

Foster Care Assessment

City of Norfolk, Department of Human Services

Public Consulting Group, Inc.

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I. EXECUTIVE SUMMARY

Norfolk Department of Human Services (NDHS) contracted with Public Consulting Group (PCG) to assess their foster care system. As part of this assessment PCG facilitated focus groups with staff and community stakeholders, developed and conducted online surveys, conducted foster care case file reviews, data analysis and state comparison research. While conducting this assessment PCG believes all who participated hold firm the beliefs of the agency's mission statement. *"To provide a system of care that is child-centered, family-focused, and community-based to address the strengths and needs of at-risk children and their families in the least restrictive environment."*

The overall goal of the assessment was to analyze foster care services provided in the Norfolk area, identify strengths and challenges, and propose recommendations.

PCG completed a review of 20 foster care case files as part of this engagement. The files that were reviewed were specifically children that were in the custody of Norfolk DHS as opposed to children that have been removed from their home and privately placed with a relative. In the cases that were reviewed, children and families were being referred to services, FSWs were seeing children in their placements as required and court hearings were being held regularly. The case notes completed by the FSWs documented the safety of the children in their placements consistently. There were no major areas of concerns noted regarding the safety of the children in the care of the agency.

As a result of this assessment, PCG identified the following strengths and challenges and developed recommendations specifically related to the foster care system in Norfolk, Virginia:

STRENGTHS

- **Collaborative teamwork among the FSWs.** During facilitated focus groups regardless of unit, each participant spoke highly of the teamwork that exists within the agency. Each individual spoke to experience seeking support or assistance from a peer or supervisor when necessary.
- **FSWs consistently meet the target of monthly visitation with foster children.** Norfolk maintains an average of 98% success in conducting monthly visits with the children in foster homes.
- **Regular internal meetings held.** Meetings are held on a regular basis to disseminate information regarding changes, updates and progress. These are held on a large and smaller team scale.
- **Foster care cases are heard by the same judge throughout the life of the case.** The process of one judge one family allows for continuity in decision making and creates consistency for all parties.
- **Dictation services allow for timely documentation.** Flex dictation services implemented through the agency have allowed for FSWs to stay up to date on case notes.
- **The Kids Line provides 24 communication regarding placement changes.** Establishment of the Kids Line has made it possible for FSWs to provide immediate notification, either direct or via message that is checked regularly, regarding placement changes of youth. This ensures the placement of every youth in NDHS care is known.
- **NDHS maintains a low number of children in congregate care.** The number of youth in congregate care was on average less than 5% in the 4th quarter of state fiscal year 2019.
- **Strong Community Partnerships.** There are strong, positive relationships with community providers such as with the Homeless Action Response Team (HART) and Children's Hospital of the King's Daughters (CHKD)

RECOMMENDATIONS

Qualitative and quantitative data collected as part of this assessment indicate several areas of focus for family support service delivery in the City of Norfolk. The following recommendations are respectfully suggested:

A. Comprehensive and Consistent Training and Onboarding process

FSWs described differences in the training procedures during the focus groups as well as in the online survey responses.

PCG recommends DHS develop an internal team to assess the current onboarding process and develop a comprehensive model over a one-year period to support new staff. Once the plan is fully developed, the executive leadership team should assess resources available to implement the plan.

PCG recommends that Norfolk DHS develop a training and onboarding team that consists of supervisors and staff. The team should combine the current training options that are available, including internal and external options, along with addressing any gaps in the training curriculum.

B. Increase support for Family Support Workers

A consistent theme that was heard in all focus groups and survey responses was that FSW's do not have enough time to spend with children and families. Below we have highlighted several recommendations to provide additional time for FSWs to spend with children and families.

1. Enhance utilization of the administrative support team - PCG recommends that the administrative staff assist with communication to parties when children move placements. Furthermore, PCG recommends that administrative staff conduct diligent searches to locate parents, relatives or other potential permanency resources or connections for children who are receiving services from, or are in the custody of, DHS. PCG recommends that Norfolk DHS hire additional support staff to support FSWs.
2. FAPT Meeting Attendance - PCG recommends consideration be given to the use of the FPM as the approved MDT in place of the FAPT for the purpose of service planning. This would eliminate redundancies, decrease the use of resources, and decrease frustration caused to families, providers and staff from the duplication in processes.

C. Build trust between leadership, staff and stakeholders

Additional strategies to build upon the trust that current leadership has and is developing are needed in order to grow trust between leadership and the workforce. There are several leadership behaviors that are specific to building trust in organizations that have a neuroscientific foundation.¹ Celebrating successes, offering staff opportunities to use their strengths, encouraging teamwork through addressing challenges impacting practice, giving workers as much discretion to do their work as mandate/policy allows, communicating consistently and transparently, intentionally building relationships, caring about the work-life balance and whole person growth, and showing vulnerability are the eight building blocks of trust.

¹ <https://hbr.org/2017/01/the-neuroscience-of-trust>

D. Increase pay to align with other agencies

Staff salaries were one of the factors DHS staff believe contributes to turnover and one of the major challenges in filling vacancies. Lower pay than peer cities and lack of opportunities for career advancement with a progression system were also noted. To support the attraction and retention of high-quality staff, DHS should strongly consider increasing entry level pay to more closely align with the City's most closely competing for candidates. In addition, the development of a progression system that provides for experience and performance-based increases should also be considered.

E. Decrease the number of Case Transfers

Children and families that are involved with DHS typically experience working with numerous FSWs during their involvement with the agency.

PCG recommends that DHS monitor and limit the number of case transfers that occur as well as only assign one FSW to each case. To limit case transfers, DHS should explore decreasing the number of units in each division. For example, when a case is in the foster care division, the same FSW should remain with the child and family rather than an intake worker only being assigned for the first 60 days and then transitioning to another worker. Continuity of case management care has been shown to be an important factor for positive child and family outcomes within the child protection system.

F. Improve Court Processes

1. Court Hearing Continuances - Multiple parties reported that hearings are continued too frequently, which results in cases taking longer and increases the potential of children lingering in foster care.

PCG recommends reducing court continuances. When court proceedings are continued, children in foster care spend extended periods of time, even years, of their childhood waiting for court decisions to be made concerning their future. Timely court hearings also benefit parents.

2. Court Hearing Schedule - The court is currently utilizing all-day docket scheduling where cases are heard at any time during the course of a day, without a set scheduled time period for each case.

PCG recommends that hearings be scheduled at specific times throughout the day to allow for everyone involved to be able to manage their time effectively and be as productive as possible (such as a hearing set every 30 minutes). DHS and the courts should determine, on average, how long each type of hearing takes and schedule hearings in a staggered fashion based on these timeframes. Additionally, scheduling hearings on other days in addition to Wednesdays and Fridays should be explored

3. Referral to Services - Engaging in and successfully completing services is a crucial aspect for parents as they attempt to either retain or regain custody of their child(ren). When timely provision of services is not achieved, court mandated involvement in a case can extend the duration of each case.

PCG recommends that the practice of referring the majority of parents to parenting evaluations is reconsidered.

4. Adherence to Statutory Timeframes - The Virginia legislature has, like almost every other legislative body, adopted standards regarding court scheduling for specific hearings regarding abuse and neglect cases. The standards are referred to in Virginia Sec 16.1-251 for hearings such as Preliminary Protective Order hearings, adjudication hearings, and disposition hearings.

PCG recommends the court adopt specific criteria for any continuance of the hearings that may result in a timeline extending past that set in Virginia statutes. The court should establish this

criterion in consultation with representatives of the agency, parents' attorneys, GALs, and other recognized and legal participants to the child abuse and neglect process.

G. Locate Kinship placement options timely

During focus groups and PCG's review of foster care case files, it was noted that kinship placement options may not always be explored thoroughly and timely after a child enters the custody of DHS. There were several cases discussed during focus groups and identified in case reviews when children were in care for extended periods of time before kin was identified and/or located.

1. PCG recommends that Norfolk DHS implement a quality assurance process to ensure the diligent search process is completed thoroughly and timely when children enter care, as required by Virginia's DSS Child and Family Services Manual, Foster Care Section 2.3.
2. PCG also recommends that Norfolk DHS utilize a "family finding" tool. We recommend that Norfolk utilize search software, including child support searching tools, that encompass multiple data sources to help quickly find potential relatives of children.
3. Finally, for those children that do not enter foster care as a result of custody being transferred to a relative, the relative should be made aware of all the options and services available to them.

H. Increase placements within the City of Norfolk

Approximately 70 percent of the children currently in the custody of the Norfolk DHS are placed outside of Norfolk. PCG recommends Norfolk utilize placement options within Norfolk as much as possible to allow children to remain within their community and school of origin, which will also decrease the burden to FSWs. Before a child is placed outside of Norfolk, every placement option within Norfolk should be exhausted. Foster parent recruitment is a Title IV-E allowable expenditure; therefore, DHS should consider whether recruitment costs are being claimed to Title IV-E and if not, it's a possible revenue maximization opportunity.

I. Involve youth in the case planning process

During focus groups with foster youth, it was reported that the youth are rarely involved in the case planning process and developing goals and recommendations with their FSW.

PCG recommends that FSWs ensure the deliberate involvement of children, specifically those age 14 and older, encouraging them to voice their opinions in the development of individualized plans that meet their needs. Youth should be engaged in the case planning process and in case planning activities. These activities should include court hearings, FPMs, reviews of case plans, etc. The involvement should be thoroughly documented in case dictation and case plans. Supervisors should review case files to confirm that youth have been involved in the case planning process and provide coaching for staff struggling with engaging youth in the process.

J. Increase foster parent Support

Foster parents reported in focus groups and online surveys that there are not support groups offered to them to be involved in and that having such a group would be very beneficial to them as foster parents. Additionally, foster parents expressed that they do not feel adequately prepared to handle children who have experienced severe trauma. PCG recommends Norfolk DHS consider the following recommendations related to foster parent support:

- Give foster parents tools for success.
- Address secondary trauma of resource parents and kinship providers.
- Develop mentor relationships.

II. INTRODUCTION

Public Consulting Group, Inc. (PCG) was contracted by the City of Norfolk, Department of Human Services (DHS) to complete an assessment of their Foster Care Operations.

