

## Written Testimony to the Vermont Joint Legislative Child Protection Oversight Committee

Representative Pugh, Senator Sears and members of the Committee, I'm Dan Despard, Senior Director at Casey Family Programs. Casey Family Programs is the Nation's largest operating foundation focused exclusively on child welfare. Our work in all 50 states, Washington DC and Puerto Rico provides for a uniquely broad and detailed perspective on best practices and child welfare system improvement. Today, I'm pleased to share this perspective on the important subject of worker safety, at the Committee's request.

While a large amount of helpful information and guidance has been developed on individual worker safety, I'll focus my testimony on systemic factors and strategies for improvement in three areas.

The first focus area I'll address is **workload management**. Almost a year ago, Casey Family Programs completed an assessment of the Family Services Division's Safety Decision Making. A priority recommendation from that report was to address the workforce crisis caused by excessively high caseloads. While the focus of our report was child safety, the factors involved with unmanageable workload have similar negative impacts on worker safety as well. One of the best strategies for improving worker safety involves the careful gathering of information and using that information to plan casework activities. When caseloads become too high and thus, unmanageable, workers and supervisors find themselves running from crisis to crisis, with no time for the kind of information gathering and planning they should be doing to assure not only child safety, but worker safety as well. For example, several states have implemented a threat assessment that supervisors and workers use to plan home visits and other casework activities. For that assessment and planning process to be effectively utilized, workers must have the time to gather the information for the assessment and have the time to meaningfully engage in planning conversations with their supervisors. Our assessment last year found that the demands of excessive caseloads, with all of the accompanying time frame responsibilities, just would not allow time to be that plentiful. So you see, until the workload becomes more manageable, it will be very challenging to effectively implement some of the other strategies for improving worker safety.

Our report made several recommendations for addressing the workload crisis and strengthening the workforce. While we share recommended caseload standards that were developed by the Child Welfare League of America and widely used across the country, we also point out that the agency cannot count vacant positions and new hires in determining caseloads. Newly hired caseworkers should not carry full caseloads for a period of at least 6-9 months after pre-service training. So it is extremely important to have an accurate and realistic caseload count to determine the caseworker staffing needs of the agency.

Since it often may not be possible to quickly bring social worker staffing levels up to within caseload standards, many public child welfare agencies have hired paraprofessional staff in order to alleviate excessive workloads and allow social workers to concentrate on key casework functions which require their professional training and expertise. These paraprofessional staffs, often called case aides can play an important part in the information gathering I spoke of earlier. They also can take on some of the time consuming tasks that don't require a social worker's training and experience, thus freeing up more time for the social worker to be plentiful.

The next area that I'll discuss is information collection and sharing, across multiple systems. As I referenced earlier, in order to effectively plan for safety a social worker needs to have

information about whether the adults involved in a case have histories of violence, substance abuse, criminal histories and serious mental illness. Often times, other public agencies, particularly law enforcement have that information and it is important to develop agreements or protocols for the sharing of that information. Multi-system collaboratives have developed across the country as best practice for promoting child safety, as well as worker safety. Project Vision, in Rutland is an excellent example of this kind of collaborative and one that could be used as a model for the rest of the state.

Substance abuse and mental health information is often protected by confidentiality statutes and some states have carefully removed barriers for sharing important information with child protection agencies, that is otherwise protected. Again, a multi-system collaborative approach, such as Project Vision provides the best structure for sharing the information necessary to promote safety. This kind of approach can often be developed without a big investment of new resources, as agencies learn to partner towards collective impact. Another current example that can be built upon in Vermont is the stationing of substance abuse screeners in the DCF offices. This pilot has proven quite valuable in gathering and sharing information about a problem that has grown to epidemic proportions. Many states have used this model, as well as other disciplines, such as domestic violence and mental health experts co-located with the child protection agencies and with good results.

Within DCF, it will be important to continue strengthening the system of collecting, tracking and disseminating reports of threats and other critical incidents. Again, it is important to share this information across all programs of DCF, as, for example, information gathered in child support may be critical to promoting safety in Family Services Division.

Finally, technology has been effectively used by many child welfare agencies to promote worker safety. Vermont presents somewhat unique challenges in this area, with the lack of cellular phone coverage in many parts of the state. However, where coverage is available, cellular phones can be used to effectively promote safety, by not only reporting worker whereabouts, but also checking with supervisors and getting law enforcement assistance and information, as needed. Some states have used GPS tracking devices and mobile panic buttons to get assistance to a worker quickly in emergencies. All of these tools need to be used in concert with protocols that assure supervisors and others back in the office know each worker's itinerary for that day and any changes to those itineraries.

In the office environment technology can be used to promote worker safety. While panic buttons, either placed in meeting rooms or wearable devices can get assistance quickly to workers in need, video cameras placed in these areas can often be a deterrent to client violence. Again, technology must be supported by a culture of safety to be effective and that is best developed through forums, such as the current workforce committee that brings together front line workers and management in regular conversation about improvement.

I want to thank the Committee for the opportunity to testify on this important topic and applaud the Committee's efforts in this area. I have been intentionally brief and somewhat broad in my discussion of a complex issue and I would be glad to answer any questions the members may have at this time or in the future. Thank you.