

Reforming the Los Angeles County Department of Children and Family Services

Recommendations from Los Angeles social workers

**SEIU Local 721
December 2009**

TABLE OF CONTENTS

- Executive Summary 2**
- Introduction..... 3**
- Children’s Social Workers at the Front Lines of Child Safety 4**
- Supporting CSWs and SCSWs to Do Quality Social Work. 6**
 - Free Social Workers to Spend Their Time Serving Their Clients..... 6
 - Provide Resources That Help Social Workers Make Critical Decisions..... 7
 - Provide Social Workers with the Basic Tools of Their Trade 9
- Training DCFS Staff to Do Quality Social Work 11**
 - Provide Proper Training Before Assigning a Caseload 12
 - Build Training into the Beginning of Service 12
 - Promote Ongoing Training and Staff Development 14
- Staffing Regional Offices to Promote Quality Social Work..... 15**
 - Build on Staff Expertise 16
 - Provide Clients with Social Workers Who Speak Their Language 17
 - Commit to Necessary Staffing Levels 17
- Conclusion 19**
- Endnotes 20**

EXECUTIVE SUMMARY

Several shocking child deaths in 2009 led to heightened calls for reform of the Department of Children and Family Services (DCFS). Children's social workers (CSWs) themselves have been raising concerns for years that systemic problems within DCFS endanger children in the system every day. Ultimately, to improve child safety, DCFS must also improve the ability of social workers to do their job by providing support and training, and by fully staffing regional offices.

SUPPORTING CSWS AND SCSWS TO DO QUALITY SOCIAL WORK

- **Free social workers to spend their time serving clients.** DCFS should remove reporting requirements that are overly burdensome and unlikely to improve child safety. DCFS should also ensure that ER units have at least one Human Services Aide (HSA).
- **Provide resources that help social workers make critical decisions.** DCFS must increase the number of 24-hour Medical Hubs to three. DCFS must also improve information sharing with other agencies, hire more Live Scan technicians, and reduce the number of CSWs assigned to each Supervising CSW (SCSW).
- **Provide social workers with the basic tools of their trade.** CSWs and SCSWs need greater access to fundamental tools: Citrix-equipped laptops, cellular phones, standardized case-review tools, and up-to-date office equipment in working order.

TRAINING DCFS STAFF TO DO QUALITY SOCIAL WORK

- **Provide proper training before assigning a caseload.** The CSW Core Academy should focus on interview skills and other things CSWs need to know in the field. The Core Academy should also have minimum standards for completion.
- **Build training into the beginning of service.** DCFS should revive training units, require job shadowing for all new CSWs, and provide basic field safety training.
- **Promote ongoing training and staff development.** CSWs need continual training, including standard curricula, trainings informed by case reviews and quality audits, and opportunities to attend relevant conferences.

STAFFING REGIONAL OFFICES TO PROMOTE QUALITY SOCIAL WORK

- **Build on staff expertise.** DCFS needs to bring experienced CSWs back into Emergency Response units. The Department should also promote a CSW career path for HSAs, and restore and support Lead CSWs.
- **Provide clients with social workers who speak their language.** DCFS should aggressively recruit bilingual CSWs and ensure that every office is staffed with CSWs who speak needed languages. If a CSW needs an interpreter to conduct an interview, one should be provided within 24 hours.
- **Commit to necessary staffing levels.** DCFS does not currently operate at optimal caseload levels, even though good social work requires that CSWs can give each child time and attention. DCFS should increase CSW staff, fill all vacancies within one month, and establish a dedicated ER review supervisor in each office.

DCFS should not respond to recent tragedies by simply increasing pressure on social workers. This does not improve the work that social workers do for the children in their caseloads. Instead, the Department should look to CSWs for their input. Social workers know the challenges they face, and they have valuable insight about how to reform DCFS.

INTRODUCTION

In Los Angeles County during 2009, several children died tragically at the hands of their caretakers while they were under the care of the Department of Child and Family Services (DCFS). These deaths brought about heightened calls for Los Angeles County to reform DCFS.¹ Too often, the response to these appalling crimes blamed social workers, while social workers themselves have been raising concerns for years that systemic problems within DCFS endanger children in the system every day.

These recent events demonstrate a need for comprehensive reform in Los Angeles County's child welfare system. DCFS would do well to rely on the front line experience of social workers, who know how problems both in the field and in the office compromise their clients' well-being. This report compiles practical solutions from social workers that will improve child safety and prevent tragedy in the future.

These recommendations come directly from children's social workers and other child welfare professionals. Social workers brought their concerns to the union, which led to a series of meetings, interviews, ride-alongs, and other field observations, all of which culminated in Local 721's first annual Social Worker Forum. This document is the result of those interactions, and it reflects the input of nearly one hundred practicing DCFS staff and community partners, including not only Children's Social Workers (CSWs) and Supervising CSWs (SCSWs), but also CSW Trainees, Public Health Nurses (PHNs) and Supervising Public Health Nurses (SPHNs), Regional Administrators (RAs) and Assistant RAs (ARAs), Children Service Administrators (CSAs). These participants were frank and open about their job, offering creative solutions rooted in their firsthand experiences. DCFS employees' identities are confidential throughout this report.

Los Angeles County CSWs are passionate about their vocation and are always in search of ways to do better for the children, families, and communities in their care. Throughout our interviews and field observations, it was clear that CSWs are frustrated that the common sense ideas they have suggested to management have been ignored, adopted but not implemented, or simply "stuck in the bureaucracy." By sharing their ideas with the Board of Supervisors, DCFS officials, and our community allies, we intend to ensure that their expertise is taken into account as DCFS makes necessary changes to improve child welfare in Los Angeles County. The SEIU Local 721 Workers Occupational Council will continue to advocate and offer guidance until these recommendations are implemented.