This report focuses on recommendations to improve the foster care system in Norfolk. Practices, procedures, policies, and other factors were considered to improve the provision of appropriate care and services for children served in foster care and other services such as Child Protective Services and Adoption as they relate to Foster Care. After broadly assessing the entire foster care system, PCG has identified strengths and areas for improvement, including recommendations for consideration by DHS. National best practices and research provide the foundation to inform our recommendations. Data gathered from focus groups and online surveys with key stakeholders supplement the results of the quantitative analyses to further identify where business practices most need to be adjusted to affect improved outcomes.

A. GOALS AND OBJECTIVES

The objective of this assessment was to review current practices of the Norfolk DHS to determine if children and youth in the custody of the agency are appropriately cared for and examine the array of services provided to and for foster children to ensure not only physical safety, but also progress toward the objectives of safety, well-being, and permanency.

The goal, described in this report, was to compare current practices to national best practices and research findings in order to provide recommendations on how the City's Foster Care Operations staff can improve practices, procedures, policies, and other factors to provide appropriate care and services for children served in foster care and other services such as Child Protective Services and Adoption as they relate to foster care.

B. METHODOLOGY

To understand the current strengths and challenges of Norfolk DHS's Foster Care Operations, PCG reviewed multiple sets of data, compared Norfolk DHS to similar DHS departments in size across Virginia, administered a survey to all staff and supervisors, and conducted focus groups with internal and external stakeholders to determine the strengths, challenges, and areas of improvement to enhance the Foster Care Operations and the safety and permanency of children in Foster Care in Norfolk.

In order to best inform analysis and subsequent recommendations, PCG utilized a mixed methods approach to connect the quantitative data to qualitative data in order to help leaders better understand the organizational landscape. Interviews with key informants, engagement of leadership and the workforce, and focus groups provided the story behind the data. PCG utilized the research of national best practices to inform the assessment. Additionally, a sample of Foster Care case files were reviewed to inform evaluation of practice. This approach offered PCG the ability to quantify the current Foster Care Operations workload issues as well as gauge deficits and gaps in the current system through focus groups with staff from the various units providing services to children and families in Norfolk. Combining these approaches helped PCG inform recommendations to guide system improvements for the provision and planning of Foster Care Operations moving forward.

Focus groups conducted with staff provided feedback to guided questions led by PCG subject matter experts. The focus groups were conducted with Foster Care and Child Protective Services (CPS) Family Service Workers (FSWs), supervisors, community service providers, foster parents, court representatives, foster children, and finance/support staff covering different areas of interest. These groups were asked a variety of questions regarding support of leadership and peers, training/hiring practices, caseload size, service array, what processes are working well, as well as areas needing improvement. Also, agency staff were invited to complete an anonymous online survey, allowing staff members not selected to participate in the smaller focus groups the opportunity to provide feedback. The survey provided qualitative data to

explain quantitative data and give Norfolk DHS leadership a broader perspective of the mindset of the current workforce.

1. Data and Materials Review

As part of this assessment PCG conducted a review of data and materials. PCG requested a significant amount of data and materials from DHS for review and analysis to help inform the analysis of the current system and recommendations for improvement. Data and materials reviewed included staffing data, performance reports, background information on the City of Norfolk, training materials, the local agency dashboard, sample provider contracts, rate sheets for services, and other data and materials provided by DHS for the review.

2. Focus Groups

Focus groups were conducted in October and November 2019 (Table 1). Focus groups took place at the DHS office with FSWs, administrative staff, and supervisors, who were identified by DHS. Each focus group consisted of ten to fifteen participants. PCG asked directed questions to obtain the perceptions and thoughts of each unit within the agency. Focus groups also took place with community stakeholders such as court personnel, service providers, foster parents, and foster youth. Gathering information from clients and staff allowed for commonalities and variances to be identified. (See *Appendix A* for the questions that were asked of focus group participants).

Table 1: Focus Group Schedule

Focus Group	Date
Foster Care and Child Protective Services (CPS) Family Service Workers	10/16/19 and 10/17/19
Foster Care, CPS, Prevention and Administration Staff Supervisors	10/18/19
Administrative Support Team (AST) Staff	10/16/19
Service Providers	10/17/19
Foster Children	11/13/19
Foster Parents	10/16/19 and 11/12/19
Attorneys and Guardian Ad Litem (GAL)	11/14/19

3. Staff Surveys

PCG developed three web-based surveys to allow a feedback loop for those who were not able to attend the focus group sessions and collect additional detailed data from all staff. Survey invitations were distributed to foster parents, FSWs, and supervisors (Table 2). Anonymous surveys containing similar questions to those asked during the focus groups provided an opportunity for all agency staff to give input regarding challenges and areas of improvement. (See *Appendix B* for the questions that were asked of survey participants).

Survey invitations were distributed to participants via email on November 4, 2019. Participants were given a two-week time frame to complete the survey. Results of the surveys were analyzed and are summarized in this report. Each survey contained 75 or more questions consisting of ranking, Likert scale, and open-ended response options. This allowed respondents a variety of ways to provide their perspective on what they believe is working well within the agency and challenges they may face in their day-to-day work.

As Table 2 reflects below, the response rate for the FSWs was particularly low. The survey data and percentages contained in this report are based on the 14 FSWs that responded to the survey and most of those responses were from CPS staff and not foster care staff. However, even though very few foster care staff completed the online survey, approximately 90% attended the focus groups that were held, and information and feedback was gathered at that time.

Table 2: Online Surveys

Participant	Number of Surveys Sent	Responses Received	Response Rate
Foster Parents	109	43	39.4%
CPS, Foster Care, Prevention Family Service Workers and CSA staff	55	14	28.5%
CPS, Foster Care and Prevention Supervisors	12	7	63.6%

4. Case Reviews

In October and November 2019, PCG completed reviews of 20 foster care case record files. Cases were in paper form and contained court documents, client face sheets with placement history and household composition, case plans, and case notes. Various elements of the cases were analyzed, such as timeliness and frequency of court hearings, frequency of FSW visits with the child, services offered to the child and family, permanency goals, and placement changes.

III. NORFOLK DHS FOSTER CARE SYSTEM

A. STRENGTHS

While this report mostly focuses on recommendations to improve the foster care system and all associated findings, it should be noted Norfolk DHS demonstrates many strengths. The dedication and talent of the leadership team, the workforce, and support staff cannot be underscored enough. Stakeholders had opportunity to identify strengths via both the staff survey and focus groups. These strengths are listed below.

- **Collaborative teamwork among the FSWs.** During facilitated focus groups regardless of unit, each participant spoke highly of the teamwork that exists within the agency. Each individual spoke to experience seeking support or assistance from a peer or supervisor when necessary.
- **FSWs consistently meet the target of monthly visitation with foster children.** Norfolk maintains an average of 98% success in conducting monthly visits with the children in foster homes.
- **Regular internal meetings held.** Meetings are held on a regular basis to disseminate information regarding changes, updates and progress. These are held on a large and smaller team scale.
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- **Strong Community Partnerships.** There are strong, positive relationships with community providers such as with the Homeless Action Response Team (HART) and Children's Hospital of the King's Daughters (CHKD)

B. BACKGROUND

As with any thorough analysis, it is helpful to begin with an understanding of the demographics of the community and the population. Norfolk is the second-most populous city in Virginia after Virginia Beach. The largest naval base in the world, Naval Station Norfolk, is located in Norfolk. As of July 1, 2018, Norfolk has an estimated population of 244,000. 21 percent of Norfolk's residents live in poverty and the median household income is \$47,137.²

Virginia, which is a commonwealth, is one of nine states that provide child welfare services through a state-supervised, locally administered structure. The system includes local departments of social services, which provide direct services to children and their families and make service delivery decisions, and local boards of social services, which provide policy guidance and supervision over local departments. Local administration of foster care services is supervised by the Virginia Department of Social Services (VDSS).

Demographic Information

In State Fiscal Year 2019, Norfolk DHS accepted 1,136 Child Protective Services referrals. As of October 2019, there were 202 children in foster care in Norfolk. Of the 202 children who were in foster care as of October 2019, a little more than half were male (Figure 1). Within Norfolk's foster care system, 41 percent of children in foster care are between the ages of less than 1 and 12. The oldest child in care as of October 2019 is 20 years old (Figure 2). These general demographic characteristics are comparable to neighboring municipalities and within the Eastern Region.

Figure 1: Foster Child Gender

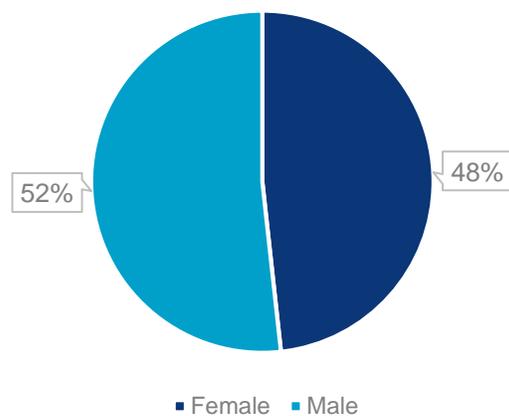
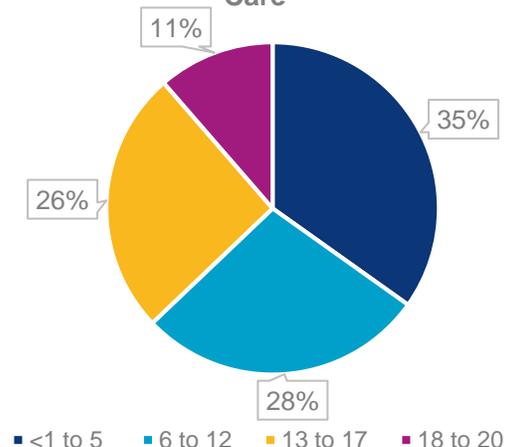


Figure 2: Age of Children in Foster Care



The racial and ethnic demographics of the foster care population are significantly different than the overall racial and ethnic population of Norfolk, Virginia (Figures 3 and 4). For example, while 69 percent of children in foster care in Norfolk are African American, the overall African American population in Norfolk is only 42 percent. Furthermore, the overall white population in Norfolk is 42 percent, but only 23 percent of the children in foster care are white. Finally, 8 percent of children in Norfolk foster care are multi-racial, but only 4 percent of the overall population are multi-racial (Table 3).

