments

GAO Contacts

Diana Pietrowiak, (202) 512-6239
Joy Gambino, (202) 512-2838

Acknowledgments

In addition to those named above, Gwendolyn Adelekun, Nancy Cosentino, and Nila Garces made key contributions to this report. Barbara Alsip, Avrum Ashery, Patrick DiBattista, Catherine Hurley, and Luann Moy also provided key technical assistance.

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