CHILDREN'S SOCIAL WORKERS AT THE FRONT LINES OF CHILD SAFETY

Los Angeles County social workers face conditions as challenging as any social workers in the nation. With over 32,300 children in the system,² Los Angeles County DCFS serves more children than almost any local child welfare agency in the nation. DCFS workers receive between 11,000 and over 16,000 referrals every month, requiring social workers to investigate claims of severe neglect, physical abuse, sexual abuse, and other situations that put children in danger.³

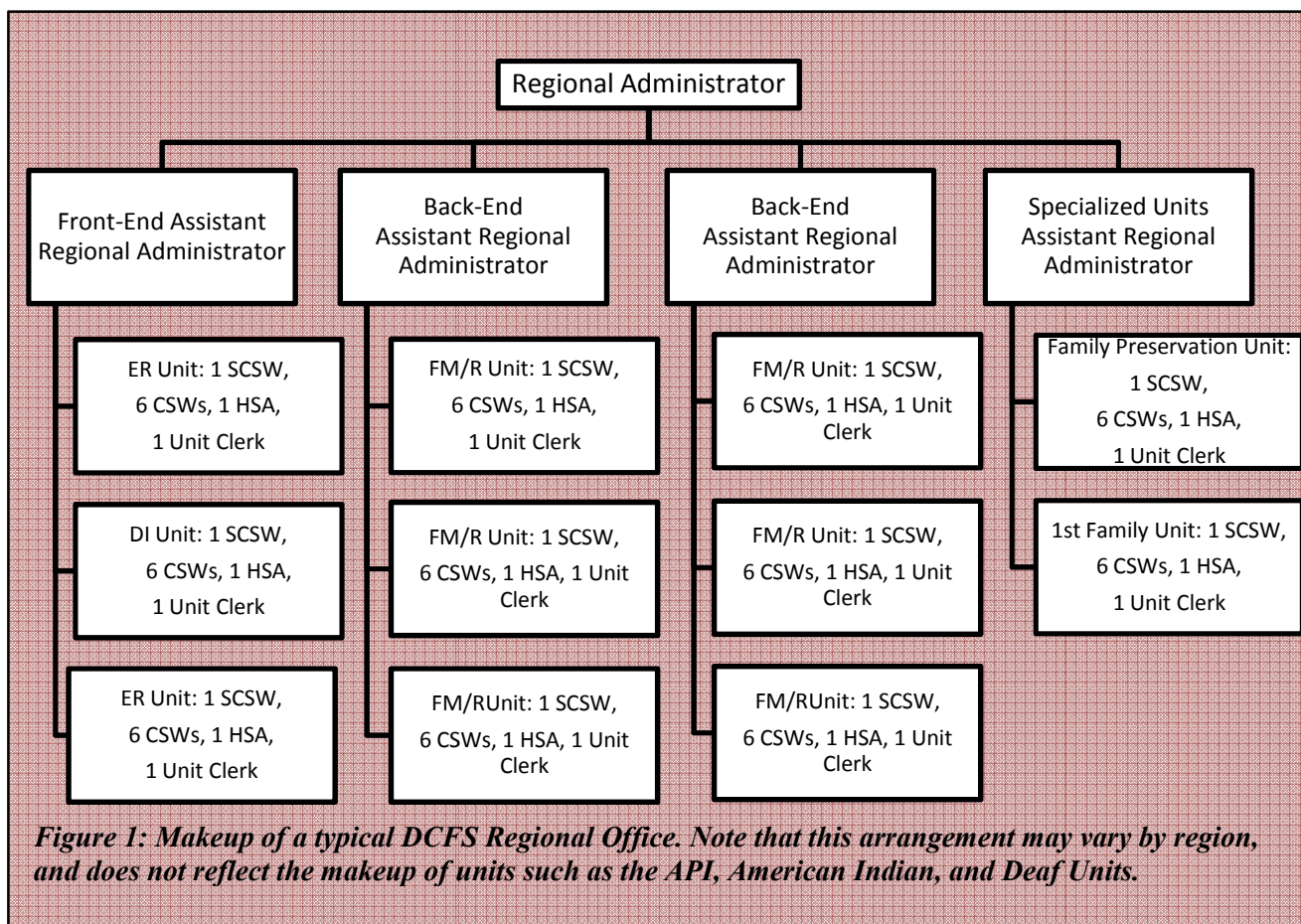
While the Department has 18 offices placed throughout the County, a referral can bring a social worker to any of the 88 cities and numerous unincorporated areas that span the County's 4,752 square miles.⁴ DCFS' jurisdiction runs over ninety highway miles from the Ports of Los Angeles and Long Beach to the High Desert, and nearly seventy highway miles from the beaches of Malibu to eastern cities like Pomona, Diamond Bar, and Claremont. Within this vast territory are County residents who come from 140 different countries and speak 224 languages, 92 of which are spoken in local schools.⁵

DCFS social workers come to the Department from diverse educational and professional backgrounds. A social worker may begin at the level of CSW I, provided that he or she has a bachelor's degree in a related field and requisite experience in the field of child welfare. If an individual has a bachelor's degree from a non-related field or lacks field experience, he or she must first spend one year as a CSW Trainee. Some CSW's also have an internship with DCFS while they are earning a Bachelor of Social Work (BSW) or Master's of Social Work (MSW), but those who come to the Department from other fields do not. For all CSWs, the basic foundation of training is the CSW Core Academy that is provided by the Inter-University Consortium (IUC) in partnership with DCFS.

Once they have been assigned to an office, CSWs are responsible for the safety of the children in their caseload. They respond to calls that come into the Child Protection Hotline indicating a possibility of abuse, neglect, or other endangerment of a child's well-being. CSWs investigate each case, beginning with interviews of the child's family and relevant collateral contacts. In many cases this requires them to step into potentially dangerous situations with no protection, backup, or situation-specific training.

During their investigations, social workers accompany children to doctor or hospital visits to determine whether a child has been a victim of any sort of abuse. In many instances CSWs must do surprise visits hours early in the morning or late at night in order to catch contacts who may be avoiding them or working during business hours. In most cases, offices do not pay social workers for this overtime.

Initial referrals are handled by Emergency Response (ER), Emergency Response Command Post (ERCP), and Dependency Investigations (DI) social workers who determine whether a child's safety requires that DCFS remove them from the home. After a CSW and SCSW make this decision, the child's case is handled by "back-end" CSWs in Family Maintenance and Reunification (FM/R). CSWs in the Asian and Pacific Islander (API) Unit, American Indian Unit, Deaf Unit, and other special units do both ER work and back-end work, typically not tied to a specific office or territory. Back-end CSWs also handle Permanent Placement (PP) duties that provide long-term stability for children and families.



From the time an ER CSW receives a referral to the moment the child moves out of the system, a DCFS social worker is responsible to navigate the system and ensure the safety of that child. In order to do this most effectively, CSWs need DCFS' commitment that the Department will provide social workers with the support, training, and staff that they need to serve the population of Los Angeles County.

SUPPORTING CSWs AND SCSWs TO DO QUALITY SOCIAL WORK

Quality social work and supervision require time and resources. Unfortunately, both CSWs and SCSWs tell us that these are increasingly hard to come by in DCFS. Social workers are overloaded with duties that are only tangentially related to social work. Supervisors are frequently overburdened by the number of CSWs they must oversee. Basic documentation and communication materials, from pens to computers, are often lacking. All of this seriously limits the ability of social workers and their supervisors to ensure the welfare and safety of the children in their caseloads.

Free Social Workers to Spend Their Time Serving Their Clients.

Almost all CSWs recognize that the Department has made progress in reducing caseloads. But at the same time, *workloads* have increased exponentially during the last several years. CSWs and SCSWs point to a disaster and reaction cycle wherein DCFS reacts to tragic events by issuing policies and accountability measures. Oftentimes, these measures do not address the root causes of tragic events, but they do take more and more time of workers' days.

- ***DCFS should review the paperwork and reporting that CSWs and SCSWs are required to do as a result of DCFS policies that have emerged in the last ten years.*** DCFS should remove responsibilities that are redundant, excessively time consuming, unlikely to improve child safety, and not required by state or Federal law. The Department should also change any responsibilities that can be streamlined or made more efficient. For example, SCSW duties include a series of "monthly assignments." Much of the information in these assignments is the same from month to month, and completion of the assignments is a time-consuming formality for SCSWs. Such assignments "can and should be done by CSAs who can look up the information."⁶ CSW duties are just as time-consuming and distracting to their basic responsibility to the children in their caseload. As one ER social worker put it, "The list of policies and task that we have to deal with is literally impossible to do even in a 12 hour day. The Department needs to realize that either we need more bodies, or they need to trim the list."⁷
- ***Ensure that at least one Human Services Aide (HSA) is dedicated to each ER unit.*** HSAs assist CSWs with many time consuming tasks, such as transporting children, coordinating with service providers and medical professionals, and handling administrative duties that do not require the social worker's attention. In many offices ER Unit HSAs are assigned duties in Family Maintenance and Reunification and other back-end units. This leaves ER CSWs – those with the most time sensitive cases – without an HSA's assistance.

Provide Resources that Help Social Workers Make Critical Decisions

During the course of every case, social workers make decisions that affect the fundamental well-being of the children they serve. These can be life and death decisions, but it is never possible for a CSW to know when that will be the case. The seriousness of this responsibility means that DCFS should do everything in its power to ensure that CSWs have as much information as possible. Unfortunately, DCFS has not guaranteed CSWs access to some of the most effective resources available.

- **Improve staffing levels and expand hours at all Medical Hubs, and bring the number of 24 hour Medical Hubs up to three.** Medical Hubs provide CSWs with necessary information about child endangerment, at the same time that they provide assessment, diagnosis, and treatment of physical and mental health issues. Unfortunately, Medical Hubs are often closed and understaffed when CSWs need them. A veteran SCSW explains a common scenario in such cases: “The South Bay Hub [Harbor/UCLA Medical Center] closes at 5:00, so if you find out then that a child needs an assessment, you have to travel to LAC/USC Medical Center where they operate 24 hours. At that time of day you’re talking a few hours of travel to get there and back.”⁸ In these situations CSWs often rely on nearby emergency rooms, which can leave children waiting for hours and “do not have the forensic expertise necessary to adequately address the needs of foster youth.”⁹

When they jointly proposed the Hub concept in 2004, DCFS and DMH recognized the need for greatly expanded hours: “Access to forensic, medical and mental health expertise and assessment capabilities 24/7 a week, is needed to ensure the safety of children at risk of entering or already in the County’s foster care system and to shorten the timelines to permanency.”¹⁰ Unfortunately, the LAC/USC Medical Center is the only one of seven Medical Hubs that operates 24 hours a day. Twenty-four hour care should remain a goal for *all* medical Hubs, but in the short term there should be at least three 24 hour Hubs.

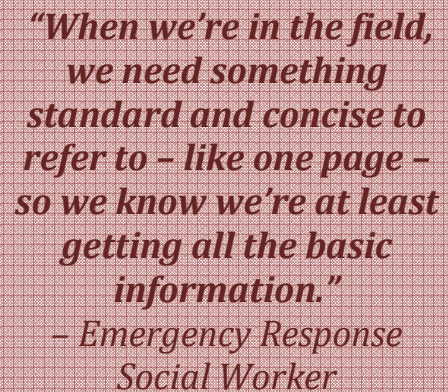
- **Improve coordination between DCFS and outside agencies.** Director Trish Ploehn sees the need for greater coordination between County agencies: “If we had a computer system that allowed us to see the domestic violence, medical or mental health history in some of these families, some of these children might have been saved.”¹¹ The DCFS Family and Children’s Index (FCI) is intended to be such a system, facilitating information sharing between DCFS and six other County agencies: The Department of Public Social Services, the Probation Department, the Los Angeles Sheriff’s Department, the Office of the District Attorney, the Department of Health Services, and the Department of Mental Health. But since its debut in 2005, the FCI has failed to provide CSWs with the information they need. Participating agencies provide insufficient information to begin with, but the FCI is further

“My CSWs spend hours in the Emergency Room waiting for their kids to be checked out. They can’t always go all the way up to the LAC/USC Hub, but a hospital ER is not really familiar with social work. We need a 24-hour Hub in South County.” – Supervising Social Worker

weighed down by rules that CSW restrict access to basic information about their clients. The FCI is so ineffective that only 11 percent of CSWs use it in their cases.¹²

The dramatic improvement of the Allegheny, PA child welfare system shows just how important improved information sharing is. The centerpiece of the improved Allegheny Department of Human Services (Allegheny DHS) is its Data Warehouse, a database that compiles information from 27 sources for social workers to use. “This not only improved the accuracy of client information, it also significantly reduced the mountain of paperwork for caseworkers, allowing them to spend more time with children and families.”¹³ Allegheny DHS has created consensus

among over two dozen public and private entities, giving social workers “a multi-dimensional picture” of each client at the same time that it respects privacy concerns. Allegheny DHS also seeks the greatest amount of information by using “opt-in consent” for information sharing.¹⁴ Los Angeles County DCFS is responsible for many more children than Allegheny DHS, which can make comparison difficult. But Allegheny provides a solid model for the logistical task of sharing information between agencies. LA County would do well to look to their success.