² <https://www.census.gov/quickfacts/norfolkcityvirginia>

Figure 3: Race of Children in Foster Care in Norfolk

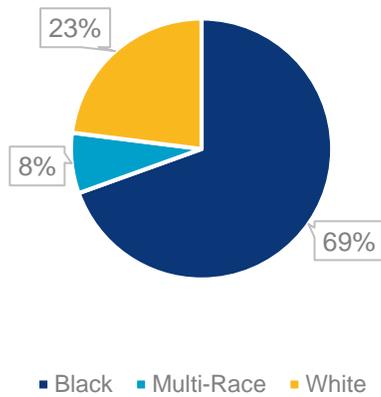


Figure 4: Racial Demographics

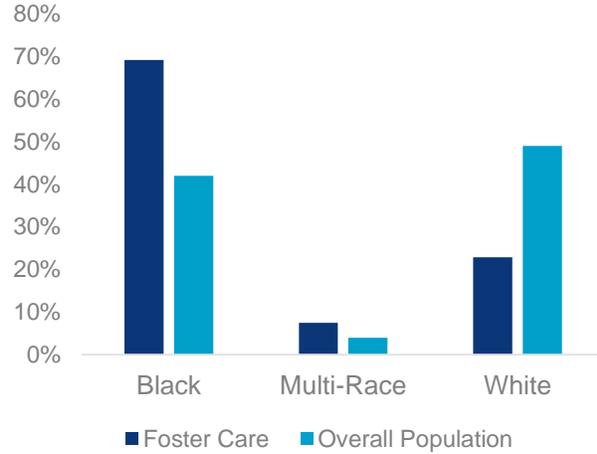


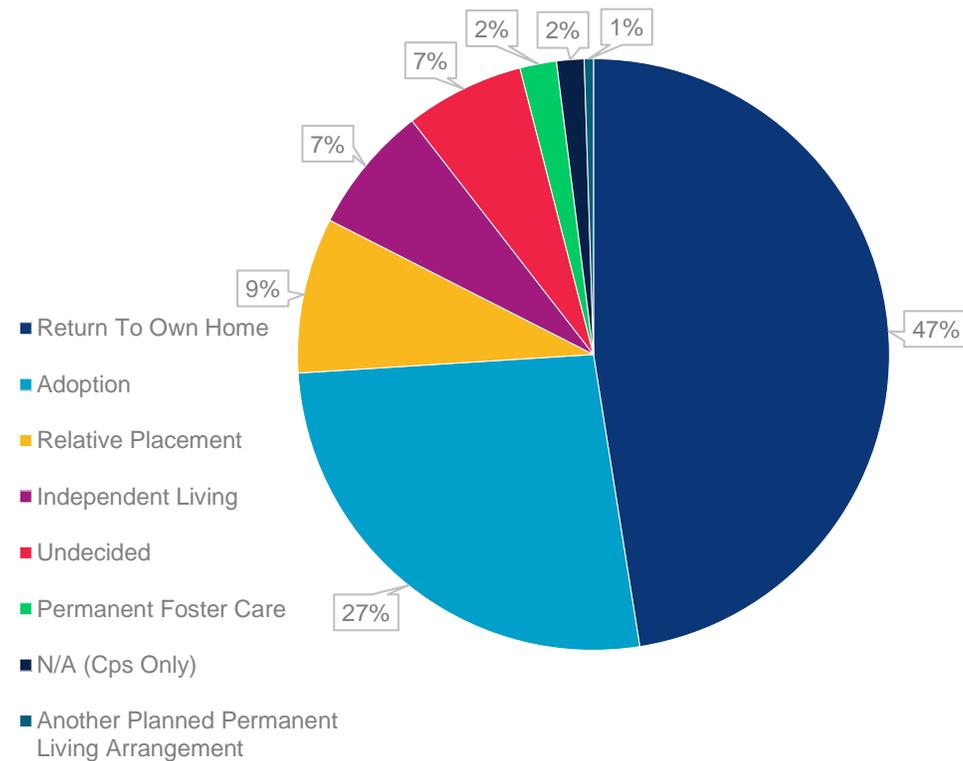
Table 3: Virginia Race/Ethnicity Demographics, 2018

Race/Ethnicity Demographics						
2018	White only	African American only	Asian only	Another race	Two or more races	Hispanic/Latino*
Norfolk	49%	42%	4%	1%	4%	8%
Chesapeake	62%	30%	4%	1%	4%	6%
Hampton	42%	51%	2%	1%	4%	6%
Newport News	49%	42%	3%	1%	4%	9%
Portsmouth	40%	55%	1%	1%	3%	4%
Suffolk	52%	42%	2%	1%	3%	4%
Virginia Beach	68%	20%	7%	1%	4%	8%
Fairfax (Northern)	66%	10%	20%	1%	4%	16%
Richmond (Central)	46%	49%	2%	1%	2%	7%
Eastern	59%	33%	4%	1%	4%	7%
Statewide	70%	20%	7%	1%	3%	9%

Asterisk* indicates Ethnicity Measurement

Over half of the children in Norfolk DHS foster care are Title IV-E eligible (58 percent) and all children receiving foster care services in Norfolk are eligible for CSA funds. In addition, 96 percent of foster children are covered by Basic Title XIX (Medicaid). The court approved goal for almost half the children in Norfolk DHS's foster care system (47 percent) is "Return to Own Home" (i.e., Reunification). Another quarter of children in care have an approved goal of Adoption. Other approved permanency goals include Relative Placement, Independent Living, Undecided, and Permanent Foster Care (Figure 5).

Figure 5: Court Approved Goals

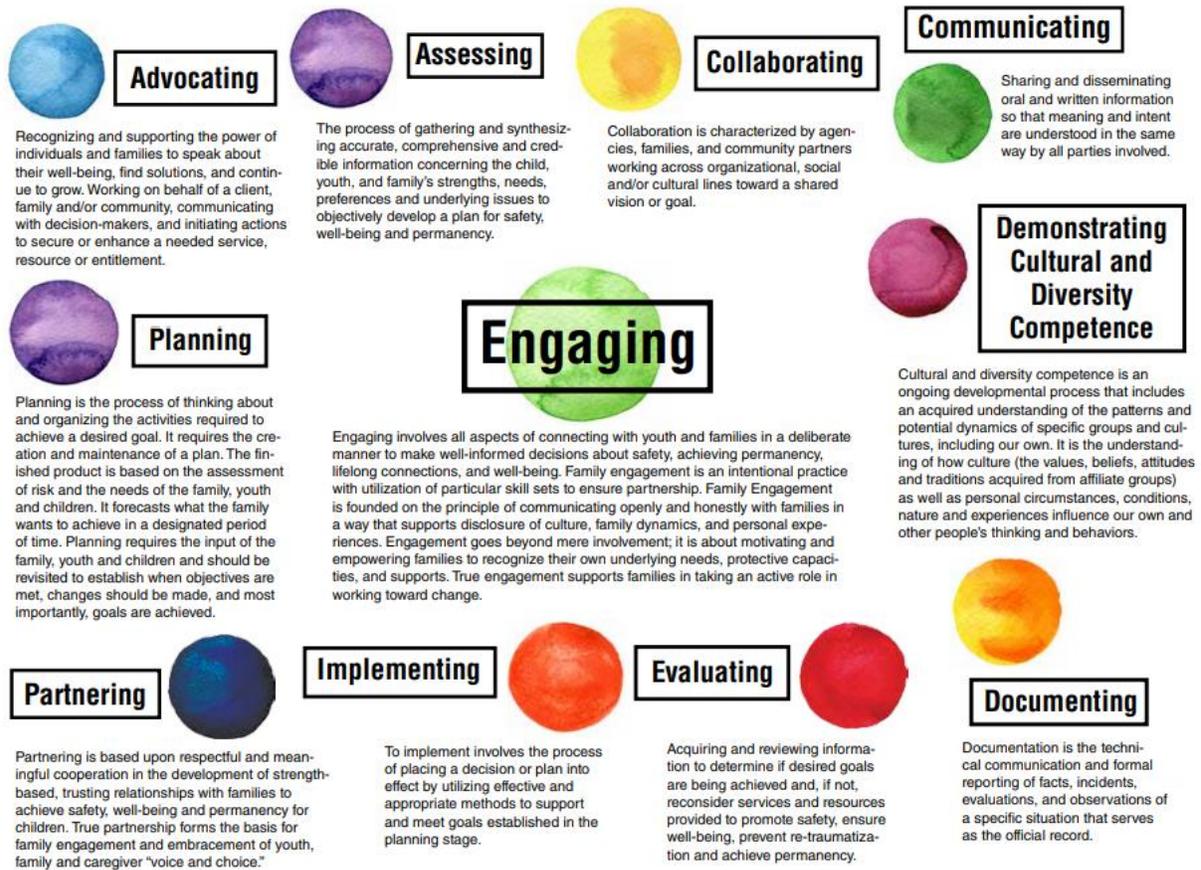


Foster Care Protocols

PCG reviewed the Norfolk DHS's protocols and standards related to child welfare, with a specific emphasis on the Foster Care division. Norfolk DHS utilizes VDSS' Child and Family Services Manual as a guide for their policies and practices. The manual includes definitions, state and federal requirements, and practice principles.

Per the VDSS Child and Family Services Manual, the intent of the Virginia Children's Services System Practice Model is to set forth a vision for the services that are delivered by all child-serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services. The practice model (Figure 6) is expected to be central to decision making, present in all meetings, and in every interaction with a child or family. Decisions based on the practice model will be supported and championed by the local DSS agencies. Guided by this model, the process to continuously improve services for children and families should be rooted in the best of practices, the most accurate and current data available, and with the safety and wellbeing of children and families as the fixed center of the work.

Figure 6: Virginia Children’s Services System Practice Model



Organizational Structure

Norfolk DHS Family Services Division is led by a Director and Assistant Director. Senior Leadership also consists of Continuous Quality Improvement (CQI) positions, as well as managers that oversee different divisions within Family Services. These managers oversee units consisting of supervisors and FSWs.

