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Moakley Center

for Public Management

*Office of the Child Advocate
Survey of DCF Employees*

Summary Report

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Background

In Outside Section 219 of the Massachusetts Budget for Fiscal Year 2015, the Legislature tasked the Office of the Child Advocate (OCA) with a number of directives focused on the Department of Children and Families (DCF). Included was a request for the OCA to survey clients and employees of DCF. The OCA contracted with the Child Welfare League of America (CWLA) to carry out this project. In turn, CWLA contracted with the Moakley Center for Public Management (MCPM) at Suffolk University to design, implement and analyze the DCF employee survey. The purpose of the employee survey was to assess the problems that DCF employees experience during the course of their employment with the department.

This report provides a summary of the information collected by MCPM through the OCA survey of DCF Employees conducted in December of 2014 (See Appendix A for a copy of the survey tool. A 200+ page copy of the SurveyMonkey full results is available upon request). The survey's primary focus was to better understand (from the perspective of the employee) what is needed to deliver timely and effective services to children and families of the Commonwealth.

Methodology

The survey tool was created by MCPM with significant input from the OCA and CWLA. As part of the survey development process DCF, SEIU 509, and NAGE Units 1 & 6 were also asked to provide feedback prior to distribution of the survey.

An alert e-mail was sent by the OCA on December 1, 2014 notifying all DCF employees that they would be receiving an e-mail from MCPM containing a link to the OCA's Employee Survey hosted on Survey Monkey. The survey invitation was sent by MCPM staff three days after the alert and employees were given 17 days to respond.

There were one thousand five hundred and fifty eight (1,558) respondents to the confidential survey yielding a better than average response rate of forty-five percent (45%). In addition to summarizing quantitative responses a considerable amount of time was spent reviewing the qualitative responses.

The total number of comments relating to specific questions provided by respondents throughout the survey totaled 2,170. A sampling of those comments (representing different themes and perspectives) is presented throughout the first section of this report.

In addition, respondents were asked to provide other comments and suggestions (at the end of the survey) which resulted in another 530 comments. MCPM Senior Fellow, Nesly Metayer conducted a separate independent evaluation of these comments. The results of his thematic analysis are referenced in the second section of this report.

To assess whether or not the survey responses were representative of the population, a review of responses by region was conducted. Based on the proportion rate of response by region we are 95% confident that the sample responses are reflective of the true population of DCF employees.

Statistical Analysis

Along with generating descriptive data and conducting a qualitative analysis of the open-ended comments provided by respondents, the raw data from Survey Monkey was imported into a statistical software package (SPSS) in order to conduct a multi-variate analysis. A One-Way ANOVA (analysis of variance) was utilized to assess whether or not mean scores for specific questions were statistically different across regions and by length of employment at DCF. Bonferroni was also applied in the post hoc analysis to adjust for the different number of respondents across regions/length of employment groups.

Regression analysis was employed in reviewing the relationship between the dependent variable (respondent likelihood to look at employment outside of DCF) and key independent variables throughout the survey. Survey questions measuring similar constructs were held as control variables in the regression analysis. Statistically significant differences (p value <.05) are marked with an * in this report.

With regards to the qualitative analysis, 530 additional comments (final question on the survey) were analyzed using NVIVO.¹ Those responses were coded inductively line by line using thematic analysis, which is an evidence-based approach to qualitative data.

¹ NVIVO is a software package utilized for qualitative research and mixed method research.

Key Observations (Section 1)

- **DCF employees are a highly educated** workforce with respondents reporting that they have completed either a graduate degree (52%) or a bachelor's degree (41%).
- **Two thirds (67%)** of the respondents reported that they **have worked at DCF for more than seven years**. The workforce is **81% female**.
- Sixty-four percent (64%) of respondents identifying themselves as social workers (n=978) are currently licensed. **One hundred percent (100%) of the non-licensed social workers (n=332) are planning to get licensed in the next 12 months.**
- The top 5 factors for **deciding to join DCF** were **helping children and families, desire to work in their field, benefits, mission of DCF, and pay rate/salary**.
- The top 5 factors for **staying with DCF** are **helping children and families, desire to work in my field, benefits, pay rate/salary, and liking the people I work with**.
- **Twelve percent (12%) of respondents (n=174) indicated that they are very likely to look for employment outside of DCF** in the next 6 to 12 months.
- Respondents were in strong agreement that **their relationship with their supervisor/manager was positive and mutually respectful**.
- **Respondents have a mixed view of the training** that has been and is currently available to them.
 - They universally agree that training is important, **but distance** (coming to Boston for trainings) **and the time** (because of workload commitments) **to participate in trainings make participation difficult**.
 - Ongoing training is viewed somewhat more positively than initial orientation training, while the quality and content of the training elicits a wide range of responses.
 - **Respondents view training as only available to social workers** and not to lawyers, specialists or support staff.
- With a few exceptions, the **work environment for DCF staff is inadequate, sometimes dangerous and not conducive to getting work done**.

- Respondents were asked to indicate the extent to which there is adequate and convenient access for DCF families and children to receive various supports. DCF staff reported that while there was not an abundance of any service, **the most adequate and convenient services were nutritional services (WIC), medical services, permanency planning, in home support services and domestic violence support services. The most difficult services to find and use were housing, transportation and respite care.**
- Respondents reported that DCF has the **most meaningful and effective relationships with the Juvenile Courts, Law Enforcement and Schools**. The **least effective relationships are reported to be with their sister EOHHS agencies: DTA, DDS, DPH and DMH.**
- The primary **core barriers to DCF staff carrying out their responsibilities** are the **caseload/workload, the complexity of the cases and the availability of support staff.**
- The distribution of iPads and **the increased staffing have had some minimal impact on the work environment at DCF**. Respondents reported **little to no decoupling of Area Offices** and commented on the continued lack of critical clinical and administrative staff available in offices where the leadership is shared.
- Respondents had numerous suggestions for additional tools that could help them with their responsibilities; however the overwhelming request was for **cell phones (85%) and the ability to upload document/photos to iFamilyNet (65%)**.
- When asked about their overall experiences at DCF, respondents most strongly **agreed with the following statements**:
 - *I know what is expected of me at work*
 - *I have a close friend at work*
 - *My co-workers are committed to doing quality work*
 - *The mission/purpose of DCF makes me feel my job is important*
- Respondents most strongly **disagreed with the following statements**:
 - *DCF is committed to maintaining high levels of employee satisfaction*
 - *Management will listen to and act upon the results of this survey.*
- Respondents in all regions reported **that morale at their office location was much worse compared to last year at this time (December 2013)**. Respondents from the Southern and Western regions of DCF reported levels of morale that were statistically lower than the other regions.*
- With regard to overall job satisfaction, **respondents reported low to moderate levels of job satisfaction**, Respondents from Southern and Western regions of DCF reported levels of job satisfaction that were statistically lower than the other regions.*

Results (Section 1)

Who Responded?

Comparing the number of DCF employees that responded to the survey with the actual number of individuals employed within each region of DCF indicates that responses were proportionate to actual employees across regions.

FIGURE 1. RESPONDENTS BY REGION

| Region | # of DCF Employees | % by Region | # of Respondents | % by Region |
|--------------|--------------------|---------------|--------------------------|---------------|
| Boston | 419 | 12.2% | 181 | 11.8% |
| Northern | 707 | 20.5% | 332 | 21.6% |
| Southern | 860 | 24.9% | 403 | 26.2% |
| Western | 1,189 | 34.5% | 501 | 32.6% |
| Central | 273 | 7.9% | 121 | 7.9% |
| Total | 3,448 | 100.0% | 1,538² | 100.0% |

- Eighty-one percent (81%) of respondents were female.

FIGURE 2. RESPONDENTS BY GENDER

| Gender | # of Respondents | % of Respondents |
|--------------|------------------|------------------|
| Male | 251 | 19.1% |
| Female | 1,058 | 80.5% |
| Other | 6 | 0.5% |
| Total | 1,315 | 100.0% |

- The table below shows that respondents were diverse across age groups.

FIGURE 3. RESPONDENTS BY AGE

| Age Group | # of Respondents | % of Respondents |
|--------------|------------------|------------------|
| Under 20 | 0 | 0.0% |
| 21-29 | 164 | 12.6% |
| 30- 39 | 416 | 31.2% |
| 40-49 | 371 | 28.4% |
| 50-59 | 269 | 20.6% |
| 60 or older | 85 | 6.5% |
| Total | 1,305 | 100.0% |

²Not all respondents answered every question which explains why the total number of respondents in the report tables may be less than 1,558.

- DCF employees report high levels of education with 52% of respondents reporting that they have completed a graduate degree and 41% a bachelor’s degree.

FIGURE 4. RESPONDENTS BY HIGHEST DEGREE COMPLETED

| Highest Degree Completed | # of Respondents | % of Respondents |
|--------------------------------------------|------------------|------------------|
| High school degree or equivalent(e.g. GED) | 15 | 1.1% |
| Some college but no degree | 15 | 1.1% |
| Associate degree | 16 | 1.2% |
| Bachelor degree | 550 | 40.9% |
| Graduate degree | 700 | 52.0% |
| Other (e.g. JD) | 50 | 3.7% |
| Total | 1,346 | 100.0% |

- The majority of respondents identified themselves as social workers (64%). The table below details the other positions selected by the survey respondents. In the “other” category, approximately 20% of respondents identified themselves as a foster care/case reviewer.

FIGURE 5. RESPONDENTS BY POSITION WITHIN DCF

| Position within DCF | # of Respondents | % of Respondents |
|-------------------------------------|------------------|------------------|
| Social worker | 983 | 63.6% |
| Supervisor | 256 | 16.6% |
| Specialist (e.g. nurse, MH,SA,DV) | 28 | 1.8% |
| Clinical manager (regional or area) | 13 | .84% |
| Area program manager | 37 | 2.4% |
| Area/regional director | 14 | .91% |
| Support staff | 70 | 4.5% |
| Legal staff | 46 | 2.9% |
| Finance | 5 | .3% |
| Manager (other) | 34 | 2.2% |
| Other | 58 | 3.7% |
| Total | 1,554 | 100.0% |

- Forty percent (40%) of respondents reported that they have worked at DCF for 15 or more years. The table below shows that survey respondents represented both employees new to DCF and those who worked with the organization for a significant part of their career.

FIGURE 6. RESPONDENTS BY LENGTH OF TIME EMPLOYED WITH DCF

| Length of Time Employed with DCF | # of Respondents | % of Respondents |
|----------------------------------|------------------|------------------|
| Less than one year | 168 | 11.5% |
| 1-3 years | 159 | 10.9% |
| 4-7 years | 151 | 10.4% |
| 8-10 years | 178 | 12.2% |
| 11-15 years | 224 | 15.4% |
| 15+ years | 576 | 39.6% |
| Total | 1,456 | 100.0% |

- When asked to describe the current services they provide, 48% reported ongoing case management, 45% child protective services, 40% assessment, 34% family stabilization/re-unification and 31% intake/investigations. Services provided are consistent with the fact that the majority of respondents are social workers at DCF.

FIGURE 7. RESPONDENTS BY SERVICES PROVIDED, SUPERVISED, MANAGED AND/OR SUPPORTED

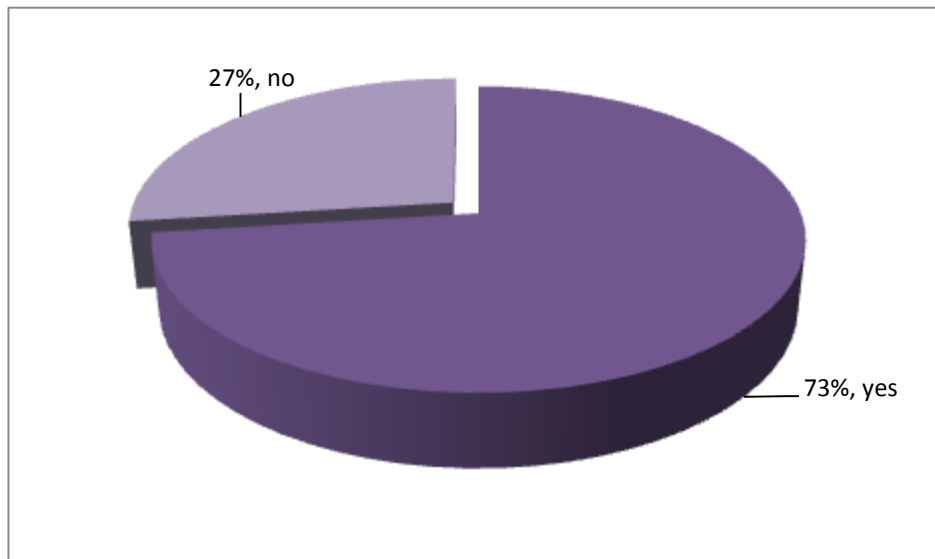
| Services Respondents Provide, Supervise, Manage and/or Support | # of Responses | % of Respondents (n=1,471) |
|----------------------------------------------------------------|----------------|----------------------------|
| Ongoing case management | 705 | 47.9% |
| Child protective services | 654 | 44.5% |
| Assessment | 593 | 40.3% |
| Family stabilization/reunification | 493 | 33.5% |
| Intake/investigations | 466 | 31.7% |
| Foster care | 302 | 20.5% |
| Adoption | 168 | 11.4% |
| Short-term stabilization | 143 | 9.7% |
| Legal | 116 | 7.9% |
| Administration and/or finance | 89 | 6.0% |
| Specialized services (e.g. Nursing, MH, SA, DV, etc.) | 70 | 4.7% |
| Business/operations | 60 | 4.1% |
| Licensing/development | 43 | 2.9% |
| Total | 3,902 | 100.0% |

Respondent Characteristics

Licensing

- Seventy three percent (73%) of all respondents are currently licensed professionals. Of the 30% that reported that they are not licensed, 3 out of 4 respondents affirmed that they are planning to get a license in the next 12 months. Looking more closely at the data, 64% of respondents that identified themselves as social workers (n=978) are currently licensed. One hundred percent (100%) of the non-licensed social workers (n=332) are planning to get licensed in the next 12 months.

FIGURE 8. PERCENTAGE OF RESPONDENTS CURRENTLY LICENSED
(n=1,540)



Important Factors in Joining DCF

- On a scale from 1 to 7, with 7 being most important, the top 5 factors employees used in deciding to apply at DCF were helping children and families, desire to work in their field, benefits, mission of DCF, and pay rate/salary.

FIGURE 9. IMPORTANT FACTORS IN JOINING DCF

| Factors in Decision to Apply for a Job with DCF | # of Respondents | Mean score (1= least important, 7= most important) |
|-------------------------------------------------|------------------|----------------------------------------------------|
| Helping children and families | 1,481 | 6.53 |
| Desire to work in my field | 1,448 | 5.95 |
| Benefits | 1,432 | 5.40 |
| Mission of DCF | 1,439 | 5.17 |
| Pay rate/salary | 1,451 | 5.07 |
| Location | 1,445 | 4.71 |
| Desire to work in a team environment | 1,417 | 4.66 |
| Opportunity for advanced | 1,437 | 4.55 |
| Personal experience with child welfare | 1,423 | 3.92 |
| Training offered | 1,420 | 3.63 |
| Needed a job and this was open | 1,429 | 3.05 |

Thirty seven (37) comments were offered by respondents *as to why they applied at DCF*. Comments included:

- *Military friendly*
- *Never had a personal experience with child welfare but had experiences with personal child abuse and neglect.*
- *I initially wanted to understand how the system worked, as I have been a provider for 13 years. I thought I would stay for five years and then move on.... 17 years later I'm still here.*
- *I felt that I could do the work effectively and make a difference*
- *Lawyer job where my identity as a mother would be an asset to my professional life.*

Important Factors in Staying at DCF

- Using the same scale, respondents were asked to rate the importance of the above factors (as well as a few additional) with regards to why they stay in their job. Not surprising, the same factors received high ratings of importance. Helping children and families, desire to work in my field, benefits and pay rate/salary were rated as the most important factors. Other variables deemed important were like the people who work here, needed a job and this is secure and the mission of DCF.

FIGURE 10. IMPORTANT FACTORS IN STAYING AT DCF

| Factors in Decision to stay at DCF | # of Respondents | Mean score (1= least important, 7= most important) |
|-----------------------------------------|------------------|----------------------------------------------------|
| Helping children and families | 1,411 | 6.42 |
| Desire to work in my field | 1,389 | 5.82 |
| Benefits | 1,387 | 5.74 |
| Pay rate/salary | 1,389 | 5.57 |
| Like people who work here | 1,390 | 5.19 |
| Need a job and this is secure | 1,387 | 5.14 |
| Mission of DCF | 1,380 | 5.09 |
| Desire to work in a team environment | 1,375 | 4.99 |
| Location | 1,379 | 4.96 |
| Relationship with my supervisor/manager | 1,383 | 4.81 |
| Opportunity for advancement | 1,369 | 4.48 |
| Training offered | 1,372 | 4.12 |

Thirty five (35) comments were offered by respondents *as to why they stay at DCF*. Comments included:

- Keeping kids safe and helping them be successful is the most important reason I stay in my job.*
- I expected to stay until retirement however recent struggles and directives here have made that a question.*
- I still like that every day is different than the next and I am inspired by how hard people work here and that they care about children and families and safety and permanence*
- I believe that the challenges facing the agency, this is not the time to pull out. However, I feel that management does not support the legal team in the agency. The position is that there is no money. We are overloaded with cases, which make it almost impossible to keep up. As an attorney and professional it is disheartening as I feel I am triaging in court.*
- Hoping for change!*

Retention

- When asked to think about their employment with DCF in the next 6 to 12 months, 12% of respondents (n=174) indicated they are very likely to look for employment outside of DCF (mean =2.81/1= very unlikely, 7=very likely). The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 11. LIKELIHOOD OF LOOKING FOR EMPLOYMENT OUTSIDE DCF

| | Very unlikely (1) | 2 | 3 | 4 | 5 | 6 | Very likely (7) |
|------------------|-------------------|-------|------|-------|------|------|-----------------|
| # of respondents | 707 | 156 | 86 | 148 | 118 | 70 | 174 |
| % of respondents | 48.5% | 10.7% | 5.9% | 10.1% | 8.0% | 4.8% | 11.9% |

- Looking specifically at the 174 respondents that are *very likely to leave*, the majority of them are social workers (74%). These respondents work across all regions of DCF and have varied lengths of employment with DCF.
- Statistically significant factors related to whether or not a respondent is likely to look for employment outside of DCF includes the following variables:
 - Work and assignments are distributed fairly*
 - DCF encourages me to provide level of service clients expect*
 - The mission/purpose of DCF makes me feel my job is important*
 - Management is as committed to exceptional services as they expect me to be*
 - I am treated with respect by supervisor/manager*
 - My supervisor/manager is committed to achieving high levels of client success*
 - My supervisor/manager demonstrates respect in all his/her interactions at work*
 - The office environment is conducive to getting work done*
 - Availability of supervision*
 - Caseload/workload*
- The above variables (with the exception of caseload/workload) have an inverse relationship with likeliness to look for employment outside of DCF. In other words, as the level of agreement with the above variables increase (e.g. work and assignments are distributed fairly), the likelihood that a respondents will look for work outside of DCF decreases. Looking at caseload/workload, there is a positive relationship between the two variables. Specifically, the higher the impact of caseload/workload reported (in terms of carrying out day-to-day responsibilities) the greater the likelihood that a respondent will look for work outside of DCF.

Relationship with Supervisor or Manager

- Respondents were asked to rate their level of agreement with a series of statements meant to gauge their relationship with their supervisor or manager. As the table below shows, all mean scores exceeded 5.00 indicating that respondents were in agreement that they view their relationship with their supervisor/manager as positive and mutually respectful.

FIGURE 12. RESPONDENT RATING OF RELATIONSHIP WITH SUPERVISOR/MANAGER

| Relationship with Supervisor/Manager | # of Respondents | Mean score (1= strongly disagree, 7= strongly agree) |
|----------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|
| I am treated with respect by my supervisor/manager | 1,439 | 5.60 |
| I respect my supervisor's/manager's knowledge, skills and abilities | 1,440 | 5.41 |
| My supervisor/manager is committed to achieving high levels of client success | 1,421 | 5.40 |
| Overall, I'm satisfied with my relationship with my supervisor/manager | 1,438 | 5.34 |
| My supervisor/manager demonstrates respect in all his/her interactions at work | 1,439 | 5.33 |
| When I bring up a concern, my supervisor/manager response promptly and follows through | 1,440 | 5.16 |

Staff Training

Orientation

- Respondents were asked to look back at their initial orientation when they first started working for DCF. Overall, employees did not rate the initial orientation very highly. On a scale from 1 to 7, with 7= excellent, the average rating was 3.77. However, DCF employees employed for 10 years or less rated the initial orientation statistically higher than employees that work for DCF for 11 or more years suggesting orientation has improved in recent years. The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 13. RESPONDENT RATING OF ORIENTATION

| | Poor (1) | 2 | 3 | 4 | 5 | 6 | Excellent (7) |
|------------------|----------|-------|-------|--------|-------|------|---------------|
| # of respondents | 181 | 207 | 235 | 337 | 249 | 136 | 112 |
| % of respondents | 12.4% | 14.2% | 16.1% | 23.1 % | 17.1% | 9.3% | 7.7% |

Two hundred and sixteen (216) comments were noted by respondents regarding *orientation*. Comments included:

- *Took pre-service training after working on job almost a year!*
- *There was no training and cases would just put on my desk.*
- *Tough to train people with different skill sets at the same time. All regions operate differently in both the legal areas, and area office operations.*
- *In 1984, a two-week training was offered.*
- *Training has drastically improved since I started.*
- *The job is so complex, but I don't think any training can fully prepare someone.*
- *The problem with the training is it missed crucial pieces like how to document and write clinically. It also lacked information about policy.*
- *DCF legal does not have initial orientation.*
- *We shadowed a social worker and learned the right way to do the job right at the beginning.*
- *I wished for more training in the area office versus curriculum based learning.*
- *It was fantastic but the location in Boston is terrible always took me two hours each way to attend due to traffic. Training was never long enough always seemed rushed. It would be nice to have longer trainings in multiple locations.*

Amount of Additional Training

- In regards to whether or not the amount of additional training (internal and external) was adequate, respondents mean score was 4.16 (1=too little, 7= too much) which suggests that employees are somewhat satisfied with the level of additional training being offered. The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 14. RESPONDENT RATING OF AMOUNT OF ADDITIONAL TRAINING

| | Too little (1) | 2 | 3 | 4 | 5 | 6 | Too much (7) |
|------------------|----------------|------|-------|-------|-------|-------|--------------|
| # of respondents | 59 | 75 | 201 | 574 | 363 | 154 | 31 |
| % of respondents | 4.1% | 5.1% | 13.8% | 39.4% | 24.9% | 10.6% | 2.1% |

One hundred and fifty six (156) comments were noted by respondents regarding ***the amount of additional training***. Comments included:

- *I enjoy the trainings offered and attend as many as I can. Continuous learning is vital to this position*
- *The agency might do well to offer mandatory in-house training regarding the nuts and bolts of child protective services, home visiting, interviewing, service provision, professional ethics and boundaries, self-care, revisiting the role of DCF in the court process, more focus on teambuilding and staff morale is, a training covering the new runaway youth procedures, maintaining professional boundaries of clients, etc.*
- *Not enough time for training with the caseloads as high as they are.*
- *I missed many trainings due to C&P's and court emergencies.*
- *There are many training opportunities but it has been difficult to decipher between those that are valuable and those that are a waste of time (there are many that are not relevant to staff with an MSW and many of the trainings do not actually focus on the work at hand). Additionally, it is difficult to make time for these if you are maintaining high caseloads the comprised of every type of DCF case (protective, CRA, placement, adolescent, supervised visits, etc.).*
- *Most of the trainings have been excellent.*
- *It's not too much... I like going to trainings and attends many throughout the year. Thank God for them and they are free.*
- *Too much training for the constantly changing initiatives as opposed to the clinical work we do.*
- *Some really helpful, some not too much. I find it strange we are not offered CPR/first aid certification, as well as car seat installation.*

Quality of Training

- The quality of the training provided by DCF received a score of 4.23 (1=poor, 7=excellent) from respondents. The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 15. RESPONDENT RATING OF TRAINING QUALITY

| | Poor (1) | 2 | 3 | 4 | 5 | 6 | Excellent (7) |
|------------------|----------|------|-------|-------|-------|-------|---------------|
| # of respondents | 70 | 108 | 214 | 437 | 352 | 190 | 82 |
| % of respondents | 4.8% | 7.4% | 14.7% | 30.1% | 24.2% | 13.1% | 5.6% |

One hundred and thirty five (135) comments were noted by respondents regarding *quality of training*. Comments included:

- The Child Welfare Institute seemingly is well organized and provides considerable opportunities for learning.*
- Quality of training is highly inconsistent.*
- Trainers are not realistic about the work I do.*
- Trainings outside office are much better.*
- Our tendency to continuously utilize the same trainers internally must change.*
- Past year been better, need to be more advanced trauma trainings and advanced attachment training.*
- Up until five years ago it was good, now there is no training for support staff – only social workers.*
- Recent trainings related to trauma have been excellent.*
- Best trainings are contracted ones.*
- The trainings I have attended have been great. More training need to be made available to staff.*

Factors Impacting Participation in Training

- Respondents reported that time and location are the two factors that most impact the respondents’ ability to participate in trainings offered by DCF (1= no impact, 7=major impact). Cost, transportation, translation/accessibility services, approval from supervisor/manager, and training program availability had little impact on the respondent’s ability to participate in trainings.

FIGURE 16. RESPONDENT RATING OF FACTORS IMPACTING TRAINING

| Factors impacting participating in training | # of Respondents | Mean score (1= no impact, 7=major impact) |
|---------------------------------------------|------------------|-------------------------------------------|
| Time | 1,430 | 5.42 |
| Location | 1,435 | 4.65 |
| Training program availability | 1,415 | 3.67 |
| Cost | 1,419 | 2.62 |
| Transportation | 1,413 | 2.48 |
| Approval from supervisor/manager | 1,417 | 1.98 |
| Translation/accessibility services | 1,399 | 1.53 |

Training Needed

- Respondents were asked to indicate the type of training that would help them in their job, and which they would like to receive. Over half of the respondents want traumatic stress/secondary traumatic stress management (59%) and clinical training (56%).

FIGURE 17. PERCENTAGE OF RESPONDENTS SELECTING ADDITIONAL TRAINING

| Training Needed | # of Responses | % of Respondents |
|--------------------------------------------------------|----------------|------------------|
| Traumatic stress/secondary traumatic stress management | 824 | 59.0% |
| Clinical training | 777 | 55.6% |
| Self-care/personal stress management | 675 | 48.3% |
| Interview techniques | 510 | 36.5% |
| Legal training | 457 | 32.7% |
| Advanced CPS training | 455 | 32.6% |
| Communication skills | 326 | 23.3% |
| Use of social media | 304 | 21.8% |
| Supervisory training | 305 | 21.8% |
| IT training | 245 | 17.5% |
| Ethics training | 241 | 17.3% |
| Data management | 223 | 16.0% |
| Management training | 218 | 15.6% |

One hundred and two (102) comments were noted by respondents regarding ***other training needed***. Comments included:

- *Substance abuse/domestic violence training should be annual*
- *substance abuse impact, cultural sensitivity, domestic violence*
- *Again... Adoption competence... It's not even on the training list here!*
- *Conflict management, mediation, program development and maintenance, motivational skills*
- *CPR training*
- *working with underserved, underprivileged communities, immigration, caring for children of a different race including skin and hair care, caring for gay, lesbian, questioning children*
- *There are rarely any trainings for administrative staff*
- *More and different types of adolescent trainings*
- *Need training specific to HR*

Work Environment

- Utilizing the same level of agreement scale (1= strongly disagree, 7= strongly agree) respondents rated statements related to their work environment. Although workers somewhat agreed their office is clean and comfortable (mean=4.20), there were low levels of agreement with the other factors regarding their work environment.