*“When we’re in the field,
we need something
standard and concise to
refer to – like one page –
so we know we’re at least
getting all the basic
information.”
– Emergency Response
Social Worker*

- **Increase access to Live Scan machines and technicians.** Live Scan results are a requirement not only to place a child in foster care, but also in emergency care with extended family or another close contact. In spite of this importance, often times Live Scan technicians are only available from 9:00 AM to 3:00 PM, a period that includes a one hour break.¹⁵ The demand for Live Scan results often creates long lines that slow down a social worker’s case. This not only wastes social worker time, it can be traumatic for a child who may be detained for hours awaiting Live Scan results for an emergency placement. To correct this problem, DCFS should ensure that all offices have at least one English speaking and one Spanish speaking Live Scan technician. The Department should also invest in two portable Live Scan machines so that English speaking and Spanish speaking “floater technicians” are available to CSWs in any Service Planning Area (SPA).
- **Ensure that CSWs have access to their supervisors.** Supervisors at all offices should be responsible for six CSWs in back-end units, and five CSWs in ER units. This is in keeping with the contract between DCFS and the bargaining unit, which says that no SCSW should be responsible for more than six CSWs.¹⁶ Unfortunately, many DCFS offices do not abide by this agreement. For example, the Highland Park SCSW who oversaw the tragic case of Lars Tijerina last summer supervises up to eight CSWs at one time. In the Compton West office, every SCSW is assigned at least seven CSWs, and up to ten.¹⁷ This excessive burden prevents effective supervision and leaves children in serious danger.

Provide Social Workers with the Basic Tools of Their Trade

CSWs and SCSWs insist that DCFS could easily improve their efficiency and morale by simply making sure that each of the 18 offices provides necessary equipment and materials. Notably, our members say that lack of access to computer software and other technology wastes social worker time. Inequitable distribution of resources often costs workers money and breeds resentment toward management. Offices' refusal to provide even the most basic documentation materials sends a message to CSWs that management does not value their work, even though this work is the fundamental purpose of the department.

"[The County has] a responsibility . . . I still can't believe [SCSWs] have to use their personal cellphones . . . We should at least give you the basics." – Martha Molina, Children, Families, and Education Deputy, Office of Supervisor Gloria Molina

- **Issue Citrix-equipped laptop computers to all CSWs and SCSWs.** Citrix software gives social workers remote access to the DCFS Intranet, "L.A. Kids." Social workers report that as few as two CSWs per unit have access to laptop computers running Citrix, and DCFS has not issued any such machines to SCSWs, despite the fact that they can regularly benefit from using such equipment: "We're working for free late every night. I should be equipped to do this at home."¹⁸ Those who *can* access Citrix report that it is troubled by bugs that must be fixed.¹⁹
- **Provide SCSWs and HSAs with cellular phones.** SCSWs and HSAs often rack up excessive telephone bills using their personal phones for DCFS business. SCSWs regularly use their personal cellular phones both in and out of the office, during Team Decision Making meetings, staff meetings, and after hours. As one SCSW put it, "If I have a worker up until 4:00 AM at VIP [LAC/USC Medical Hub], they are going to call me on my cell phone. I am not going to leave them out there alone."²⁰ At the same time, RAs and ARAs *do* have Department-issued phones, which lowers morale among SCSWs who need them just as much as – or more than – Assistant Regional Administrators and RAs.
- **Provide CSWs in all units with standard, department-wide case review tools and interview check lists.** Across the department, ER CSWs deal with highly sensitive cases without proper guidance about what DCFS deems to be best or even necessary practices. Most offices develop materials of their own, but they are not standard; indeed, social workers refer to these materials as "bootleg forms."²¹ There are Department-wide policies, "but not many people have time to read the policies, and they are not trained in them."²² As a result, "There is no set understanding of the kinds of questions you should ask, or your demeanor, or any of that. It is taken for granted that people know, but they don't."²³ Short checklists should be developed with the guidance of veteran social workers, and then should be assigned individual form numbers.
- **Provide basic materials and office equipment to CSWs.** DCFS supplies its offices with obsolete, broken, and substandard fax machines and copy machines. Social workers

complain that much of this equipment remains in their office for years without basic maintenance and repair contracts. This seriously undermines their work, as copying and transmitting paperwork is necessary to move every client's case along, particularly in back-end units such as FM&R and DI. Lack of maintenance over the life of these machines also represents a substantial waste of money on the part of the Department.

DCFS offices also regularly fail to supply their social workers with basic and inexpensive materials such as pens, writing tablets, copy paper, clipboards, and other materials. According to one CSW, "They just tell us to buy it ourselves and write it off on our taxes."²⁴ CSWs do purchase their own materials because they want to be equipped to do their work. Still, it is unfair both to social workers and their clients that DCFS sends CSWs into the field unprepared.



Supervisor Zev Yaroslavsky's staff meets with social workers during the Chatsworth Walk-A-Day in September 2009.

TRAINING DCFS STAFF TO DO QUALITY SOCIAL WORK

CSWs and SCSWs speak to a total lack of commitment to necessary training within the Department. New social workers lament the fact that the Core Academy is “too theoretical” and does not address the conditions they encounter daily in the field. Experienced social workers find that when they move from one unit to another, there is no orientation or training, even though different units have fundamentally different roles and duties. Even supervising social workers find that when they are promoted to SCSW, they are required to do an entirely new set of duties and paperwork that they must figure out by trial and error. Social workers want good training that they can depend on throughout their careers. The Department should provide it to them, for their own benefit and that of their clients.

Provide Proper Training Before Assigning a Caseload

SCSWs insist that the Core Academy does not graduate CSWs who are prepared for what they encounter in the office, let alone the field. Many SCSWs agree that new hires do not have the necessary writing skills, spend excessive time writing reports, have almost no aptitude for the client interview, and are completely unfamiliar with basic forms and procedures. As one SCSW said, “How you *do the job* is not taught [at the Academy]. When they get here they are at a loss. Some of them can’t even turn on the computer. The Academy doesn’t help you to do this job.”²⁵ CSWs and their supervisors are in almost universal agreement that the Core Academy does not prepare CSWs for critical skills such as interviewing, following through on referrals, and the basic office skills that also factor into the job. Several SCSWs shared their frustrations about the current situation; they spend a great deal of time documenting poor work habits and rewriting reports of CSW Trainees whose poor performance in the Training Academy continues in their unit.

- ***Improve the nine week CSW Core Academy curriculum using recommendations from those currently working in the field.*** According to Elena Cohen, Director of the National Child Welfare Resource Center for Family-Centered Practice, “an effective training curriculum is reported to include clear objectives, relevancy to the work context, and presentation of the content in a variety of ways.”²⁶ Inter-University Consortium (IUC) instructors should include lectures and participation by SCSWs and CSWs, who can provide invaluable guidance about what strategies work best in the field.
- ***Increase and improve the interview training that CSWs receive during the CSW Core Academy.*** Not only should the CSW Core Academy include more days of interview training, it should also use standardized clients (SCs) to allow every student to practice interviewing in situations that closely replicate what they will encounter in the field. SCs are essentially actors trained to accurately mimic a client or collateral contact. By using SCs, the Core Academy can “allow workers to experiment and make mistakes without doing any actual harm. [This] helps the public child welfare worker build feelings of competence and self efficiency that allow him or her to become a better interviewer.”²⁷

Cross-cultural training should also be incorporated into the Core Academy interview training. “You have people in L.A. from all different countries and our CSWs do not know the basics of interacting with them. DPSS has been doing cross-cultural training for 40 years. There is no reason for DCFS not to have it.”²⁸

- **Consider breaking the Core Academy into separate training programs for ER CSWs and back-end CSWs.** Social workers in ER and back-end units have fundamentally different responsibilities, use distinct skill sets, and file different forms on different time schedules. Yet the IUC Core Academy continues to treat “social work” as an undifferentiated profession with one set of core skills. In surveys and focus groups, DCFS CSWs and SCSWs have suggested that the IUC should split the Core Academy into two tracks that focus on ER and back-end social work. DCFS should work with the IUC to redesign the Core Academy so that it provides all CSWs with required training in the basics of the profession, while allowing them to focus on the basics of their intended specialty.
- **Create training situations that replicate “real life,” not only in Core Academy but also during the first months of practicing in the field.** For example, at a focus group one CSW suggested the following: “The fire department and police department get all kinds of simulations of the field. DCFS needs to have something like that – like a training room that would be set up like an apartment or house, with people to interview like you would encounter in the field.”²⁹
- **Create minimum standards for successful completion of the Core Academy.** Currently, prospective social workers report to the Department after the nine-week Core Academy regardless of their performance there. The IUC and DCFS should develop exit requirements that take into account attendance and performance. No one should be assigned to a caseload until they have met these requirements.

“When you’re out there in a situation and the mom is going to attack you, you know, we don’t get trained for that. But we need to be.”
– *Emergency Response Social Worker*

Build Training into the Beginning of Service

CSWs report that the Department little formal training when they begin working in the Department. This is the case despite the fact that a high proportion of ER social workers have less than one year of experience in the field. (Indeed, many are placed in ER right after graduating from the Core Academy.) The level of support, instruction, and mentorship provided to new ER social workers varies from office to office, and even from supervisor to supervisor. One ER CSW explained the situation this way: “I was thrown in there after a week of shadowing other social workers. We are forced to teach each other. Now, after one year, I am one of the social workers the new ones come to for advice.”³⁰ This situation is not unique to ER, but it is especially alarming in this department given the fact that ER workers are directly

responsible for ensuring a child safety.

- **Fix training units and reinstitute them across the department for all new CSWs and CSW Trainees.**

Training units create the time and space to provide in depth case review and counseling, including direct feedback and guidance, for new CSWs and CSW Trainees. Training units also prevent dangerous mistakes in the field by reducing caseloads and referring more complex cases to regular units.

Unfortunately, training units are not required by the Department, nor are they given proper support when they are implemented at an individual office. "Training units fell apart due to the stress on trainers," which resulted from the fact that offices often placed up to 10 trainees with one SCSW in a training unit.³¹ DCFS

should encourage training units at all offices; these training units should consist of four trainees and one SCSW, aided by two lead CSWs.

- **Provide all ER CSWs with Office of Security Management (OSM) Field Safety Training when they are assigned to a unit.** ER CSWs often find themselves in difficult situations that can quickly turn dangerous. At just one CSW focus group, both ER CSWs present recounted dangerous situations. One was nearly physically assaulted by the mother of a child. The other requested assistance from the police, who abandoned her at the scene as soon as they determined that they needed backup. Despite the frequency of similar occurrences, DCFS does not provide safety training to all ER CSWs. As one SCSW said, "These social workers go out and see things they have never encountered before. They are *scared*, and they don't know what to do. We need to be giving them OSM training just like people in other County departments get."³²
- **Support the work of Preceptors and Certified Field Instructors (CFIs).** Experienced CSWs play an integral role in the training of new staff, accepting positions as Preceptors and CFIs. Preceptors and CFIs teach in the field and oversee the work of other social workers. Despite these duties, they receive no additional remuneration, no reduced caseloads, and little guidance in planning interns' rotations. DCFS should reduce caseloads or provide bonuses to Preceptors and CFIs. The Department should also create standard curriculum for CFIs, to ensure that all interns receive the same level of training. The curriculum developed by the former CFI in Latino Family Preservation should serve as a model.
- **Require job shadowing for all new hires or CSWs taking new positions.** Our conversations with CSWs indicate that DCFS provided much more mentoring and shadowing several years ago, and that shadowing has almost completely disappeared from the Department during recent years. At every office, training for new CSWs should include at least one month of shadowing a mentor before carrying a case load.

"I was thrown in there after a week of shadowing other social workers. We are forced to teach each other. Now, I am one of the social workers the new ones come to for advice."
– Emergency Response Social Worker

Promote Ongoing Training and Staff Development

CSWs and SCSWs both need access to training that prepares them for new units, for promotion to SCSW, and for the things they encounter in the field. But typically no such training is available, and none is standard throughout the department. One SCSW reflected on her promotion to that position: "There is a whole new set of responsibilities and protocol – performance evaluations, drop files – and no one even tells you what they are."³³ Many SCSWs and CSWs shared similar stories of a lack of training for new positions, new job duties, and new Department expectations.

"I went to court [for my cases] and had no idea what to do. One time I answered something that I remembered from a TV show. I answered right, but that's horrible. We need to be trained to attend court hearings!"

– Dependency

Investigations Social Worker

- **Use case reviews and quality audits to inform the work of CSWs in each office.** For example, the review of the recent cases where children died under the watch of DCFS should be distilled into a document and training session that points out what mistakes put these children in danger that resulted in their deaths.
- **Create standard, tiered training curricula for all units.** These curricula should include ongoing training in emergency response, adoptions, family maintenance and reunification, hotline, and other important topics. Veteran SCSWs, CSWs, and CSAs should receive training based on an individual staff development plan. All training should include topics relevant to improving child safety outcomes: interviewing collateral contacts such as friends, family, and neighbors, and recognizing and responding to mental health issues, substance abuse, domestic violence, failure to thrive, Shaken Baby Syndrome, and database research.
- **Encourage workers to attend conferences such as those hosted by the National Association of Social Workers.** DCFS currently supports attendance by providing paid time off and a small stipend of less than \$200, but most CSWs never attend trainings because their supervisors do not grant approval and their caseloads make it nearly impossible. DCFS should support increased attendance by providing increased staff support (such as HSAs) and encouraging supervisors to approve attendance.

STAFFING REGIONAL OFFICES TO PROMOTE QUALITY SOCIAL WORK

DCFS could improve much by simply doing smarter and more comprehensive staffing at each office. Smart staffing means many things: that the Department should maximize its own benefit from its investment in longtime staffers; that the children of Los Angeles County are better served when they have access to social workers who speak their language and understand their cultural background; that the Department cannot run smoothly unless every office has enough workers.

Build on Staff Expertise

The first step in doing smarter staffing is making sure that every DCFS employee's expertise is being utilized in ways that bring the most benefit to their Regional Office. This means ensuring that the most sensitive assignments go to the most qualified and experienced social workers. It also means that the Department should view each employee as someone whose individual career is an investment that provides benefit to the Department and its clients. Finally, it means recognizing that social workers learn many of their skills from one another, and that the work of those who teach newer social workers should be recognized and respected.

- **Bring experienced CSWs back to Emergency Response units.** When a call comes into the Child Abuse Hotline, ER CSWs are the ones who respond, often encountering homes immersed in drug addiction, domestic violence, serious neglect and child abuse. ER work requires experience, intuition, and a real drive to do some of the most stressful work that DCFS oversees. Sadly, nearly every SCSW and veteran CSW we spoke with noted that during the last several years, the ER units have lost CSWs who have those proven qualities. Veteran CSWs now refuse ER assignments, leaving ER units disproportionately staffed with CSWs right out of the Core Academy. This means that work with the most immediate impact on a child's safety is now being handled by the least experienced social workers.

Workers point to several problems that have caused this crisis. Many SCSWs say that one downside of the Points of Engagement program is that increased ER responsibility for investigation of other units' open cases results in unmanageably high caseloads. Others point to "mountains of paperwork" that prevent ER CSWs from attending to their clients' needs. Many recognize the need to provide an ER bonus since ER CSWs have such a difficult job but can make just as much money in back-end units.

In addition, almost every SCSW we asked mentioned that lack of training which these recommendations already address. According to one SCSW, "One of the main reasons that we are having a difficult time attracting people [to ER units] is that DCFS has not provided the training necessary in order to perform the function at an optimal level. And as a result people have made errors . . . and that is what ends up scaring people [away from ER]."³⁴

DCFS should fix these problems and do whatever else is necessary to ensure that ER units are staffed with experienced workers who are proven ER CSWs.

- **Create and promote a CSW career path for Human Service Aides.** HSAs are central to the functioning of DCFS offices. CSWs and SCSWs depend on them to monitor cases, schedule meetings, provide support during interviews, and other tasks. When staff time is stretched thin, they often find themselves doing the work of a CSW. HSAs spend years doing more sensitive work than that done during internship that prepares BSW and MSW students for the field. And while the Department provides its employees with tuition reimbursement and release time for continuing education, these benefits are not a component of any program that envisions HSA positions as jobs that lead to a BSW and a social work career ladder. The result is that DCFS spends years training and utilizing HSAs in an auxiliary social work capacity, but does not reap the full benefit of their expertise. The Department should work with Local 721 to create an HSA career path program utilizing Training Fund dollars and L.A. County Community and Senior Services workforce training funds.

*"I have an HSA who would be a natural social worker. She's been with us for 20 years, she's adopted children in the system. But there's not path to it for her, so we're just losing her potential and her knowledge."
- Supervising Social Worker*

- **Restore the presence of Lead CSWs by providing bonuses and/or reduced caseloads.** Lead CSWs are experience social workers whom supervisors appoint to mentor, train, and guide new social workers. Typically the best-performing and most experienced social workers, these are also the best workers for new CSWs to shadow. Despite their increased responsibilities, they are not provided with reduced caseloads or bonuses. Not only does this lead to burnout, it has led many SCSWs to stop assigning lead CSWs. Indeed, many offices have no lead CSWs whatsoever. This denies units of the expertise of veteran CSWs, at the same time that it forces SCSWs to take on the work that lead CSWs once performed.

Provide Clients with Social Workers Who Speak Their Language

Latino children account for 55 percent of the DCFS caseload, while Asian children account for over two percent.³⁵ This means that in many homes, English is not the primary language spoken, if it is spoken at all. And while many non-English speakers speak Spanish or one of several Asian languages in their caseload, Los Angeles County social workers have also encountered nearly all of the 92 languages spoken by school age children in the region, many of which are not common. This creates two major issues. First, DCFS needs to staff a large number of CSWs who speak the more common non-English languages. A recent study on the benefits of flexible funding notes that many offices do not have enough Spanish-speaking staff, and that across the County DCFS lacks staff "who are fluent in the language and culture of Cambodia or Thailand or Samoa."³⁶

Second, DCFS CSWs are often confused by the less common languages that they encounter. For example, one ER CSW met with a family whose primary language is Quechua. Unable to identify this as a language, the CSW reported that the mother was mentally incapacitated, and the children were temporarily removed from the home. According to the Team Decision Making

Facilitator, “Those children should never have been detained. The mother just needed help accessing the welfare system and obtaining food stamps.”³⁷

- ***If a case worker does not speak the language of a potential interview subject, DCFS should provide an interpreter within 24 hours.*** Currently DCFS CSWs have no access to certified interpreters except for court appearances. This means that case workers must make informal arrangements with other CSWs or DCSF staff if they need an interpreter. The Department should make arrangements with official interpreters, and should also give caseload credit to bilingual CSWs who assist those who do not speak a client’s language.

*“Between new referrals, ‘Over 30s’ from the previous month, and all of the individual departmental policies, almost every ER worker is out of compliance all of the time. The Department is not sustainable like this.”
- Emergency Response Social Worker*

- ***DCFS should carry out an audit to determine how many CSWs are needed in different languages at each office.*** This audit should draw from existing rates of languages spoken at each office, as well as the demands on special units such as the Asian-Pacific Islander Units and Deaf Units.
- ***DCFS should aggressively recruit bilingual CSWs.*** The Department should not only ensure that it has enough Spanish speaking CSWs, but also those who speak Thai, Khmer, Farsi, Armenian, and other languages that CSWs commonly encounter in the field.

Commit to Necessary Staffing Levels

Social workers and supervisors have advocated increased hiring for years in order to meet optimal caseloads. This is still necessary, but there are additional changes that DCFS can make to improve the staffing situation at each office.

- ***Increase CSW staff to achieve optimal caseloads.*** Increasing the time and attention that each CSW can give to his or her caseload is the best way to improve child safety – as the California Assembly Human Services Committee reported in 2002, “having too many cases to manage spreads workers too thin and, as a result, significantly impacts the quality of services clients receive.”³⁸ DCFS recognizes that the optimal CSW caseload is 15 for a back-end CSW and 12 for an ER CSW. Unfortunately, current DCFS caseloads are far in excess of this number. From January 2009 to July 2009 the average ER CSW had 20 cases, and the average generic CSW had 23 cases.³⁹ Worse still, many CSWs and SCSWs assert that ER CSWs’ active referrals run as high as 40 per social worker in some offices, which puts many dozens of children under the care of one ER CSW. “I may have 33 referrals per month, plus open cases from the previous month still on my caseload. Well, if I have referrals for 33 individual mothers, that means I may have 48 to 55 children in my care at one time. And that does not include my cases from the previous month.”⁴⁰

- **Fill all vacancies within one month.** CSWs and SCSWs report that critical positions in their offices can go unfilled for months at a time. This leaves the office shorthanded, which can unnecessarily disrupt client's lives. One DI CSW explained how an unfilled ARA position affected her work in the Torrance office: "We did not have an ARA for months and months. Say I had a court document that needed an ARA signature before I could file it – well, I could not get those documents read and signed on time. This delayed the entire process. It meant that I could not move my case, and so the kids waited in the system for longer than they needed to, all because I did not have an ARA to sign my documents."⁴¹ To prevent similar situations in the future, all offices must fill open SCSW, CSW, and ARA positions within one month of a vacancy.
- **Establish a dedicated ER review supervisor in each office.** In each office there should be one SCSW or Quality Assurance Worker whose only duty is to perform case review whenever a case involves families with three or more prior referrals, and when a CSW deems a claim unsubstantiated or unfounded. This will allow CSWs to focus on a manageable caseload, while ensuring that an additional review is given to investigations that are likely to be closed. According to one SCSW, "If you did this, your Over 30s would be cut in half."⁴² ("Over 30s" are cases where a client has not moved into FM/R, or PP after 30 days. These cases are problematic in several ways: they cause distress to children and families, leave the Department open to lawsuits, and have also cost the County reimbursement dollars from the Federal government.)



Supervisor Don Knabe's deputy Nick Ippolito poses with social workers during the Torrance Walk-A-Day in September 2009.

CONCLUSION

DCFS has stated clearly that it intends to prevent child deaths and ensure not only the safety of the children under the Department's care, but to provide a quick transition to the stability and permanency that all children deserve. To achieve these goals, DCFS must not respond to recent tragedies as it has in the past, by issuing ineffective and onerous accountability measures, or by simply increasing pressure on social workers. SCSWs and CSWs insist that this approach not only wastes time that they should be spending in the field, it leads to severe job stress and nervousness, and in some cases depression. None of this improves the work that social workers do for the children in their caseloads.

Instead, the Department should look to the CSWs who work with Los Angeles County's children and families every day. Social workers know the challenges they face every day, and they have valuable insight into the ways DCFS can help them do their job better. This report is a step in that direction, identifying areas where specific changes can be made: supporting social work, providing better and more comprehensive training to social workers, and ensuring that the Department is staffed with enough people and in such a way that Regional Offices are prepared to provide necessary services to the children who need them.



ENDNOTES

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- ² County of Los Angeles Department of Children and Family Services, "Fact Sheet: Child Welfare Services – September 2009." http://www.lacdcfs.org/aboutus/fact_sheet/DRS/September2009/Fact_Sheet.htm. (Accessed 1 November 2009)
- ³ This is the numerical range of monthly referrals that DCFS social workers received from January 2008 through July 2009. DCFS monthly Fact Sheets are available on the "About Us" section of the the DCFS website. <http://dcfs.co.la.ca.us/aboutus/factsheets.html> (Accessed 1 November 2009)
- ⁴ U.S. Census Bureau, State and County QuickFacts, Los Angeles County, California. <http://quickfacts.census.gov/qfd/states/06/06037.html>. (Accessed 10 November 2009)
- ⁵ Ivanov, Vyacheslav, *The Languages of Los Angeles Project*. Department of Slavic Languages and Literature. University of California at Los Angeles. 1997. <http://www.humnet.ucla.edu/languagesofla/> (Accessed 6 October 2009)
- ⁶ SCSW3. Telephone interview. 6 October 2009.
- ⁷ CSW4. Telephone interview. 5 November 2009.
- ⁸ SCSW4. Telephone interview. 7 October 7 2009.
- ⁹ Marvin J. Southard, Director of Mental Health and David Sanders, Ph.D., Director, Department of Children and Family Services, to the Los Angeles County Board of Supervisors, "Approval of the Medical Hub Concept, 2 December 2004, page 6. <http://file.lacounty.gov/bos/supdocs/15709.PDF> (Accessed 25 October 2009)
- ¹⁰ Marvin J. Southard, Director of Mental Health and David Sanders, Ph.D., Director, Department of Children and Family Services, to the Los Angeles County Board of Supervisors, "Approval of the Medical Hub Concept, 2 December 2004, page 6. <http://file.lacounty.gov/bos/supdocs/15709.PDF> (Accessed 25 October 2009)
- ¹¹ Garrett Therolf, "As L.A. County spun its wheels, children died," *Los Angeles Times*, 14 June 2009. <http://articles.latimes.com/2009/jun/14/local/me-childabuse14?pg=2> (Accessed 20 October 2009)
- ¹² *Ibid.*
- ¹³ Michael Smith, "Building an Interoperable Human Services System: How Allegheny County Transformed Systems, Services and Outcomes for Vulnerable Children and Families," *Stewards of Change*, 2008, page 26. http://www.alleghenycounty.us/uploadedFiles/DHS/SOC_Building_Interoperable_Human_Services_System-10-30-08.pdf (Accessed 30 October 2009)
- ¹⁴ *Ibid.*, page 27.
- ¹⁵ SCSW5. Focus group, Cerritos, CA. 29 October 2009.
- ¹⁶ "Memorandum of Understanding for Joint Submission to Board of Supervisors Regarding the Supervising Social Workers Employee Representation Unit," SEIU Local 721, signed 31 October 2006. http://www.seiu721.org/contracts/la-county-BU777_LA_SUPERVISING_SOCIAL_WORKERS-mou-2009-09-30-CORRECTED.pdf (Accessed 1 November 2009)
- ¹⁷ SCSW1. Personal interview. 10 August 2009.
- ¹⁸ SCSW6. Focus group. Cerritos, CA. 29 October 2009.
- ¹⁹ CSW1. Personal interview. 8 July 2009.
- ²⁰ SCSW5. Focus group. Cerritos, CA. 29 October 2009.
- ²¹ SCSW 4. Telephone interview. 7 October 2009.
- ²² SCSW 3. Focus group. Los Angeles CA. 8 October 2009.
- ²³ SCSW 3. Focus group. Los Angeles, CA. 8 October 2009.
- ²⁴ CSW3. Focus group during SEIU Local 721 Reforming Child Welfare Forum, Los Angeles, CA. 17 October 2009.
- ²⁵ SCSW3. Telephone interview. 6 October 2009.
- ²⁶ John Poertner, "Linking Child Welfare Training and Child Outcomes," *Proceedings of the National Human Services Training Evaluation Symposium*, University of California, Berkeley, 23 to 25 May 2001, page 203.

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²⁷ Colleen Friend, "Helping child welfare workers learn interviewing skills: A research report." Berkeley University of California at Berkeley, California Social Work Education Center. (2009) Page 4.

²⁸ SCSW6. Focus group. Cerritos, CA. 29 October 2009.

²⁹ CSW3. Focus group during SEIU Local 721 Reforming Child Welfare Forum, Los Angeles, CA. 17 October 2009.

³⁰ CSW2. Personal interview. 8 July 2009.

³¹ SCSW3. Telephone interview. 6 October 2009.

³² SCSW6. Focus group. Cerritos, CA. 29 October 2009.

³³ SCSW3. Focus group during SEIU Local 721 Reforming Child Welfare Forum, Los Angeles CA. 17 October 2009.

³⁴ SCSW7. Email Correspondence. 10 November 2009.

³⁵ County of Los Angeles Department of Children and Family Services, "Fact Sheet: Child Welfare Services – September 2009. http://www.lacdcfs.org/aboutus/fact_sheet/DRS/September2009/Fact_Sheet.htm. (Accessed 1 November 2009) The two percent figure combines Asian and Filipino children, which DCFS tracks separately in its fact sheets.

³⁶ Joanne Edgar, "Stories of Practice Change: What Flexible Funding Means to the Children and Families of Los Angeles County," Casey Family Programs. (2009) Page 16.

³⁷ SCSW2. Personal interview. 14 September 2009.

³⁸ California Assembly Human Services Committee, "Recommendations for Addressing California's Shortage of Social Workers: Findings from a series of hearing convened by the California Assembly Human Services Committee," November 2002, page 6.

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³⁹ "Response to July 28, 2009 Board Motion – August 18, 2009 Agenda Item No. 53," County of Los Angeles Department of Children and Family Services, 18 August 2009.

⁴⁰ CSW4. Telephone interview. 5 November 2009.

⁴¹ CSW3. Telephone interview. 2 November 2009.

⁴² SCSW 4. Focus group during SEIU Local 721 Reforming Child Welfare Forum. 17 October 2009.