In the foster care and adoption division, there are seven supervisors as well as twenty full time and five part time FSWs. The foster care supervisors typically oversee four to six FSWs. Figure 7 outlines the Senior Leadership organization of the agency while Figure 8 outlines the Family Services Foster Care organization of the agency.

Figure 7: DHS, Family Services Division Senior Leadership

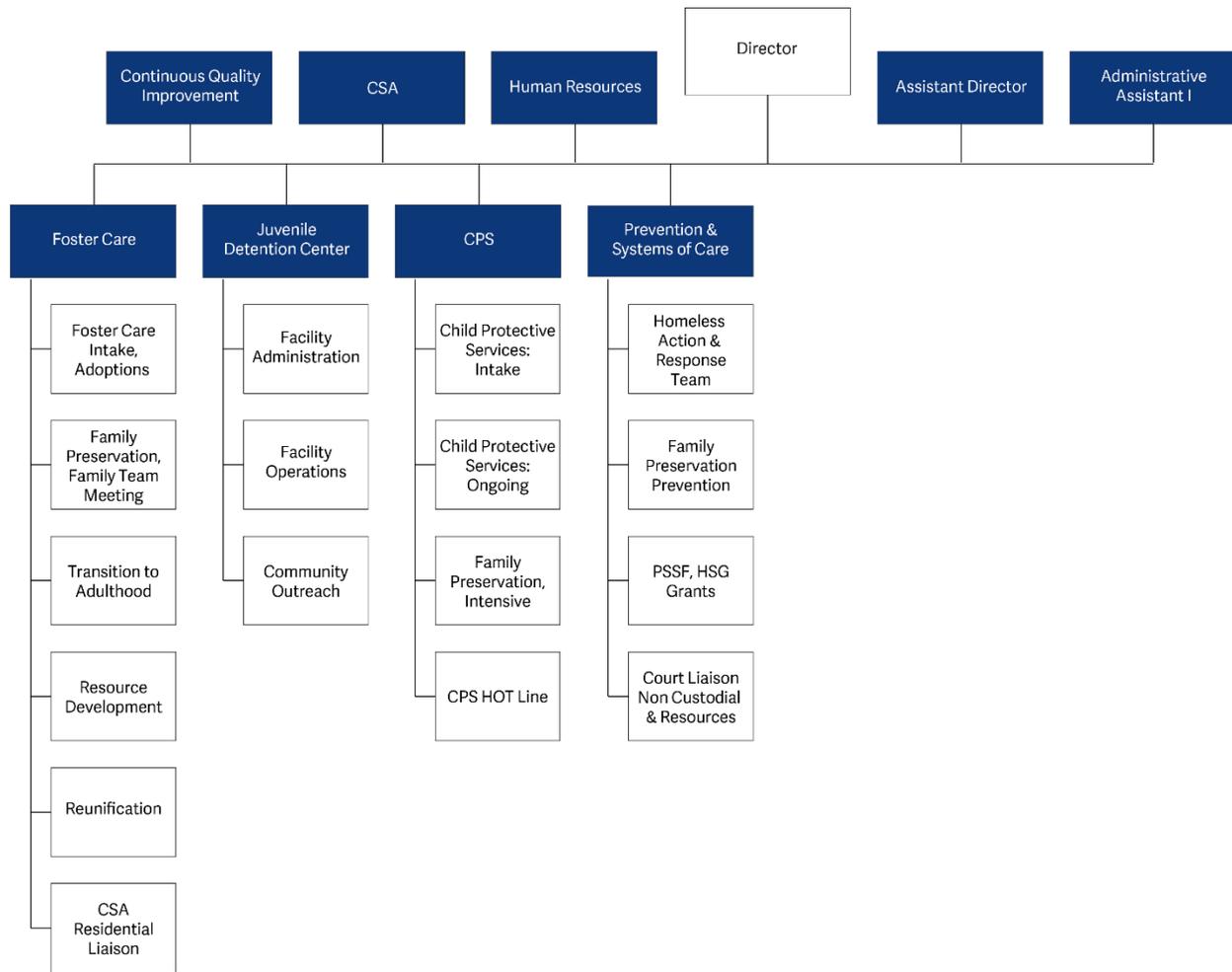
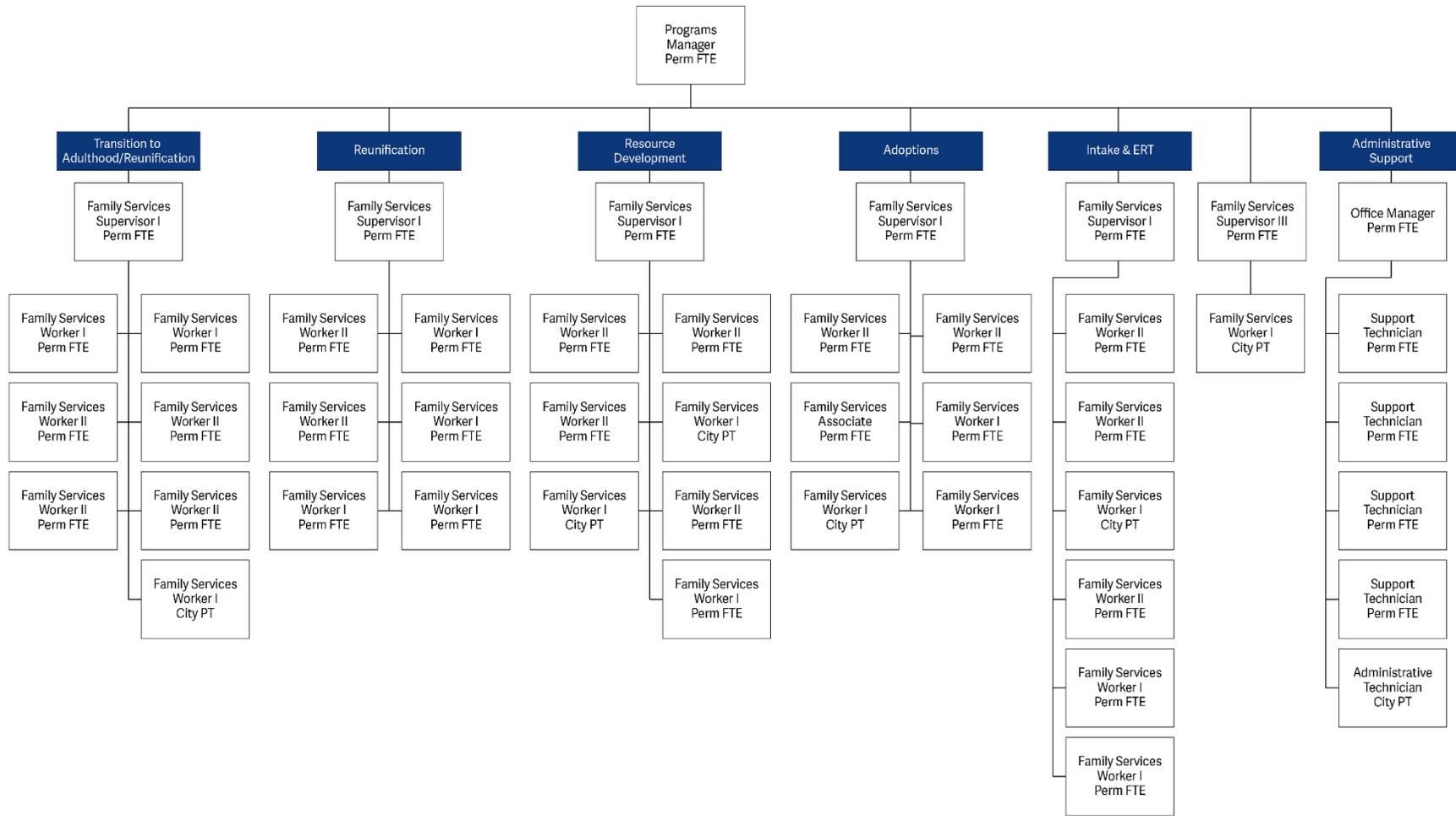


Figure 8: Foster Care Division



PCG reviewed all DHS Offices in the Eastern Region of Virginia that are Level 3 Agencies as well as the cities of Fairfax, in the Northern region, and Richmond, in the Central Region. All have a Jurisdiction Wide Human Resources Policy. Aside from Chesapeake, all municipalities have shared Information Technology (IT) support. Most municipalities have agency boards that are advisory and headed by local directors except for Chesapeake, which has a City Manager advisor, and Virginia Beach, which has a Human Services Director advisor (Table 4).

Table 4: Agency Structure

Agency Structure					
	Agency Level	HR Policy	IT Support	Type of Agency Board	Total Population
Norfolk	3	Jurisdiction Wide	Shared	Advisory - Local Director	244,703
Chesapeake	3	Jurisdiction Wide	Full	Advisory - City Manager	240,397
Hampton	3	Jurisdiction Wide	Shared	Advisory - Local Director	134,669
Newport News	3	Jurisdiction Wide	Shared	Advisory - Local Director	179,388
Portsmouth	3	Jurisdiction Wide	Shared	Advisory - Local Director	94,572
Suffolk	3	Jurisdiction Wide	Shared	Advisory - Local Director	90,237
Virginia Beach	3	Jurisdiction Wide	Shared	Advisory - Human Services Director	450,435
Fairfax (Northern)	3	Jurisdiction Wide	Shared	Advisory – County Executive	1,187,113
Richmond (Central)	3	Jurisdiction Wide	Shared	Advisory - Local Director	227,032

Anonymous Online Survey

Among supervisors who were surveyed (N=12), two have both worked for the agency and been a supervisor for 1 to 3 years. Two supervisors have worked for the agency for 4 to 6 years with one being in a supervisory position for 4 to 6 years and the other for 1 to 3 years. One supervisor has worked for the agency for 7 to 10 years and has been a supervisor for 1 to 3 years and two supervisors have over 10 years of experience with the agency with one being a supervisor for 7 to 10 years and the other being a supervisor for 4 to 6 years (Figure 9). Overall, only one supervisor has 7 to 10 years of experience and over half have only 1 to 3 years of experience as a supervisor (Figure 10).

Figure 9: Number of Years in a Supervisor Position by Number of Years Working for Norfolk DHS

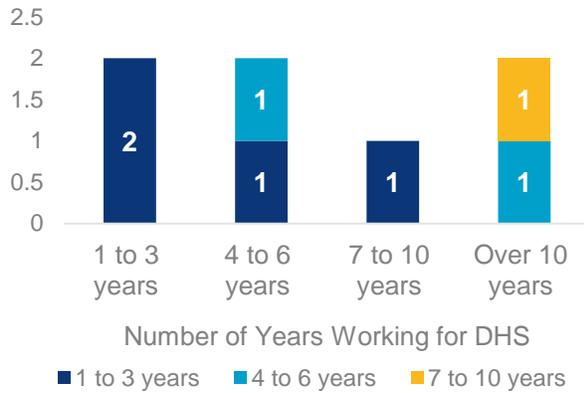
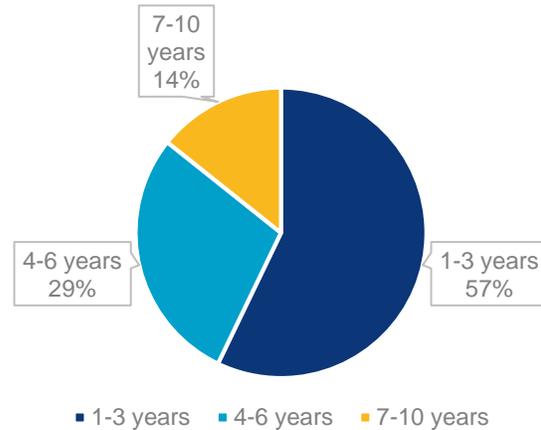


Figure 10: Years in a Supervisor Position



Among the FSW's who were surveyed (N=55), two have worked for the agency and in their current position for less than one year and only three have worked for the agency for seven or more years (Figure 11). In addition, over half (57 percent) have worked for the agency in their current position for 1 to 3 years (Figure 12).

Figure 11: Number of Years in Current Position by Number of Years Working for Norfolk DHS

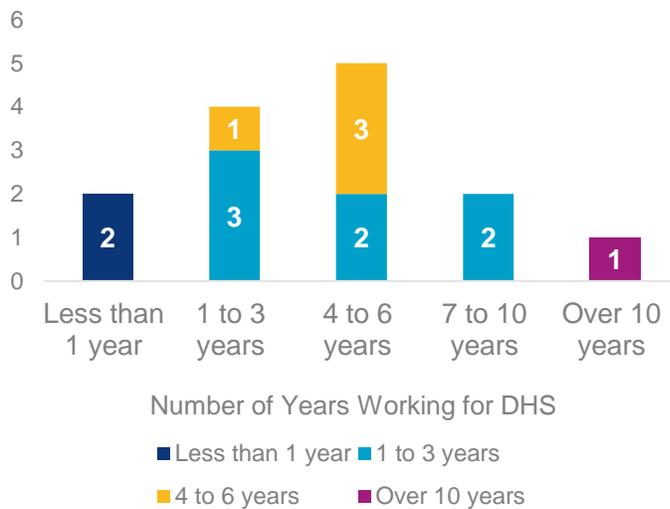
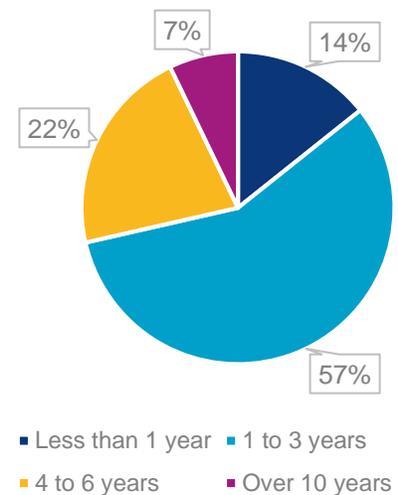


Figure 12: FSW Number of Years in Current Position



Survey Themes

There was a common theme among survey respondents that the office during regular business hours can have too many distractions and there is often greater pressure and nowhere to decompress. FSW's stated that working different shifts or from home would increase their productivity in the following ways:

- It would reduce burnout by giving workers the opportunity to manage personal affairs better,
- It would allow them time to take care of personal responsibilities,

- It would provide the down time to complete documentation without having other distractions such as phone calls, emails, and conversations with other coworkers,
- It would take the stress out of having to deal with external factors like traffic, weather, parking, and gas, and
- It would increase the comfort and flexibility to balance personal life with the needs of their job.

“I would love to work remotely; the hustle and bustle of the office makes task completion difficult at times.” – Survey Respondent

While the majority of FSWs (64 percent) indicated that communication between leadership and the workforce is bidirectional and broad, nearly half (43 percent) reported leadership does not clearly communicate how changes will affect practice. Supervisors, on the other hand, overwhelmingly (86 percent) reported clear, broad, and bi-directional communication between leadership and the workforce.

Most of the supervisors (57 percent) and FSWs (64 percent) reported receiving supportive supervision. Furthermore, most FSW’s (71 percent) agreed their supervisors had the knowledge and skills to successfully provide supervision. However, 29 percent of FSW’s stated that they were rarely comfortable with approaching their supervisor (Figure 13). Moreover, 43 percent of FSW’s who completed the survey expressed that they were somewhat dissatisfied with the quality of their current supervision (Figure 14). In addition, 43 percent of FSW’s felt their supervisor did not value their opinion in case decision making (Figure 15).

Figure 13: FSW Comfort with Approaching Supervisor

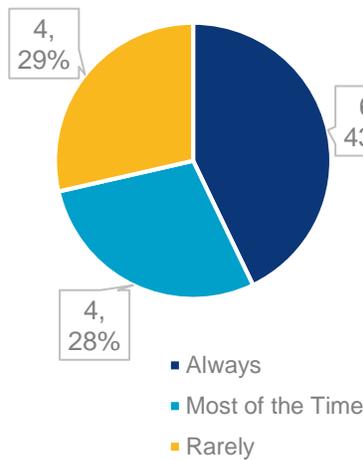


Figure 14: FSW Satisfaction with Quality of Current Supervision

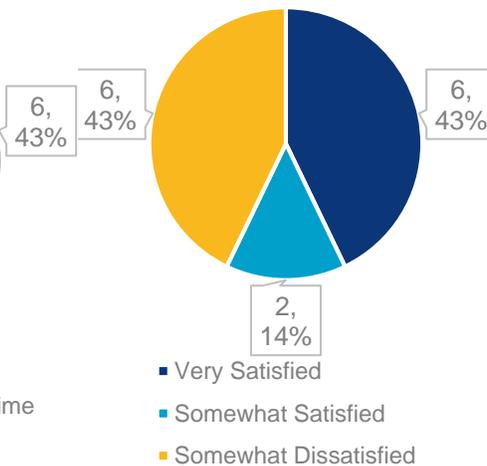
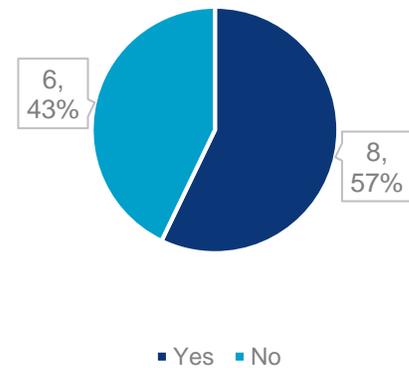


Figure 15: FSW Supervisor Values Opinion in Case Decision Making



57 percent of both supervisors and FSW’s agreed that leadership invests in building a trauma informed system to address secondary trauma. Strategies reportedly used by supervisors to address secondary trauma and work-life issues or burnout include providing advice on coping, debriefing, or approving time off; of these, debriefing after a traumatic event in a case was reported being used least often while coping advice was used most often. Supervisors suggested strategies that could help address secondary trauma, psychological and physical safety of FSW’s include:

- Providing professional development training as it relates to worker safety,
- Providing counseling for traumatic events, and
- Providing individuals who can identify secondary stress and are there to readily assist workers.

FSW's expressed that additional supports they need to address secondary trauma include:

- Having somebody to recognize when they are overwhelmed,
- Having the chance to process their thoughts and feelings with someone in a confidential manner, and
- Having a supervisor who is open to suggestions on management style and values their opinions on case decisions.

Suggestions for strategies that would help to address secondary trauma include:

- Dedicating time to roundtable discussions, and
- More understanding and listening to the needs of workers.

Supervisors reported good morale and team coordination substantially more than FSWs, 71 percent and 14 percent respectively, although all FSWs reported being able to approach other staff (administrators, supervisors, and/or peers) for assistance when their supervisor was unavailable. Most supervisors agreed that Norfolk DHS has a diverse and inclusive workforce. However, one survey respondent, when asked about strategies which could increase diversity, expressed,

*“Others outside of the "norm" in NDHS are sometimes seen as being different and not fitting in with NDHS culture. Staff form relationships with those they are comfortable which many times excludes other races, cultures, genders, etc. Those that do not fit in with the current culture are seen as not as knowledgeable and competent. **Diversity is not valued or embraced.**” – Survey Respondent*

This same concern regarding morale and diversity was also communicated to our team from focus group participants and other survey respondents as well.

Five out of seven supervisors agreed Norfolk DHS, as an organization, is culturally competent with both the workforce and clients. However, they offered suggestions on how cultural competence can be improved which included additional training as it relates diverse population and minority groups such as the LGBTQ.

Training and Professional Development

VDSS has training mandates for new employees that are followed by each local agency. FSWs are required to complete a series of trainings offered through the Commonwealth. These trainings are completed online and in a classroom setting. The trainings are staggered and must be completed within specified periods of time from when the FSW started employment with the agency. The state training mandates for foster care staff are outlined below.

The following on-line courses are required to be completed within the **first three weeks of employment**. These courses are pre-requisites for many other courses.

- Exploring Child Welfare
- Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training
- Navigating the Child Welfare Automated System: OASIS –Foster Care

The following instructor led trainings are required to be completed no later than within the **first twelve months of employment**:

- The Effects of Abuse & Neglect on Child & Adolescent Development
- Separation and Loss Issues in Human Services Practice
- Legal Principles in Child Welfare Practice
- Family Centered Assessment
- Family Centered Case Planning
- The Helping Interview
- Working with Children in Placement
- Promoting Family Reunification
- Engaging Families and Building Trust-Based Relationships
- Assessing Safety Risk and Protective Capacity

The following instructor led trainings are required to be completed no later than within the **first 24 months of employment**:

- Promoting Birth and Foster Parent Partnerships
- Permanency Planning for Teens
- Concurrent Permanency Planning
- Advanced Interviewing: Motivating Families for Change
- Understanding Domestic Violence
- Domestic Violence and Its Impact on Children
- On-Call for Non-CPS Workers

In addition to the state mandated training, the CPS unit within Norfolk DHS Family Division also receive hands on training through a mentor they are assigned to work with. The new FSW will “shadow” the more experienced FSW during visits with the family, court hearings, and meetings regarding the child and family. New FSWs experience differences in initial caseload sizes while they are completing the initial training process.

Supervisors who were surveyed noted that the most common types of job training they received included classroom course(s), online course(s), mentoring with other supervisors, and job shadowing (Figure 16). In addition, FSW survey respondents noted that the most common types of job training they received were job shadowing, classroom course(s), online course(s), and supervisor mentoring (Figure 17).

Figure 16: Types of Job Training Supervisors Received

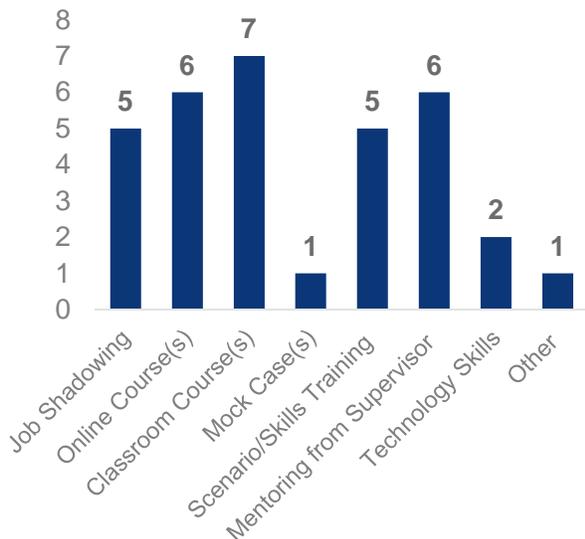
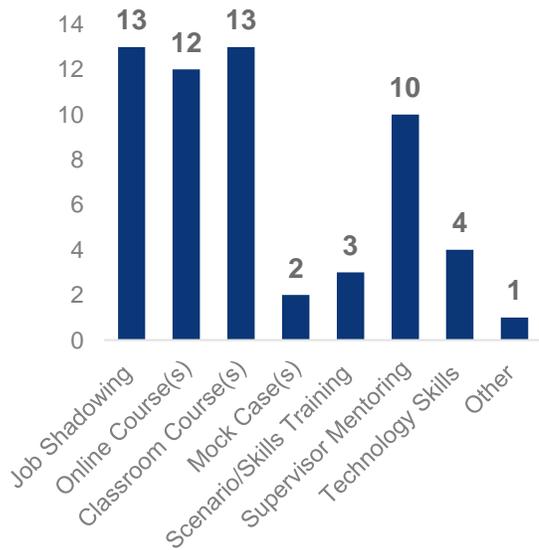


Figure 17: Type of Job Training FSW's Received



Almost half the supervisors who were surveyed noted that it took them six months or less to complete New Worker training (43 percent). However, another 30 percent noted that it took one year and six months to two years to complete training (Figure 18). Most supervisors strongly agreed that their training was sufficient to meet their training needs. However, one supervisor strongly disagreed that they had adequate training. In addition, three out of the seven supervisors surveyed somewhat disagreed that the timeline for completing new worker training was sufficient to meet their training needs. The other four either strongly agreed (n=3) or somewhat agreed (n=1). Conversely, almost half the FSW's who were surveyed noted that it took them six months to one year to complete New Worker training (43 percent). Another 30 percent noted that it took six months or less (Figure 19).

Figure 18: Amount of Time it Took FSW's to Complete New Worker Training

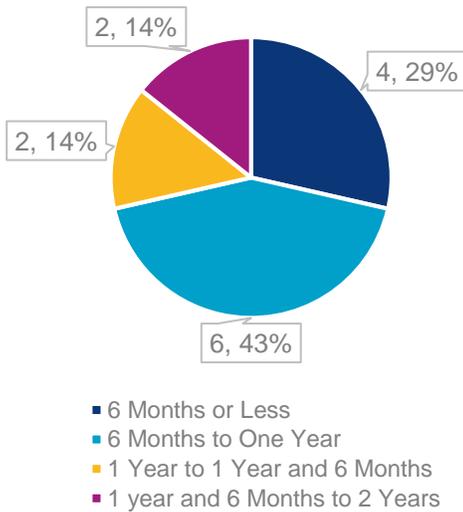
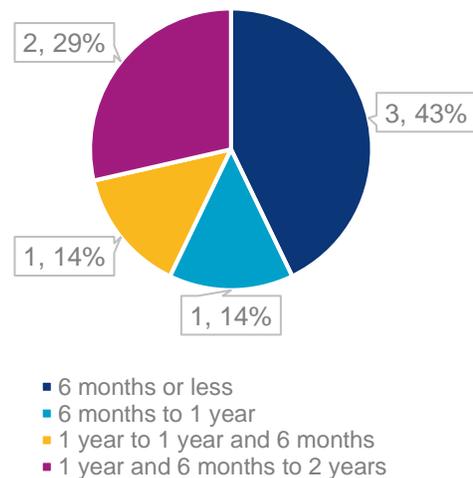


Figure 19: Amount of Time it Took Supervisors to Complete New Worker Training



36 percent of FSW's strongly agreed that they felt the timeline for completing training was sufficient while another 28 percent somewhat agreed. However, another 29 percent strongly disagreed that the timeline for completing training was sufficient (Figure 20). While 29 percent of FSW's surveyed strongly agreed that they felt the training provided to them was sufficient to meet their needs, 43 percent only somewhat agreed and 14 percent strongly disagreed (Figure 21).

Completion of VDSS training depends on the frequency and availability of the courses being offered. In Fall 2018, a 4-week, in-house Foster Care training began for new staff that involve Supervisors and Senior Workers training them on specific skills and shadowing senior workers. It includes quizzes and daily feedback sheets, and a daily agenda of topics.

Figure 20: FSW's Felt the Timeline for Completing Training was Sufficient

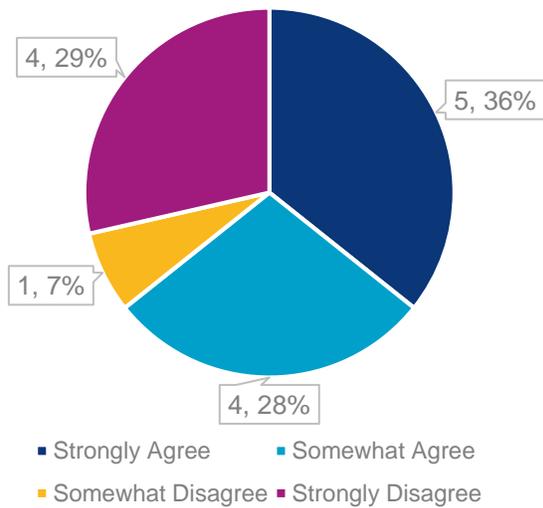
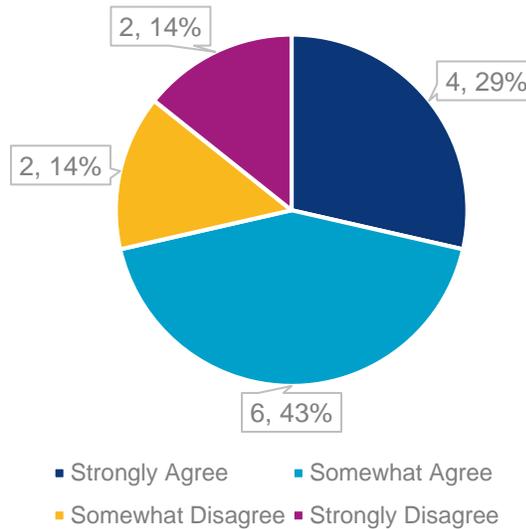


Figure 21: FSW's Felt Training Provided was Sufficient to Meet Training Needs



According to Casey Family Programs, effective caseworker onboarding, training, and skill development can improve the retention of foster care workers. According to the JLARC report, numerous Virginia stakeholders observed that placing insufficiently trained new hires in a role that is inherently challenging, which contributes to high staff turnover. Moreover, in the most recent federal review of Virginia's foster care system it was noted that new staff do not routinely participate in the required initial trainings and a recent external evaluation found problems in VDSS's current training, including the need for more effective on the job training for new workers. The current training model for VDSS is structured in class professional development sessions that span the course of two years. However, foster care staff and supervisors across the state consistently indicated that the mandatory trainings provided by VDSS are difficult to access or lacking hands-on practical applications for new FSWS's. Across the state, 25 percent of caseworkers indicated that they did not feel they had received sufficient guidance and training and 23 percent of supervisors disagreed that their staff had the knowledge and skills necessary to effectively manage their cases.³

JLARC proposed the following recommendations, based on national research, to improve effective trainings for FSW's⁴:

- Use trainers with recent or current field or subject matter experience;
- Use an intensive "academy" approach to training, such as provide all training within a six-week period;
- Use hybrid learning strategies that include both in-person and web-based training;
- Increase the frequency and depth of ongoing training; and,
- Implement training strategies that include practical feedback and coaching rather than lecture-based classroom learning.

³ <http://jlarc.virginia.gov/2018-foster-care.asp>

⁴ <http://jlarc.virginia.gov/2018-foster-care.asp>

Only about a quarter of supervisors surveyed strongly agreed that they had the resources they needed to effectively supervise their team (29 percent). The other survey respondents somewhat agreed (57 percent) or somewhat disagreed (14 percent) they had adequate resources (Figure 22). In addition, while 43 percent of supervisors strongly agreed that the training provided them with the knowledge, skills, and ability to stay in child welfare longer than their peers, 28 percent either somewhat disagreed (14 percent) or strongly disagreed (14 percent) (Figure 23). In addition, while 43 percent of FSW's surveyed somewhat agreed their training provided them with knowledge, skills and ability to stay in child welfare longer than their peers, 21 percent somewhat disagreed, and another 14 percent strongly disagreed (Figure 24).

Figure 22: Supervisors Feel They Have Resources Needed to Effectively Supervise Team

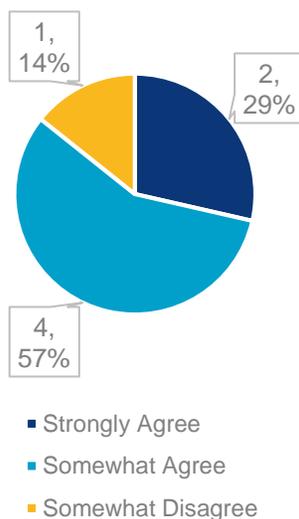


Figure 23: Supervisors Felt Training Provided Them with the Knowledge, Skills, and Ability to Stay in Child Welfare Longer Than Peers

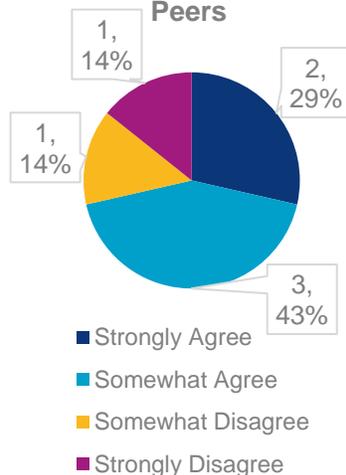
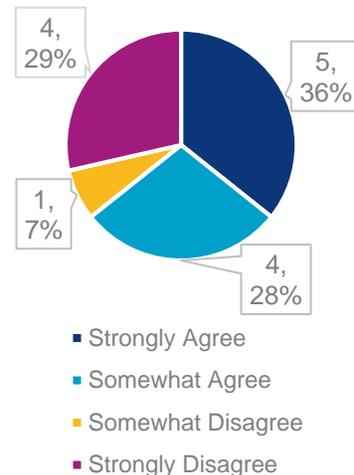


Figure 24: FSW's Felt the Timeline for Completing Training was Sufficient



Five of the supervisors surveyed either strongly agreed (n=3) or agreed (n=2) the training provided to new workers by DHS was sufficient to meet the training needs of their team of staff. The other two supervisors somewhat disagreed that training for new FSW staff was adequate. Six of the supervisors surveyed strongly agreed (n=3) or agreed (n=3) that additional supports provided by DHS were sufficient to meet the training needs of their team of staff. Only one supervisor somewhat disagree that additional supports were adequate.

Most of the FSW's who were surveyed strongly agreed (57.1 percent) or somewhat agreed (35.7 percent) that they had access to additional training that is sufficient to meet their ongoing training needs. However, one FSW strongly disagreed that they had access to sufficient additional training. 64.3 percent of FSW's surveyed are cross trained for positions other than the one they currently work in. Those FSW's who reported they were not cross-trained, stated that the benefits of cross-training would include:

- It would assist with connecting families with resources more from experience, than by referral/word of mouth,
- It would assist them in being able to more sufficiently provide case management when needed,
- It would be nice to understand different positions for the process of a case.

All supervisors who were surveyed reported that electronic tablets were not available for them to do their job. However, 86 percent reported that they thought having access to tablets would help them improve their job performance. Additionally, 29 percent of supervisors reported they did not have access to an electronic

documentation system or an electronic case management system, and 43 percent reported they did not have access to electronic forms. However, 100 percent of supervisors said having access to this technology would improve their job performance.

Caseload Standards

Virginia's General Assembly passed legislation in 2019 (§ 63.2-913.1) requiring VDSS to establish a caseload standard limiting the number of foster care cases that can be assigned to each service worker. The caseload standard must be reviewed and updated annually on the basis of time and work necessary to effectively manage each foster care case.

Each child in foster care is considered an individual foster care case. The current caseload standard is 15 foster care cases maximum per foster care service worker.

The Child Welfare League of America (CWLA) outlines national caseload standards. The CWLA recommends no more than eleven active reports per month for initial assessment workers.⁵ The CWLA recommends a caseload size of no more than ten to twelve, depending on where families are located (rural versus urban, respectively) for investigations and assessments. CWLA recommends no more than a caseload of twelve families when working with children and families who have a substantiation or finding when children remain in their home. Finally, CWLA recommends twelve to fifteen children for foster care cases, depending on the number of siblings and needs of the children in the case. Standards are also provided to help agencies measure resource needs for FSWs who carry a mixed caseload. Additionally, CWLA assumes the rate of new families assigned is no more than one for every six open families for ongoing workers. The Council on Accreditation (COA) also recommends initial assessment workers should have no more than twelve active investigations per month, with no more than eight new investigations each month.⁶ For ongoing workers, COA recommends no more than fifteen to eighteen families, with no more than ten children in out of home placement.

Caseload size was reported by both supervisors and FSWs to be a challenge. More than half (64 percent) of the FSWs reported having a caseload higher than the State recommended maximum of fifteen and almost half of those (44 percent) reported their caseload was unmanageable.

When asked what was challenging about managing their caseloads, half (50 percent) of the FSWs reported completing documentation, 29 percent reported client availability and completing home visits, and 29 percent reported completing tasks timely. FSWs reported having Flex Dictate, access to Virginia's Comprehensive Permanency Assessment and Safety System (COMPASS), and iPads or laptops to support them in managing their caseload.

Supervisors face a different set of challenges, including having adequate time to meet staff needs, and promoting staff self-care and good morale while meeting timeframes. 57 percent reported providing support to the FSWs they supervise (including support in dealing with secondary trauma), and one reported focusing on team building, training, and self-care to meet these challenges. More than half (57 percent) reported relying on their supervisors to meet these challenges.

One issue regarding caseload, reported by both groups, was that cases are distributed unevenly across each unit. Another issue is the number of administrative tasks required for each case, which was reported by 43 percent of the supervisors and FSWs as a challenge. Suggestions for improvement included having support staff to help with administrative and case management tasks, considering family size when assigning cases, and reducing office distractions so staff can be more productive.

86 percent of supervisors surveyed reported that they supervise seven to nine FSW's while the other 14 percent supervise four to six FSW's (Figure 25). When asked whether supervisors felt their workloads were

⁵ Child Welfare League of America. (2014). Direct Service Workers' Recommendations for Child Welfare Financing and System Reform

⁶ <https://coanet.org/standard/cps/14/>

manageable, 57 percent agreed that they were while the other 43 percent did not (Figure 26). Despite 57 percent of supervisors feeling like their caseload is manageable, no supervisor surveyed strongly agreed that they had enough time to dedicate to supervision practices; 57 percent somewhat agreed while the other 43 percent only somewhat agreed (29 percent) or strongly disagreed (14 percent).

Figure 25: Number of Staff Members Supervisors Oversee

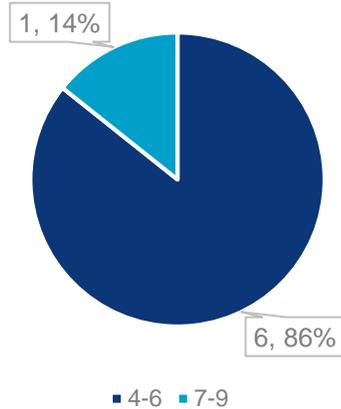
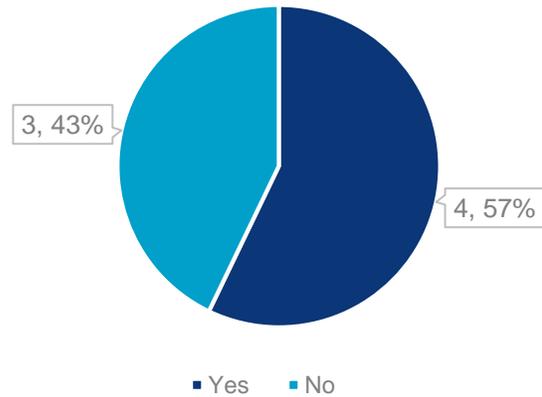


Figure 26: Is Supervision Workload Manageable?



While almost all supervisors strongly agreed (57 percent) or somewhat agreed (29 percent) that they regularly conducted one on one check in meetings with staff, 14 percent expressed that they somewhat disagreed that they had the time to do so. Additionally, all supervisors reported working on call hours (i.e., after hours or weekends). Some reported working as few as an additional two to three hours per week while others reported working as many as an additional 50 hours per week. It should be noted however, that this information does not align with payroll data and the survey question regarding overtime may have been misinterpreted by those respondents that reported that they work 50 hours of overtime every week. It is much more likely that respondents work an additional 10 hours a week in addition to their regular 40-hour work week.

FSW survey responses were low and caseload data for foster care workers may not be fully representative of FSW staff experiences. Of the 14 FSW's who were surveyed November 4 - 19, 2019, five worked in the foster care unit. Of those five, 40 percent reported having caseloads greater than 20, exceeding the statewide maximum of 15. The other nine FSW's who completed the survey worked in CPS, Prevention, or another unit. Of those nine, 22 percent had caseloads of greater than 20 and 45 percent had caseloads of only 6 to 9 (Table 5). 80 percent of the FSW survey respondents noted that their caseloads are 15 or greater. However, per the foster care census data dated October 7, 2019, provided to PCG by Norfolk DHS, Foster Care FSWs currently carry caseloads that range from 1 to 16 cases with the average being 10.57 cases.

FSW Position (number of survey participants)	Caseload Number per survey results		
CPS Investigation/Assessment (n=3)	19 – 20	19 – 20	20+
CPS Ongoing (n=3)	6 – 9	6 – 9	20 +
Foster Care Reunification (n=3)	10 – 14	15 – 18	15 – 18
Prevention (n=2)	6 – 9	6 – 9	—
Foster Care Adoption/Post Adoption (n=1)	20+	—	—
Foster Care Resource Development (n=1)	20+	—	—
Other (n=1)	15 – 18	—	—

FSW Position (number of survey participants)	Average Caseload Size
Reunification	14
Intake and ERT	13
Transition to Adulthood/Reunification	13
Adoptions	7
Resource Development	18

Additionally, Norfolk DHS staff also provided PCG a list of caseload sizes for all FSW's in the Foster Care Unit broken down by sub-units in December of 2019. According to the data that was provided there were currently 221 children in foster care and 292 Adoption Subsidy Cases as of December 18, 2019. Resource development workers have the highest caseloads with an average of 18. One part-time Resource Development FSW currently has 16 active cases. Adoptions had the fewest number of active caseloads with an average of 7 (Table 6). However, it was noted that one Adoptions FSW has 139 Adoption Subsidy Cases and another has 153. In addition to active caseloads, two Intake and ERT FSW's have one or two monitoring cases.

Leadership reported that there are two full time staff members that are dedicated to post adoption case management; three to four full time staff members dedicated to resource homes and adoption addendums; one full time staff member dedicated to ICPC home studies from other states, monitoring of those cases and private adoptions they receive court orders to do home studies on; and one VADSS Contract Worker that works on adoption specific work like writing reports of investigations, full disclosures, and meeting with families to help finalize their applications for adoptions. All FSW's who have been employed for less than a year had 12 cases or less. Leadership gradually increases the caseloads for new workers; new Foster Care FSW's caseloads at six months are usually at around half to 75 percent of a full caseload.

64 percent of the FSW's who completed the survey agreed that their caseloads were manageable (Figure 29). However, 79 percent desired to have the option to work different shifts or to work from home in order to increase productivity (Figures 30 & 31). In comparison, according to the JLARC report, only 32 percent of caseworkers surveyed across the state of Virginia felt they have been able to fulfill their case management responsibilities for all or most of the children on their caseload.⁷

⁷ <http://jlarc.virginia.gov/2018-foster-care.asp>

Figure 29: Is Caseload Manageable?

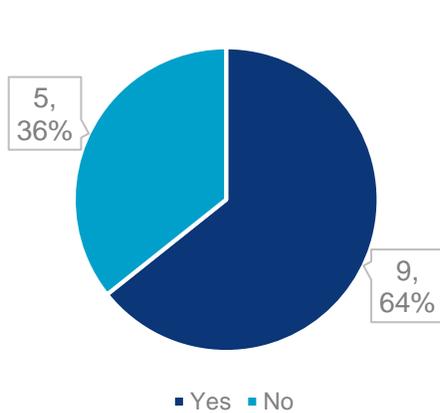


Figure 30: FSW's Desire to Have Option to Work from Home to Increase Productivity

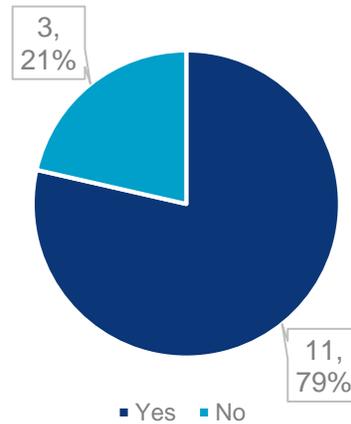
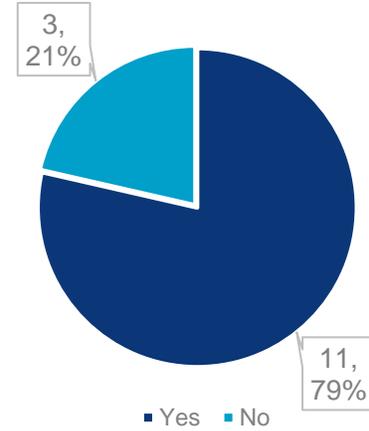


Figure 31: FSW's Desire to Have Option to Work Different Shifts to Increase Productivity



All but one FSW stated that they had to work overtime outside of their regular 40-hour work week. FSW's surveyed work anywhere between 1 to 40 hours overtime every week. It should be noted however, that this information does not align with payroll data and the survey question regarding overtime may have been misinterpreted by those respondents that reported that they work 40 hours of overtime every week. In addition, it was noted by leadership that FSW's in the CPS Unit are given an additional stipend for on-call work and are thus compensated more than Foster Care FSW's for on-call and after-hours work.

FSW survey respondents stated that their biggest challenges in managing caseloads include the ability to prioritize their schedule, the size of their caseloads, all of the case management they have to do, the timeframes that their work is required to be completed in, and lack of support and training on how things should be done. FSW's suggested the following things could make their current caseloads more manageable:

- Having less administrative things to do for the case outside of dictation and writing dispositions,
- additional staff and more support techs that can assist with caseloads,
- even distributions of cases, and,
- implementing a mandatory cap on the limit of cases assigned in an allotted time.

86 percent of the supervisors and 79 percent of the FSWs reported they would like to work from home at least part of the time. Almost half (43 percent) of the FSWs and most (86 percent) of the supervisors said this would improve their productivity by limiting distractions so they can focus on documentation and review tasks. Another 36 percent of the FSWs said working from home would increase their productivity through stress reduction.

FSW survey respondents noted factors that would improve their productivity and effectiveness as a worker included:

“I think they should possibly change the management of foster care cases so that foster parents are assigned a foster care worker from intake throughout the ‘life’ of the case, or until adoptive placement is needed if that home is not an adoptive home” –
Survey Respondent

- Improved morale,
- More flexible schedule,
- More services and resources providers, and
- More training and supervisory support.

FSW’s stated that if leadership could implement one thing to help them manage their caseloads it would include:

- Divide cases among the Prevention Unit to assist more,
- Allow FSW’s to work from home,
- More assistance from Administrative Support staff,
- A caseload cap that takes in to account the number of children in each case (CPS only),
- Better technology, and
- Less paperwork.

Literature Review

A balanced, manageable caseload and workload are critical to ensuring practitioners can serve children and families effectively. Too many cases can negatively impact service delivery and child safety, as well as permanency and well-being. Adding to the challenge of an increased caseload, as cases become more complex, they can significantly impact productivity and time available for case management, as well as complicate the assessment process. For example, more complex cases, such as cases involving opioid abuse, require intensive interventions that can further increase a FSW’s workload.

Research also points out that caseload and workload issues negatively impact FSW retention and overall agency outcomes.⁸ In 2006, the US Government Accounting Office (GAO) found that high caseloads and workloads were among the most significant obstacles to fulfilling child welfare legal mandates and achieving outcomes related to child safety, permanence, and well-being.⁹ High caseloads can result in inadequate investigations, inconsistent case monitoring, less face-to-face interaction with children and parents, less accurate case plans, an increase in re-entry to foster care, and a decrease in timeliness to permanency.¹⁰ These factors impact FSWs’ ability to effectively and efficiently provide services to children and their families.

Finally, new workers who are just learning to assess child safety should have a gradually increasing caseload. A gradually increasing caseload allows workers to learn alongside a veteran worker and to better understand the workload and work processes. When new workers carry a full caseload early on in their tenure, it can result in an inability to learn mandates, policy, and practice with any depth; and it can accelerate stress, leaving the worker feeling unprepared to do the job of child protective services. Research shows this can lead to workers leaving the organization within two years. Therefore, adequate resources, onboarding, and a gradual development of a caseload is critical to retention and positive outcomes for children and families.

In determining the amount of cases, a new worker should be given and when, several factors should be considered, such as: education, previous experience, trainings that have been completed and amount of

⁸ Yamatani, H., Engel, R. & Spjeldnes, S. (2009). Child Welfare Worker Caseload: What’s Just Right. *Social work*, 54(4), 361-368. Retrieved from https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right/download

⁹ U.S. Government Accountability Office. (2006, October). *Child welfare: Improving social service program, training, and technical assistance information would help address long-standing service-level and workforce challenges* (Publication No. GAO-07-75). Washington, DC: Author.

¹⁰ https://www.childrensrights.org/wp-content/uploads/2008/06/components_of_effective_child_welfare_workforce_august_2006.pdf

time spent shadowing a more experienced worker. PCG recommends that newly hired FSWs do not receive cases until after they have completed their initial online trainings that are required by VDSS to be completed within the first three weeks of employment. Additionally, PCG recommends that FSWs do not carry full caseloads until all training requirements are fulfilled.

In a child welfare workload study completed by PCG in another jurisdiction, members of a Workload Analytic Tool Workgroup were asked how many years, on average, it takes for a caseworker to become proficient in handling a case. The consensus was unanimous that it takes two years for a caseworker to become “seasoned.” Assigning a weight of “1” to caseworkers with at least two years of experience, weights were developed with input from workgroup members of the proportion of cases less or more tenured staff can manage. The following weights were developed for that jurisdiction and could be used as a guide for DHS.

Years of Experience	Weight
Less than 1 year	.50
1 year	.75
2 years	1.00
3 years +	1.25

It is important to note that not all caseworkers are the same, and some may need more or less time to be proficient in their roles.

Recruitment, Retention and Turnover

Literature Review

Jurisdictions across the U.S. are grappling with turnover in child welfare, directly impacting children and families as well as the fiscal bottom line of the organization. Turnover in child welfare has significant fiscal costs, decreases morale of remaining workers saddled with higher caseloads, and creates a loss of expertise from the organization. These factors have a direct negative effect on outcomes for children, youth, and families. The GAO (2003)¹¹ estimated that turnover in child welfare workforce was between 30 and 40 percent nationwide, with the average experience of a frontline child welfare worker being less than two years. According to Barak, Nissly, and Levin (2001)¹², high turnover in child welfare has negative implications for the quality, consistency, and expertise needed to address child safety.

Turnover impacts child welfare outcomes throughout the continuum of services. The GAO (2003)¹³ found that FSW turnover delays the timeliness of investigations and limits the frequency of worker visits with children, resulting in diminished child safety. The National Center on Crime and Delinquency (2006)¹⁴ determined that there was a direct correlation between high turnover rates and higher rates of maltreatment recurrence after three, six, and twelve months. Ryan, Garnier, Zyphur, and Zhai (2006)¹⁵ found that children who have multiple FSWs often experience outcomes that are more negative than children with one FSW.

¹¹ U.S. General Accounting Office. (2003, March). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff: Report to congressional requesters* (Publication No. GAO-03-357). Washington, DC: Author.

¹² Barak, M.E., Nissly, J.A & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *Social Service Review*, 75(4),

¹³ *ibid*

¹⁴ National Council on Crime and Delinquency. (2006). