

Good Morning,

My name is Marina Murphy, and I have worked as a social worker for DCF Family services, in the St. Albans District office, for the past three years. Before that, I held an internship in the Middlebury District office while completing my Master's degree in Social work at UVM and through the Title-IV-E program.

I would first like to express my sincere appreciation for the opportunity to speak before you today about my work as an ongoing social worker, as I believe there is no better way for others to gain an understanding of how the practice guidance, policies, and laws governing the division impacts the "on-the-ground" everyday work. So thank you!

My case load has consisted of ongoing open Family Supports cases, but more recently has been focused on conditional custody and custody cases as our office has shifted with the onboarding of several new and highly-welcomed workers. I receive cases that have been transferred from the intake unit and more recently the other ongoing unit in order to create, implement, and monitor case plans that address the reasons for our safety interventions, and in which I assess and recommend reunification or permanency based on the parents' progress and within the set timeframes. According to how the department currently counts cases, I have a caseload of 18. This is based on each family that is assigned to me. This does not take into account if a family has one child or a family has six; it does not illustrate that each child may have a different father that I must assess and engage with; it does not take into account that two children may be with one foster parent, and two with another, and yet one more child with a third. It does not take into account that each child is likely to have special needs, requiring special services, and that I must be in contact with each of their therapists and providers on a regular basis in order to understand their needs, and how their parents or caregivers might meet those needs.

One of our federal requirements is to see each child in DCF custody once a month, with an emphasis on 'in the home'. In black and white, it seems as though a monthly contact is a pretty reasonable requirement, and some might argue that children would do better with more contact—and I would actually agree. But my caseload of 18 translates into 32 children I am required to see monthly and, when broken down into the 20 or so working days in a calendar month—translates into my having to see about 2 children per day, give or take on a given day. Currently, our unit of six social workers is responsible for roughly 100 children in custody, and this does not account for the children in conditional custody with a parent or relative, which currently stands at around 50. Of the 100 children in custody, 53 are in the 'Under 6 years old' category and considered to be more at risk because of this and other factors. For each child in care, there are also scheduled visits with parents and sometimes, each parent. Our unit recently calculated that, due to resource deficits including with our contracted agencies, we were covering approximately 119 hours of visits per week, mostly in the DCF office. That translates to roughly 23 hours per day of overlapping family visits and that each of the six social workers were

providing at least 3-4 hours of visit support per day. The numbers are constantly changing, but since the 13<sup>th</sup> of this month, six more children have come into care, including a newborn in which the court ordered daily 2 hour visitation with each parent, which is 28 hours per week. In addition, social workers are responsible for attending 4 hours weekly of administrative staff meetings and supervision as well as to conduct at least monthly case team meetings and meet with each of the parents 1-on-1 on a regular basis in order to assess and monitor progress. Preparation for court hearings as well as attending court hearings is also a weekly occurrence, and court is often running over an hour late. As an ongoing worker, I am also responsible for writing disposition case plans, which range from about 15 to 26 pages long, and takes me about 5 hours to write not including the time it takes to assemble the information including pertinent family history and history of involvement, assessment of kin and/or the placement, assessment of the child's needs, assessment of the parents, and my recommendations as well as services that will support the case plan, child safety, and change.

I currently have 24 foster parents or conditional custody caregivers, such as a grandparent, on my case load. One such caregiver, a grandparent, calls me religiously every Monday morning for a weekly update. I enjoy talking with her as we exchange updates about the children, talk about the case, talk about the weather, joke a little bit, sometimes cry a little; she relies on these conversations to know that she is doing the right thing, that the struggles with raising her grandchildren and having a daughter that uses drugs is not her struggle alone, and she feels validated to know that she is doing the right thing and that I care. And I cannot for the life of me get this woman off the phone in less than 30 minutes. Her need for this conversation is just so great, and I see how it directly encourages placement stability for the children. This grandmother is not the only one, however, that has the need to check in with me frequently. Other foster parents prefer multiple texts and emails a week, or even a day, and when a child is in crisis, often their first call is to you as crisis services is frequently not responding. If we calculate that every foster parent and caregiver checks in with me at a minimal once a week for 30 minutes, that's 12 hours of my week that is well-spent, but spent on supporting them.

Last week I met with a mother whose two children are currently in care as she battles her addiction to opiates. It had been weeks since we had been able to meet 1-on-1 due to her own transportation issues and my schedule. I expressed my concern to her that I just did not see how she was making progress. She grew frustrated with my comments, but we were able to sit with each other for over an hour and half and talk. She explained to me her father's passing when she was younger and the impact it has had on her, the heroin she describes as the "devil", and that her progress has been that she has not been using needles the past two months. We talked about the love of her children and the impact this has had on them. At the end of the meeting, it appeared that we had come to an understanding of each other and she indicated her plan to enter treatment. Her comment to me before she left was that she had wished we were able to have this conversation sooner, and that me spending time with her had helped.

Although I do not have a caseload that consists of youth, my colleague and co-worker who has been with the department over 20 years provided me with information about youth placed out of state. She currently only has two youths within 30 minutes (each way) to the office. The rest of her the youth on her caseload are anywhere between 45 mins ... to 2 hours... to 5 hours ... to 6 hours ... to 8 hour of air

travel away. Talk about monthly contacts. She has kids in southern Vermont, New Hampshire, Massachusetts and Florida. Many of these youth have been TPR'd and freed for adoption and are back in our system due to disrupted adoptions. She travels far for school meetings, treatment team meetings, celebrations, medical appointments, etc, but mostly because there is no one else to visit. She is on the road several times a week and often has to work nights and weekends to accommodate for travel time and then to document case notes, which has a great impact on your own family. She states that, during her 24+ years with the state, there have been more and more of these youths and she expects that trend to continue in that Vermont just doesn't have the treatment programs to meet their unique needs, despite looking for family connections wherever she can.

~~My points are this:~~ *The issues I raise are these:*

-Measuring in terms of caseload instead of workload simply does not accurately reflect the amount of work we are responsible for, and what may actually be possible for a social worker to complete in a 40 hour work week. In addition to the pressures that caseworkers experience, it is simply not fair to the children, youth, and parents that we are responsible, yet largely unavailable for as we are frequently not able to meet with them in a manner that is regular and meaningful.

-We do not have adequate resources, such as parent educators to support parent-child contact, to meet the demand. In addition to supporting visits, we are currently struggling with the availability of appropriate services for parents that would address the reasons why we intervened. Service providers often value family engagement over child safety in order to preserve the working relationship. This may be the result of a lack of education regarding child safety amongst community partners, or understanding of their role in the child protection system despite not being part of 'DCF'. This is especially concerning when we are talking about high-risk open Family Support cases (a product of differential response) in which the children are still in the home and in which there are limited services available to address child safety risk, with parents who are already reluctant and not mandated to engage. Further, the in-state resources for youth are almost non-existent and social workers spend a lot of time and resources on traveling to facilities out of state that are able to meet the complex needs of our teens.

-Courts are backlogged and the delay in the proceedings delays the entire case, including permanency down the road. I just received a case in which the intake social worker filed an affidavit with the State's attorney, who in turn asked for an emergency hearing within the following day or two. The hearing was not scheduled until almost 3 weeks later. In another one of my cases, I am in the process of writing the six-month case plan and the merits hearing is not until May 1<sup>st</sup> of this year. This seriously impacts that children, their relationship with their parents and the ability to reunify, as well as their permanency. I have some cases that are over two years old. In addition to the court being backlogged, yesterday I participated in an all-day or 8-hour TPR hearing in which the children's attorney did not ask EVEN ONE question. There have been other instances in which Guardian Ad Litem's have made recommendations having never even met with the child.

-Placement stability and especially placement with Kin requires a lot of time and support from the social worker and others. Simply picking up the phone can certainly help a caregiver, but we also need trained support that can be there when a traumatized child is having behaviors that are hard to understand. I had one two-year old that was banging his head against and scratching himself after each 1-hour supervised visit with his mom. We quickly discontinued the visits but there clearly needed to be support for both the child and the foster parent who was horrified and needed to understand how a two year old might purposely harm himself.

-In the context of my work day, which is often 10, 12, or even 14 hour days and some weekends, I often worry. I have a lot to worry about, in fact 32 of them. I do not think I will ever forget my first month on the job I had a 1-month old infant in the midst of a placement change and withdrawing from opiates. Her pediatrician said she did not need to go by ambulance but that she needed to be transported to Fletcher Allen for monitoring and potential treatment. In the midst of trying to comfort her screams in the waiting room of the hospital, I realized that there are just some things with this job you simply cannot be prepared for. The emotional impact has been palpable, but I have learned and grown in my position. But more recently, and on top of that, I worry that if I do not get to something, if I miss a piece of information in an assessment or misinterpret a parent's ability to be a safe caregiver, all in the context of a day where I'll be lucky if I get a lunch break, that there may come a time for me to be charged criminally for doing my job. This is something I cannot even fathom, and I can honestly say that if that becomes the case, I would have to think hard and talk with my husband and family about whether or not it is worth the risk in continuing in this line of work.

My points here today, although not comprehensive due to time constraints, are taken from colleagues in my unit, and within our district office, and I can safely say are not my ideas or experiences alone. I am lucky enough to be surrounded by an amazing group of educated, well-rounded, and incredibly hard-working and dedicated people. Without their support I would not be able to do this job. There's something about this work in child safety and enough things going well that keeps us all coming back the next day. This work is incredibly challenging, with every day completely different than the one before it, but I cannot think of anything else that is more worthy of my time.

Again, Thank you for your time today.