FIGURE 18. RESPONDENT RATING OF WORK ENVIRONMENT

| Work Environment | # of Respondents | Mean score (1= strongly disagree, 7= strongly agree) |
|--------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| My office is clean and comfortable | 1,401 | 4.20 |
| The computer hardware is up to date | 1,388 | 3.93 |
| The computer software is up to date | 1,396 | 3.84 |
| The physical environment of the office is adequately equipped to support all job functions | 1,402 | 3.83 |
| The office environment is conducive to getting work done | 1,398 | 3.81 |
| There is adequate office space and furniture for new staff | 1,394 | 3.20 |

There were three hundred and forty two (342) comments provided by respondents with regards to the *work environment*. Comments included:

- As reviewers we are constantly given broken chairs, desks and the oldest computers. We are provided with broken tables and chairs in review rooms, which are always filthy and unkempt. There is little to no respect for our position amongst area offices and we are often left without key cards to access the office in some areas due to management's control issues.*
- Mice in the office.*
- Temperature either too cold or too hot.*
- The building is located in an unsafe area and we are sandwiched in the back of the building ... it feels unsafe at times.*
- This office needs at least one additional visit room and the entire lobby area is not secure. My desk is partially broken and there isn't a better one available – furniture in this office is very hodgepodge.*
- We need a new office, water damage, gas odor, ventilation problems, mice and fleas. The parking lot overflows during rain and is full of potholes.*
- The building is remodeled. Very pretty and safe.*
- It is almost impossible to do your job every day with slow computers, navigating between different systems, and not having the right tools to do your day-to-day office/computer work.*
- The office is well-equipped; not all offices are this well-equipped.*

- *We have no space for the amount of employees, the space is kept adequately clean but has not been updated in over 20 years, the desk and chairs are broken, the offices need painting and proper working heat/air/ventilation.*
- *There are some offices with leaks, there is no space for meetings, and we are very overcrowded.*
- *We do not work here because it is glamorous but it would sure help employees if we were valued enough to have more livable conditions, especially when upper management is provided with the best and our workers work so hard and our babies and kids who have to come here for supervised visits get drafty rooms with broken furniture!!*
- *I go to a number of area offices. Every office is different,*
- *The staff work environment is not a priority. Social workers sit in an open environment which is easily distractible. We have an office for redacting, and attorneys, which are never used. It took a manager's retirement and office availability for me to gain permission for an ADHD social worker to use quiet space to write.*
- *I wear glasses all day long. I cannot see or read without them yet I deal with very small print on my computer screen especially with iFamilyNet. If I had the time and energy I might put my doctor to work to prove my eyesight has gotten significantly worse since using these screens in reading such fine print.*
- *Yet again ongoing social workers are not a top priority for DCF Central. How come service plans and assessments cannot be accessed on iFamilyNet when these are major tasks of ongoing social workers? The precious investigators and intake social workers have all of their tasks on iFamilyNet. Yet for ongoing social workers and supervisors they are now asked to switch back and forth from two programs which takes up a great deal of time, especially when your computer is slow. It is no secret to ongoing social workers and supervisors that the two job functions Central and Management think are most important are investigations and intake.*
- *You ask me as a supervisor to complete major tasks on iFamilyNet with absolutely NO training. You asked me to use Outlook calendar with NO training and NO outside access to it.*
- *My personal cell phone is at least 50% used to communicate with via text and talk to my supervisees.*
- *Our office is brand-new yet when we travel to places like North Central we deal with cockroaches crawling on visit floors that the babies crawl on during supervised visits. Walls in that office have been punched through and the social workers sit in closets. Shameful.*
- *In my office many of the desks are old and broken. I've gone onto Craig's list to find office furniture and equipment or bought my own*
- *I have a very comfortable cubicle with a computer, phone and workspace in Central Office. Generally, I am only here once a week and the other days I am at local offices conducting reviews. Unfortunately, not all my coworkers have their own cubicle here at Central. New hires have been forced to share this space and the arrangement is*

substandard and uncomfortable for them. The space I am offered at the local offices is generally substandard, crowded, noisy, dirty and lacking privacy. The meeting rooms we use at the local offices are also generally inadequate and often lack adequate heat/ ventilation. Lack of appropriate furniture is also a problem. The computers offered to me at the local office often have issues and I need frequent assistance from the Help Desk.

- *Despite the central office being told, computers still run slow, break and freeze which sometimes makes it difficult to get work done. Central Office response “the computers here work just fine.”*
- *There is no privacy, and it is difficult to complete work without distractions.*
- *I do not have an iPad and would benefit from this. I also believe we should have state issued cell phones.*
- *It would be more helpful to have up-to-date technology that supports our work off-site. Most of my work occurs outside of the office and access to cell phones and computers while on the road would make me more successful.*
- *I love my iPad... It is great!*
- *Toilets often clogged and gas leaks are common. Computers often breakdown as well as phone lines. It is a total nightmare and counterproductive in every way imaginable.*
- *We still need chairs for our visit rooms. We have a brand-new office filled with leftover, banged up furniture from other offices. Make us feel like “bottom of the barrel employees.”*
- *Every time a new governor or DCF Commissioner comes in (and there have been a lot in 19+ years) we have to have “new and improved “computer programs, etc. In the meantime, some of the new programs do not work, are convoluted, and we spend a lot of time redoing forms, updating headings, etc.*
- *The rollout of iFamilyNet has been ridiculously long.*
- *The inability of DCF to have all staff to work within one system iFamilyNet is mind-boggling.*
- *My office offers me no private or quiet space to work; I wish I at least had a cube. I frequently cannot talk on the phone because I cannot hear clients. iFamilyNet is horrible software and should be trashed. There are not enough computers and phones for everyone who works here. My phone frequently has problems, will hang up on calls or have static noise- for years now. My office does not have cellular or Wi-Fi so I cannot use my DCF iPad at my desk-I have to go outside to use it.*
- *Few people know policy changes and depending on who was asked, it can be very challenging to complete tasks. Cell phones seem like they would be much more valuable than iPads. Furniture and supplies are scarce and outdated. The Internet is often extremely slow – seems outdated and the office could benefit from wireless Internet connections.*
- *Our office is in very poor condition. We will be able to move in about 18 months, hopefully!*

- *Too many computer programs ifnet, fnet ,pace, timesheets... Too many passwords. Ifnet design is cumbersome and not intuitive. New management reports for kids seen are complicated and don't flow.*
- *I am particularly impressed with the Cambridge Area Office creating a wellness room where employees can use it for group guided meditation sessions or whenever necessary. I just took a five minute yoga break in there to return to my computer feeling refreshed.*
- *Regarding computer-I had to download an updated version of Firefox. I don't think DCF should use Internet Explorer, but Firefox or Chrome instead.*
- *Constant computer problems with slow response from IT services.*
- *It should not take two months for new employees to get a computer.*
- *The iPads were a major help, but iFamilyNet has lots of bugs and problems that are not being addressed. The system was designed for what people think happens in court not what actually happens.*
- *The Commonwealth of Massachusetts has failed to invest in the infrastructure of DCF to such an extent that some social workers do not have chairs or desks or computers or telephones. We are times run out of paper because there wasn't money in the budget for paper to account for this amount of paper usage. Now we are told the social worker will have to "hotel" – a word for share desks, chairs and telephones and computers. The Commonwealth made a big deal out of giving some social workers iPads and that is great but not everyone needed one received one and there are huge technology deficits elsewhere. No one has cell phones. There are not enough ports even if we had enough computers. Buildings need to expand in terms of space. Some offices have long-standing complaints about rodents and mold, etc.*
- *The office heating/cooling system does not work. We have mice running around the building at different times*
- *We have hired workers who barely have desks or enough space to have their own space.*

Access to Supports for Families and Children

- Respondents were asked to indicate the extent to which there is adequate and convenient access for DCF families and children to receive various supports. On a scale from 1 to 7, with 1= poor access and 7= excellent access, housing, transportation and respite care rated low in terms of access. Nutritional assistance, medical services and permanency planning had moderate to excellent access.

FIGURE 19. RESPONDENT RATING OF ADEQUATE AND CONVENIENT ACCESS TO SUPPORTS

| Support Services | # of Respondents | Mean score (1= poor access, 7= excellent access) |
|------------------------------------|------------------|-----------------------------------------------------|
| Nutritional Assistance (WIC/SNAP) | 1,294 | 5.03 |
| Medical Services | 1,302 | 4.89 |
| Permanency Planning | 1,275 | 4.38 |
| In home support services | 1,285 | 4.29 |
| Domestic violence support services | 1,298 | 4.26 |
| Substance abuse services | 1,296 | 4.08 |
| Transitioning out of DCF (youth) | 1,248 | 3.96 |
| Behavioral Health Services | 1,305 | 3.94 |
| Educational/vocational services | 1,255 | 3.91 |
| Translation services | 1,274 | 3.74 |
| Supervised visitation | 1,285 | 3.60 |
| Foster Parent Services | 1,234 | 3.48 |
| Post-Adoption Services | 1,226 | 3.46 |
| Child care | 1,304 | 3.31 |
| Respite care | 1,281 | 2.70 |
| Transportation | 1,290 | 2.64 |
| Housing | 1,294 | 2.23 |

There were one hundred and fourteen (114) comments about *supports needed*. Comments included:

- *Services for mental health, DV and substance abuse often have been long waiting lists and so does Family Networks. Respite and housing is a huge problem for families. PPCs aren't happening fast enough for all the times that we have to hold, even APPLA. Depending on where the family lives, transportation is an issue.*
- *Despite having some substance abuse services, the number of SEN babies, overdoses, and not enough adolescent services is at a crisis point.*
- *We need more visiting room space for families.*
- *Respite resources hard to come. Shortage of psychiatric beds. Transitioning services seem good educational/vocational services seem good.*

- *We have many services but not enough!*
- *Housing is a huge barrier as housing lists are too long and market rent is too expensive for low-income foster parents and kinships need to be able to assess vouchers for child care as that is a barrier in getting suitable homes for our kids in care.*
- *Often there are wait lists for behavioral health services.*
- *This office has a large amount of childcare slots, however at times there are wait lists and if children are not in stable foster homes it is difficult to enroll them in daycare during the day, often having to be paid out of other funds. Clients have limited transportation services and city is large. Many clients in this are struggling with drug epidemic – opiate addictions and deaths are high. Inpatient substance abuse programs are difficult to access and leave the much to be desired (especially for families). Many clients are homeless, bouncing from couch to couch, children do not attend school regularly.*
- *This is a rural community with few choices for transportation services. We also don't provide much in the way of child care services so people who might want to do foster care cannot.*
- *We have families waiting for mental health services for months. This offices priority has been children under two and if you don't have a child under two you don't get much help with services.*
- *There is a housing and transportation crisis on the Cape.*
- *DCF does an awful job assisting youth transitioning out of DCF care. There needs to be additional supports for these young adults, many of whom have no family to help support them. Even a one-time stipend to get them into an apartment with first, last and security would be helpful. Those few that graduate college are expected to instantly get a job at age 22?!*
- *Waiting lists are out of sight.*
- *Funding for CBHI and early education needs to be increased!*
- *The focus has not been on transitioning youth. The focus is only on 0 – 5 year olds.*
- *Our caseloads being so high does not allow us to practice social work.*
- *Foster parents need the daycare services. Very little pre-adoptive post-adoption services. Need more trauma informed services.*
- *We pay our foster parents the lowest pay imaginable, we have no behavioral health services for kids, and they are on 6 month wait lists... We are told no to services in the home because it's too expensive.*
- *There are not enough services. There are waiting lists. One issue is that DCF becomes the "end all be all the." DMH is so poorly staffed that DCF ends up with all the child DMH kids (and they are not protective). DTA sends over families to DCF to be placed in housing... Do not house families. DCF has moved away from being a child protective agency because we end up taking every family that other agencies refuse.*
- *I put a referral in for a parent aide through family networks in November 2013. As of November 2014 the family was still on a wait list for the service. The same family waited over six months for CBHI in-home family therapy services. I also have children waiting 2 to 3 months for trauma focused individual therapy.*

- *Several of my families do not have cars and rely on public transportation to get to supervised visitation but do not have the funds to pay and are not qualified for discounts under WRTA policies. In addition, I am unable to provide weekly supervised visitation to my families as required by our policy due to the number of cases I have as well as the number of supervised visits I am required to provide.*
- *Poor to no access for young adults to obtain adult DMH services and supports.*
- *Support to grandparents raising grandchildren is very poor.*
- *We need housing and daycare above all else.*

DCF Relationships with External Stakeholders

- Looking outside of DCF, respondents were asked to rate their level of agreement (1=strongly disagree, 7=strongly agree) that DCF has meaningful and effective relationships with various stakeholders. The strongest relationship reported by respondents was with the juvenile courts, schools, and law enforcement. The weakest relationships were with the Department of Transitional Assistance, Department of Developmental Services and Department of Public Health.

FIGURE 20. RESPONDENT RATING OF DCF RELATIONSHIPS WITH STAKEHOLDERS

| <i>Stakeholders</i> | # of Respondents | Mean score (1= strongly disagree, 7= strongly agree) |
|----------------------------------------------|-------------------------|-----------------------------------------------------------------|
| Juvenile Courts | 1,297 | 4.98 |
| Schools | 1,285 | 4.83 |
| Law Enforcement | 1,285 | 4.81 |
| Service Provider Community | 1,257 | 4.62 |
| Children’s Behavioral Health Initiative | 1,269 | 4.55 |
| Probate And Family Courts | 1,288 | 4.46 |
| MassHealth | 1,276 | 4.11 |
| Department of Early Education And Care (EEC) | 1,260 | 4.09 |
| Department of Youth Services (DYS) | 1,272 | 4.03 |
| Department of Mental Health (DMH) | 1,276 | 3.73 |
| Department of Public Health (DPH) | 1,243 | 3.64 |
| Department of Developmental Services (DDS) | 1,264 | 3.61 |
| Department of Transitional Assistance (DTA) | 1,276 | 3.36 |

Barriers to Day-To-Day Responsibilities Within DCF

- Respondents were asked to rate the impact (1=no impact, 7= major impact) of several factors on their ability to effectively carry out their daily responsibilities within DCF. Caseload/Workload, complexity of cases and availability of support staff were the top three barriers reported by respondents.

FIGURE 21. RESPONDENT RATING OF BARRIERS IMPACTING DAY-TO-DAY RESPONSIBILITIES

| Barriers to day-to-day responsibilities within DCF | # of Respondents | Mean score (1= no impact, 7= major impact) |
|----------------------------------------------------|------------------|--------------------------------------------|
| Caseload/Workload | 1,385 | 6.14 |
| Complexity of cases | 1,380 | 5.77 |
| Availability of support staff | 1,372 | 4.09 |
| Availability of supervision | 1,376 | 3.63 |
| Availability of training | 1,373 | 3.48 |
| Cultural/ language barriers | 1,372 | 3.28 |
| Transportation | 1,373 | 2.74 |

There were two hundred and five (205) comments provided by respondents with regards to the *barriers in the workplace*. Comments included:

- *There are many functions that are important to clients/ex-clients (e.g. record production) that is significantly impacted by the lack of support staff*
- *DCF continues to fail completely at bringing down caseloads, the levels of which make it impossible to do the quality of social work that my coworkers and I would like to be able to do. My unit is currently entirely in the 20s and caseloads-not 18 as in the current supposed limit-and nowhere near the 15 that the state agreed to implement. 15 would still be challenging, especially as the agreement takes no account of the most time-consuming aspect of certain cases (court involvement, number of children in placement, and frequency of supervised visits). There is a huge number of tasks associated with each ongoing case. It is impossible to practice preventive social work while keeping up with the current workload. Most of the time I find myself struggling to keep up with the tasks required in responding to emergencies that might have been preventable if I had had more time to spend directly with parents and children.*
- *I have been over caseload every single month for approximately 3 years*
- *Too many cases not enough workers. No support from management.*
- *I have no support staff to help file or with other paperwork. The IFC agencies are so poorly managed and the language barriers of the foster parent are beyond words. To place English-speaking children with Spanish only speaking foster parents and lied to by the agency is so wrong.*

- *We don't have adequate foster homes and the new ones are not properly or*
- *adequately trained. We don't follow policy in our foster homes... we put the needs of foster parents first over the needs of our children. We should all be ashamed!!!*
- *Workers have 20+ cases, supervisors have 7+ workers, managers have 6+ units, these are unsafe numbers and we do the best we can!*
- *We still not have letters and guides in the languages we service*
- *How can I effectively manage over 130 cases and six social workers? My supervisees have an average of 23 cases at any given time over the past year.*
- *It would be very helpful to have social worker techs back in each area office to help with day-to-day functions*
- *There are very few support staff and they are stretched very thin. We have to do all of our own filing and although that doesn't sound like a big deal it is when you consider all the other things we have to do. I drive at least 15,000 miles a year for this job. That takes up a lot of my time. We are being told to do more and more things it is impossible to do this job in the way I would like to do it. It is very discouraging. Since the disappearance and death of the child in the Pittsburgh area, it seems as though DCF has lost its collective mind. Everything seems to be based on "cover management's a**". So we are not trusted to pick/choose what needs to be done. This is particularly frustrating for my job since I basically work with high functioning adults all over the state who want to adopt the children in their care. Sometimes it makes sense to complete adoption paperwork rather than to have a full day to drive to see a child who I know is probably fine. But NO, so now I am overwhelmed with court reports, subsidy requests, foster parent adoption home studies(don't get me started on that one!) that do not get done thereby postponing adoptions that could occur if I had the time to do the work.*
- *The current caseload is crippling. I am completing the survey at 6:30 PM and this is when I have time to do so. I have three more cases to assign tonight.*
- *Need a lot more support staff. This is crucial to getting our work done in a timely manner.*
- *Being over caseload and having such complex cases has made it difficult to actually do social work effectively, if any at all.*
- *I have been here 22 years. No one has ever asked me about what's going on with my caseload, just specific cases*
- *There are not enough specialists (mental health, nursing, substance abuse, etc.) to effectively assist all the social workers. High caseloads make it difficult to give families the attention they need. Combining high caseloads with complex and involved families where there may be a lot of meetings and/or providers is also a challenge. Higher caseloads also make it more difficult for supervisors to give workers the time they need*
- *Policies are impacting my ability to perform as expected due to the sheer number of ineffective policies bogging us down*
- *DTA clients have parking in our parking lot. DCF social workers do not. That is reflective of management's attitude towards workers*
- *The number of Care and Protections and supervised visits are through the roof and unmanageable for any worker*
- *DCF implemented initial assessments to ongoing staff several years. This is an impossible task to do initial assessment which are investigations essentially and maintain*

an ongoing caseload. Currently my caseload is 8 comprehensive assessments, 11 court involved cases which require parent child visits, several court dates and the courts are spread all over the Commonwealth and I have two initial assessment and several ongoing cases. I've children placed in Boston, the Cape, and the Berkshires. There is no way a social worker can do everything that is needed with caseloads over 22!!

- *Lawyers need a caseload cap immediately!! We are supposed to be capped at 60 cases according to ABA. We average 100 each. We absolutely do not give the attention to each case that we should. We feel that we are violating ethical practices and delivering poor quality every day, because it is impossible to work up to standard with our excessive case loads.*
- *Caseloads are extremely high and the cases are extremely complex. My previous manager rarely provided supervision to me. However, she accused me of not providing adequate supervision to my unit (which was untrue). She has an attitude towards me and has treated me unfairly. The atmosphere is fear driven and people here suffer from PTSD for fear that something bad could happen on our caseloads given the fact that it is impossible to safely manage the cases and to have the time to devote to the families on the cases.*
- *This place is a mess since all the changes have happened. We alone could barely manage the cases in towns we had, however, five new towns were assigned from North Central to Lowell. This environment is dangerous and it is a tragedy waiting to happen. Please help us get to a place where we can safely manage our cases before another child dies and we are blamed!*
- *Caseloads are by far the largest barrier to effective social work. Second to this is the sheer volume of time spent by social workers transporting kids/supervising visits. This is a waste of state resources and social worker skills; this job is the zero sum game, and every hour spent transporting/babysitting kids is an hour we are not spending attending to the work that is integral to our jobs*
- *The Caring Together Initiative is a nightmare. They don't have clear roles or functions. The plan takes clinical decisions away from the areas. DMH staff seem to be driving the initiative without knowing DCF policy, procedures, agency culture, agency systemic barriers, expectations the courts have of the agency, replacing employees with institutional knowledge with people off the street and paying their supervisors a higher rate as a clinical supervisor than area office supervisors who are actually doing the clinical work. This does not even consider the failure of follow along services in the continuum that is not living up to their contracts and who are not providing respite. Too much emphasis has been placed on creating new systems instead of taking care of direct line staff and the families they service.*
- *I've had excellent supervisors. My current supervisor is nice, but completely incompetent to the point where we think she is cognitively impaired. Demoralizing.*
- *My supervisor is the director of areas and so is limited in availability. He is always available by phone however. If we had a full-time director, that would be more effective for decision-making and support.*
- *I've yet to receive supervision and I started two months ago*

Impact of New Initiatives

- Respondents were also asked to rate the level of impact (1=no impact, 7= major impact) of three recent DCF initiatives. The mean impact scores for these three initiatives show moderate impact.

FIGURE 22. RESPONDENT RATING OF NEW DCF INITIATIVES

| New DCF Initiatives | # of Respondents | Mean score (1= no impact, 7= major impact) |
|----------------------------|------------------|-----------------------------------------------|
| Distribution of iPads | 1,364 | 4.48 |
| Increased staffing | 1,362 | 4.40 |
| Decoupling of area offices | 1,307 | 3.64 |

Importantly, a review of the three hundred and ten (310) comments on the *new DCF initiatives* provided additional insights. Comments included:

- *Staffing levels remain inadequate and my area offices have not decoupled.*
- *Area director needs to be present and not at her second site.*
- *We are not decoupled. We have been set back years because of the “coupling” that was done years ago. We have not recovered from being coupled.*
- *Although there has been an increase in hiring, more social workers have left the agency.*
- *?? What decoupling?*
- *iPads are helping workers keep up-to-date records and complete their computer work. Not sure it helps “deliver timely and effective services.” Does help communication though tremendously, and documentation. Increased staffing not really working as people still leaving in droves and no real impact that I see.*
- *iPads are very useful.*
- *The iPads do not allow for the important work such as completing assessments and service plans.*
- *The new hires don’t stay.*
- *Most communication between social workers, management and consumers are done via cell phones. iPads allow for information to be put in to the IFamilyNet system and gives the ability to have information in real time but it is useless if a supervisor or manager is not constantly in the case to access information. There is a need for work cell phones.*
- *My office is not decoupled!!!*
- *Our office has not been separated and therefore there is only one DOA in the office once maybe twice a week.*
- *Increase in staff was only for social workers, creating an even larger workload for legal staff.*
- *Supervisors still do not have iPads.*

- *I feel that as a regional MG specialist it is imperative that I have an iPad given my geographic region and work expectations. I do not have one to date which makes the work demands difficult.*
- *Increased staffing has not affected caseloads.*
- *iPads are helpful when sitting in court for hours and when on the road, but I don't feel that it has helped to deliver timely services to families since we do not have access to iFamilyNet.*
- *Personally I believe that DCF should also uncouple the regions not just the area offices.*
- *iPads have had a positive effect. Workers are using them to stay in communication through email and have access to the case record from the field; as well as complete paperwork in the field.*
- *Increased staffing has not had a positive effect due to the attrition. We have hired many new workers but we are losing almost half due to the demands of the job.*
- *Decoupling of the area offices has not impacted work yet because it has not happened to my knowledge. Our AD has not been available to make important decisions. I have had to wait up to two months to get feedback from the AD regarding approvals for various issues.*
- *It would also be helpful for supervisors to be given iPads.*
- *Our office has not been decoupled. We rarely see the area director since she is busy in another office. Our financial manager is also doing the work for two offices. I wonder how she stays sane. This was such a terrible idea but we have been told that (lucky us) our area will remain with the other one until further notice. Doesn't matter that our areas are totally different and that we need someone here at all times. So, our management such as it is, is overextended and not able to keep up. Seems like we get line staff and then they leave quickly. Who could blame them? This is becoming a thankless job. Our caseload numbers continue to be through the roof. Nobody seems to give a damn. Just get the job done – even though it's impossible.*
- *The iPads have been tremendously helpful to social workers, but I don't feel they have assisted in delivering services to families in any way.*
- *Office catchment areas are too large. It can take all afternoon to do one home visit 30 miles away.*
- *While the addition of iPads has been helpful, a cell phone would offer the most support. The number one complaint that I receive from clients and/or providers is that I cannot be reached outside the office. Distribution of cell phones would help improve communication and client relations.*
- *Although workers have been hired, there are just as many leaving – not alleviating the caseload crisis.*
- *The iPads are helpful but not the be all end all. Cell phones we could forward to our desk phones would have been a better technology upgrade in my opinion. iPads ideal for ERW's working hotline but in my opinion the average ongoing worker doesn't need one. I know mine stays in my bag most of the time.*
- *The old Central Regional Office needs to be reinstated. Being part of the Western region has a negative impact.*

- *Covering two offices is almost impossible and continuing to get added responsibilities on the operations side with no additional support is frustrating. Again, it's like nobody's addressing the problem of clerical support as the office grows and the demand increases.*
- *The coupling of offices has been a very unproductive challenge. By splitting AAMs and DOAs between two sites, the daily oversight of each office is lacking. It is not possible to run an office efficiently if you are not able to be on site. As a result of the daily administrative responsibilities are left to the AAAM (service coordinator) and support staff. Who are not in management roles, but in many cases are responsible for duties that are normally the responsibility of management.*
- *Having one DOA for 2 offices was stupid. Although our DOA tried to get it all done, it's impossible to manage that many staff and issues. Decoupling the offices needed to occur.*
- *Staffing has barely kept up with turnover.*
- *IPads only be used for dictation. We cannot use for assessment or service plans because the system will not allow it.*
- *Distribution of iPads was a good idea or as it should facilitate more productivity while in the field. However, management issued orders that work is not to be done on iPads. Work must be done in the office at one's assigned desk. Travel to and from home visits from the office, detracts from the available time to enter work on to the database. There was a recent adjustment staffing in the investigations cluster in this office, however, workload has risen and complexity of cases has risen. We are frequently over caseload and unable to meet with all families and complete all investigations (if attention to quality of interviews, appropriate follow-up, etc., are followed).*
- *Decoupling of area offices has not occurred in our region as of yet. Decoupling had a negative impact on the ability to receive appropriate area director attention on complex cases, and the variability of judgment of replacement APM is difficult to deal with (for example, one manager is lax and nonreactive, while another would be stringent, and over reactive).*
- *I do not have an iPad because management said there were no more available. Hiring all new social workers with no experience has not been helpful and creates delays in closure of cases, and delays overall in case management as they need to check everything with supervisor or manager and cannot answer simple questions. This office is not been decoupled yet.*
- *Decoupling is the right way to go. You should not expect a manager/director to be responsible for several hundred people along with 1800+ cases.*
- *Legal had minimal increase in staff, and I have been moved to a room with three other attorneys, that barely give enough room for a desk and a computer.*
- *We need staff and less check market expectations from Central Office.*

Additional Tools Needed

- When asked what additional tools would be helpful, 84% of respondents selected cell phones and 65% requested the ability to upload documents/photos to iFamilyNet. One third of respondents selected iPads, cameras and social media.

FIGURE 23. PERCENTAGE OF RESPONDENTS REQUESTING ADDITIONAL TOOLS

| Additional tools | # of Responses | % of Respondents |
|---------------------------------------------------|----------------|------------------|
| Cell phones | 84.5% | 1,075 |
| Ability to upload documents/photos to iFamilyNet. | 64.7% | 823 |
| Access to social media | 33.5% | 426 |
| iPads | 33.0% | 420 |
| Cameras | 32.8% | 418 |

There were three hundred and twenty-seven (327) comments about **additional tools needed**. Comments included:

- *Need iPads for all staff.*
- *Many of my coworkers use their personal cell phones to communicate with clients and collaterals. I will not do this.*
- *Workers privacy is at risk but we have to use our personal cell phones on the job, which is impossible not to do in this age. Social media provides very helpful information at times in regards to clients whereabouts and activities, as well as safety issues such as threats against workers that may have been posted online – the Department should have accounts by which to search for this information so that workers don't have to have their own info printed alongside when screenshots are needed. Since iPads are equipped with cameras and a scanner app, it would be helpful if DCF could come up with a new camera policy so that workers can actually use this function. Also please put service plans and comprehensive assessments on iFamilyNet.*
- *Efficient, effective computer programs – IFN and FN are cumbersome... Unhelpful... Two systems= inefficient and inaccurate.*
- *I cannot believe I use my own cell phone for work. My friends and family are shocked we are asked to do this.*
- *To be able to access everything in a case on iFamilyNet.*
- *Dragon or some type of documentation program that assist with typing/documenting.*
- *Those social workers have historically used their personal cells (having two or three cell phones allotted is grossly insufficient), having work cell phones is essential in light of the tremendous time in the field, time which could be used more efficiently with the support.*
- *Cameras that are up to date or iPad usage of camera.*

- *Cell phones will help DCF with micromanaging social workers. I doubt having a cell phone will change the stress level, being over caseloads, or having a great amount of cases that are intense, but it's worth a try...*
- *Access to our M drive on our iPads.*
- *Supervised visitation center to assist with the many weekly required supervised visit that ongoing work are required to complete – including transportation to and from the visits as well as monitoring.*
- *Photos of documents should be able to be uploaded to iFamilyNet... Birth certificates, court documents, insurance info*
- *As I stated before my personal cell is used all day to communicate with my social workers. I am asked by my manager to use Outlook calendar yet have no access to it out of the office. I use my personal Facebook page to find mothers and fathers and keep track of teens in my unit.*
- *Cameras are not necessary cell phones or iPads can upload images to iFamilyNet.*
- *I use my cell phone all day and on the road to communicate with not only my supervisor and coworkers, but also clients.*
- *Being able to complete service plan and assessments on the iPads.*
- *Use of only Family Net or iFamilyNet -not both*
- *I am a supervisor and I get calls before and after work hours to discuss issues, and do not have the materials available to always make the right decision. I'm using my cell phone and I pay and it's expensive with its monthly costs. I do not have an iPad to work effectively.*
- *Adequate workspace at Central and in the area office for all foster care reviewers. Computers that work well for all foster care reviewers*
- *Vehicles. I have donated many cars to the state because I drive so many miles. Mileage reimbursement does not come close to paying me for wear and tear in the purchasing of a new car every 5 to 8 years.*
- *Cars!!! My insurance company recently dropped me because they found out I use my car for work. I am completely stuck and now in a position to pay more monthly because I use my personal car for work. This is not fair and DCF does nothing to protect me financially or reimburse me for the money I might need to pay extra per month in order to own a vehicle in the state.*
- *Being able to upload a police report would save lots of time.*
- *State cars/vans to help transport children to places and supervised visits with parents.*
- *A cell phone is the most necessary item we have in the field and it would be helpful for clients to call us but we are on the road, but I will not give out my personal cell phone. A lot of information is available via social media without using that resource; we know less about clients than anyone else. Having to have my supervisor bring an old digital phone to home visit is awkward and ridiculous with all the other technology available.*
- *The tool for a way for the commissioner's office to actually hear us when we tell them that we are bullied every day by our management team. We have not been heard and it is so depressing.*
- *Social worker technicians to do supervised visits.*

- *We need cell phones!!*
- *More lawyers and more paralegals immediately! We are in a crisis!*
- *Spanish-speaking social workers, bicultural social workers*
- *Security/officers at the office. Also keeping workers personal information private. Our workers family should not be put at risk.*
- *Dragon speak software*
- *As an investigator and iPad is not useful. I cannot type on it while interviewing families for abuse/neglect which usually involve highly volatile/dramatic situations. I do need, however a way to contact my supervisor and manager in the event of an emergency. I also need a way to take photos of abuse/neglect (bruises/conditions of a home, photo of children just entering care, etc.) But there are never cameras available for us furthermore we have no printers. When I prepare for court, how can I actually prove/show the court the department concerns unless I have pictures to back up what I'm saying. Our office does not have printers to print photos. Again, once the photos are taken, they should be available in the electronic records so the future workers can view them as well. It is one thing to read about bruising to a child, however it is another to actually see the injuries in the photo.*
- *It would be helpful to be working on one system. We have been using both for an extended period of time and this split makes my job more difficult.*
- *The use of cameras on the iPad would be helpful.*
- *Better software, simplified password management*
- *Laptops coupled with cell phone seems much more productive than iPads and desktop computers.*
- *Ability to do more involved Internet searches to locate families.*
- *Cell phone reimbursement like travel reimbursement would be a better approach than trying to manage 2200 cell phones*
- *Penn, agenda books, note cards, folders, hole punches that work, pencil, tape, Staples, envelopes of all sizes, sticky notes, white out, hand sanitizer*
- *GPS to get to locations most quickly*
- *Teleconferencing*
- *The ability to offer substantially more visitation between children in care and their parents*
- *We do not need tools. We need social workers.*

DCF Overall

Thinking about their job with DCF, respondents were asked to rate the level of agreement (1= strongly disagree, 7= strongly agree) with thirteen statements.

FIGURE 24. RESPONDENT RATING OF DCF OVERALL

| <i>DCF Overall</i> | # of Respondents | Mean score (1= strongly disagree, 7= strongly agree) |
|--------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| I know what is expected of me at work | 1,428 | 5.84 |
| I have a close friend at work | 1,408 | 5.18 |
| The mission/purpose of DCF makes me feel my job is important | 1,417 | 5.16 |
| My co-workers are committing to doing quality work | 1,419 | 5.11 |
| DCF encourages me to provide the level of service clients expect | 1,408 | 4.76 |
| Working assignments are distributed fairly | 1,422 | 4.00 |
| Our clients are satisfied with the services they receive from outside providers | 1,390 | 3.98 |
| The policies and procedures help me to provide the level of service that is expected | 1,413 | 3.87 |
| Management is as committed to exceptional service and they expect me to be | 1,410 | 3.75 |
| Our clients are satisfied with the services they receive from DCF employees | 1,396 | 3.64 |
| Policies are consistently and fairly applied | 1,417 | 3.21 |
| I believe management will listen to and act upon the results of this survey | 1,414 | 2.90 |
| DCF is committed to maintaining high levels of employee satisfaction | 1,416 | 2.84 |

Core Values

- Respondents reported high levels of agreement (mean=5.09/n=1,421) that their co-workers are committed to the core values of DCF (child driven, family-centered, community focused, strength-based, committed to diversity and cultural competence, and committed to continuous learning).

FIGURE 25. RESPONDENT RATING OF CO-WORKER COMMITMENT TO CORE VALUES OF DCF

| | Strongly disagree (1) | 2 | 3 | 4 | 5 | 6 | Strongly agree (7) |
|------------------|-----------------------|------|------|-------|-------|-------|--------------------|
| # of respondents | 28 | 47 | 100 | 292 | 356 | 324 | 274 |
| % of respondents | 2.0% | 3.3% | 7.0% | 20.6% | 25.1% | 22.8% | 19.3% |

Morale

- Compared to last year at this time (December 2013), respondents reported that morale at their office location was much worse this year (mean=2.63). The table below details changes in morale by region. Respondents from Southern and Western regions of DCF reported levels of morale that were statistically lower than the other regions.*

FIGURE 26. RESPONDENT RATING OF MORALE BY REGION

| Office Location | # of Respondents | Mean (1 = much worse, 7= much better) |
|-----------------|------------------|------------------------------------------|
| Boston Region | 142 | 3.12 |
| Northern Region | 293 | 2.77 |
| Southern Region | 357 | 2.55* |
| Western Region | 432 | 2.29* |
| Central Region | 102 | 3.24 |
| All | 1,338 | 2.63 |

Overall Job Satisfaction

- With regards to overall job satisfaction, respondents reported low to moderate levels of satisfaction (mean=3.99). Similar to the morale question, respondents working Southern and Western regions of DCF reported statistically lower levels of satisfaction than the other regions.*

FIGURE 27. RESPONDENT RATING OF OVERALL SATISFACTION AND BY REGION

| Office Location | # of Respondents | Mean (1 = not satisfied at all, 7= very satisfied) |
|-----------------|------------------|-------------------------------------------------------|
| Boston Region | 142 | 4.28 |
| Northern Region | 293 | 4.13 |
| Southern Region | 357 | 3.77* |
| Western Region | 432 | 3.79* |
| Central Region | 102 | 4.73 |
| All | 1,336 | 3.99 |

There were one hundred and ninety one (191) comments provided by respondents with regards to *overall job satisfaction*. Comments included:

- *DCF needs more administrative/support staff*
- *The dissatisfaction does not come from the work itself; I love doing this work. The dissatisfaction comes from the environment in which I/we have to work*
- *I was much happier under previous management over seven years ago. Management is poor and unhelpful.*

- *I love my work, I am struggling with the ultraconservative direction our office is currently taken in light of concerns that erupted in other offices, at this time we are overly involved with families*
- *I enjoy my job and I believe in the mission of the Department of Children and Families. However, the agency is in need of sweeping reforms including, (but not limited to) standardizing policies and procedures between offices, discontinuing out update procedures and initiatives, reducing redundancy during case management, doing away with the initial assessment process because it violates families' rights. The agency needs to stop reacting to the media and become more transparent with the media, and the surrounding communities, regarding the agency's role, mission and values in the community.*
- *After 20 years I've begun thinking of leaving-management has no idea how overwhelmed we are*
- *We have very low morale and it has gotten worse over the past few weeks. Caseloads are not decreasing despite additional staff. The front door is flooded and those of us who receive cases from intake investigations sometimes wonder why the issue is even investigated. New social workers are provided with the hardest cases and very many at once. As soon as they go to the full caseload we pile it on even though we know this is not best practice. I've been thinking more and more about leaving the agency because I don't believe we are protecting children. We really have gotten away from the mission of child welfare.*
- *Very upset about the micromanagement taking place by managers!!*
- *Caseload and management problems affect my satisfaction.*
- *I wish I could give the amount of attention to my work but am thwarted by high caseloads and administer pressure to be in compliance rather than to do the job correctly.*
- *Need a raise-management is extremely stressful. Here late every night with no compensation-supervisors make almost as much money-more money than APM if they do hotline.*
- *I enjoy the work and challenges, but wish more support from the legislature supported the good work and needs. There is a disconnect between the Department and Legislature. We serve some of the most vulnerable populations and it is at times frustrating that we do not at times receive what is needed such as space, computers, phone, lobby furniture, in addition to reduced caseloads, adequate numbers in management, etc.*
- *Area director and APM's should be more supportive and take time to get to know their staff. Sometimes it comes across that they do not care what the opinion of the ongoing social worker is when working with families and/or out in the field. It's like they forget what it is like to be a social worker (some of them have never been a social worker).*
- *This past year has been probably my most difficult at the Department. I've spent less time with my own family to the dominions of the agency. There are committed workers in the department, but the expectations exceed what is reasonable to accomplish given current caseloads. As people have been scared and intimidated due to recent media and political pressure, there is much backbiting and "Monday morning quarterbacking" about how decisions are made. This is the first time in many years I've given strong consideration*

- *for pursuing employment outside of the agency as I am concerned for my own health and well-being while trying to do the best job I can.*
- *In my 20+ years of DCF this has been the most stressful in trying time I've ever experienced. The changes that have been implemented have increased workload and stress with no thoughtful planning on how to help staff manage the new expectation. New hires take 3 to 4 months to train after the interview process and at least a year plus for them to feel comfortable and confident. Caseloads remain high and the number of C&P's increased drastically. New mandates and policy added additional demands or made completing tasks more difficult. Services for families are waitlisted or nonexistent. It is a challenge to stay positive and encouraging others to do so as well in this current work environment.*
- *DCF is a model of inefficiency. It is not available to provide timely or effective support, and DCF's leadership issue mandates and policies that are repeatedly detrimental to good public image relations with clients. In this ineffective and arbitrary climate any good relationships DCF has with clients due to the character of the social worker alone.*
- *Cannot keep up with the amount of cases... We need more lawyers and the courts are backed up.*
- *The morale is the worse it is has ever been. I've never seen so many seasoned workers this unhappy with our job in all my years here. If people had other opportunities with equal pay, most would leave despite having passion for child protection work.*
- *Excellence is not acknowledged or rewarded. It appears that those who are promoted to management positions are those that don't challenge management, or are from the outside. Why aren't the best of the best in the agency nurtured and rewarded in order to become effective respected manager?*
- *The management has changed literally as the ACM and area director and new within the year. The newer managers are unavailable to talk with staff and seem to not value staff input on their own cases. For example, when I was advocating for a client by selecting a few social workers who could work with her as she was difficult and told management, they told me I do not assign cases and was not to discuss this with them. In the past management would meet with me and try to assign the case to the worker chosen so the family would get the best worker for their needs.*
- *It is what it is. The directors removed our professional decision-making and overloaded an already overburdened system.*
- *The bullying continues, management doesn't change and the Commissioner's office does not care.*
- *Morale is down in this office due to high caseloads, lack of support from management and supervisors. There is no recognition for a job well done. This year we did not even have our annual Thanksgiving meal at the office; there was no mention of why not. We are expected to see children, this is become the number one mission due to numbers on reports. Supervisors and management want perfect reports and good numbers.*
- *The change in management has definitely caused morale to drop to an all-time low, for myself and many of my coworkers. Management does not take the time to interact with their staff, they don't listen to what their staff has to say, staff members safety is at the bottom of management's list.*

- *I have smart, proactive and supportive supervisors and great coworkers. Because of them I am able to do my job well.*
- *I enjoy the work I do with families, the dissatisfaction is with the agency.*
- *I am actively looking for another job. I am very unhappy with DCF.*
- *Thank God I'm leaving in three years.*
- *I love my job, it's all politics I'm not fond of.*
- *Morale is better for several reasons: more staff, out of the media spotlight, directives from CO have decreased, we are returning to the focus of our work and mission.*
- *As unbelievable as it may seem things worse here than last year. The whole agency seems like a rudderless ship. Management has not sought any input from floor staff as to how to improve things. Again it seems like the feeling is that the new hirings will fix everything.*
- *Morale has gone way down in the past year due to impossible caseloads and lack of support by management. Coworkers are turning against each other due to the stress and feelings of being overwhelmed.*
- *I work close to 80 hours per week because I care and keep hoping for a decent Commissioner again.*

Results (Section 2)

Other Comments/Suggestions

WE'RE DROWNING HERE!! THE WORKLOAD IS IMPOSSIBLE

A QUALITATIVE REPORT ON THE DCF EMPLOYEE SURVEY

A number of 530 additional comments were introduced by the respondents to present a richer view of their experience at the organization. Using NVIVO, those responses were coded inductively line by line using thematic analysis an evidence based approach to qualitative data.

The object of this section is to present the main themes and supporting materials for each of them.

Overall, staff is very committed to the goals of the agency and also to their individual jobs.

People who work at DCF are very committed and passionate about the work - they work really hard and can tell you how to make their jobs easier

They are overworked, frequently working well past 5 because that is what is needed. They open their own wallets to make sure that kids get fed; get a birthday present or just so that the kid will know that someone noticed that they did well.

I believe the front line workers are very hard working individuals who have their family's best interest at heart.

90% are totally committed to making sure kids are treated right and trying to make families work.

The events of the last two years have seriously impacted on the work of the organization.

The events of the past year have been very traumatic for the offices.

Our office has been through many struggles over the last year

We have been treading water for over two years.

For many inside DCF, the organization has lost its sense of mission and direction.

I sign on 1000% with DCF's mission - But DCF has not been true to their mission in any way shape or form. We've become a political punching bag and those suffering are the children we strive to protect.

The general feeling for this was because DCF was no longer focused on the CORE values and had shifted due to a high level of anxiety in regards to news media stories.

The Department has gone from being a very clinical/family agency to now reactive rather than proactive.

Over the last six years I watched the department move away from the basics, such as child protection, to the detriment of the agency.

Morale in the organization is at all times low.

The morale in the office is at an all time low and it feels as though management does not encourage positive relationships and activities within the office.

Currently my office has such a low morale that it has created stress and animosity between colleagues

There is a low morale at the area office

Many reasons explain the low morale at the organization: including the role of leadership and management, poor communication, caseloads and work environment.

Caseloads and management are the reason why morale is so low. When I started this job 17 years ago morale was high. It seems to get worse every year.

The management team's failure to communicate with staff and take interest in the overall morale of the office has created a disjointed and often toxic work environment.

There is an ongoing low morale issue at my office... Due to how the upper management team treats certain workers/supervisors differently, creates a defensive and hostile environment, and does not hold people across the board accountable in fair and even ways.

Pay grade for managers should be higher than the folksy supervise... Need more outside agencies to do transportation supervised visitation for children in the Department's care.

On Leadership:

There is a lack of leadership within the office.

The pattern that I have seen in my years as an employee: Bad things happen, we hit the news, we are then given money to hire and expand things and we may actually start to feel a positive impact - lower case loads, more access to things. Then the hype dies down and our budget gets cut. We struggle for a while. Our bad reputation swells again. Another a bad thing happens. We blame a commissioner, and we are all over the news. And again we are given money to respond.

There is a negative competitive way between management; there are three APM's from outside of the agency who struggle daily with the position. Morale is at an all time low. Staff want leadership, want experience within the management team and have no confidence in this current team (new and old).

This is a difficult time to work for the agency with decisions coming from groups of people who have never done the work, there is a constant fear that something fatal will happen and the support will not be with staff. There is also low morale for those workers and supervisors who continue to be protected regardless of the poor job they do and inappropriate actions on or off duty.

Many issues at DCF relate to the inability/unwillingness of the organization to understand the needs of the front line staff. The relationship between various levels of management and staff are usually compromised due to the poor level of communication from central office (senior) management to area and regional management.

On Management:

Management is overly involved and that makes them less effective.

Managers who after years of former management team having an open door policy now have abandoned that while the office/agency is in crisis, unless it is one of the favored staff, management.

They tear apart your case management. They have no compassion for your opinion (the people who have direct contact with the family). They appear to be unable to understand what Social Workers really do daily.

It appears that management picks and chooses that they want to provide special treatment and allocate cases and whom they prefer to have much more strenuous cases-despite the quality of work.

There is no praise for positive reinforcement; only excessive reminders of when we aren't living up to expectations. I think we are doing the best that we can give the current state of the job. Management needs to recognize the hard work we are all doing.

On Supervision:

Supervisors are now posting workers overdue assessments and service plans in their offices with the worker's name, the family's name and the overdue due date for everyone to see.

When a supervisor has a HIGH turnover in their unit it is time those over that supervisor take a look at the sups style of management and address it.

My supervisor is great and I would not change her for the world. However, my manager less to be desired. She has an issue listening to her staff... The rest of the management team is the same way it is causing a real problem in this office.

On Communication:

Communication across the agency is pitiful. Information on current developments is learned from the news or Providers. (It's embarrassing.)

Communication is poor, directives are not consistent or presented in a timely manner; there is a negative competitive way between management;

Information is not shared at all levels. In terms of information, there are the haves and have nots. Middle management creates an impermeable layer in terms of information; no information filters down or comes up.

On the Union:

The agency and labor relationship is not successful in supporting changes that are for the greater good. The union often does not represent the membership in an accurate manner. It tends to identify issues of a few and then give perception that the concern is shared by the entire membership.

I continue to believe that the union, while it has very strong supports available to all, continues to support those with issues of poor work performance. I think this is a chronic issue.

I would like to have caseload ratios actually follow the Union Contract of 15:1.

Honor the contract with the Union. Thanks.

On the Caseloads:

The caseloads at the local offices are at such crisis levels, workers are leaving the agency faster than new workers can be hired.

Caseloads are the worst they have been in over 30 years. The families are far more complex. There are little to no services to address substance abuse for adults and children. New staff must be brought up to caseload in a much slower manner

Case loads are still very, very high and the cases are so complex at this point that it is extremely difficult to keep your head above water.

Caseloads are the worst they have been in over 30 years. The families are far more complex. There are little to no services to address substance abuse for adults and children. New staff must be brought up to caseload in a much slower manner

On the Work Environment:

This Office Building is not a suitable work environment. There are mice and fleas. There is mold in the building, a gas smell when the heat goes on. The area is one of the worst in New Bedford. There are hypodermic needles in the street. The parking is horrible. Clients do not want to come to the office

The condition of the office itself is disgusting. We have had roaches, mice, and other insects. There is no parking which is a major concern given the area in which the office is located.

It is not 1960 anymore. -Give us a full size breakroom where everyone can relax and eat lunch and not feel isolated and alone at their desks.

This office is dirty, not conducive to being able to work and concentrate no resource for children other than remaining in the units

Staff Safety:

As a social worker who goes into the field daily, safety is something that is always on my mind. Higher ups within the Department should be taking steps to ensure the safety of social workers.

Worker's use their cell phones as a means of communication, but are not mandated to. DCF management should be providing cell phones to all field workers. This will give workers quick access to the office, local law enforcement, etc. Also, given the amount of time workers spend in the field; this will limit the number of times workers have to use their cell phones to call clients.

Some Programmatic Considerations:

We have NO FOSTER HOMES!!! Kids are going night to night, social workers have to drive around with kids in their car until 9-10 pm each night just to get a placement for one night, have to pick them up at 7 am the next day and it starts all over again

We are inept at addressing serious mental health or substance abuse cases efficiently and effectively.

Restrictive kinship and foster parent policies prohibit common sense being used and force us to traumatize children by having no stable placement for them for months.

Put all familynet on the ipads, please pick just one familynet and dump the rest. It is kind of useless if we cannot access most of familynet from the ipads.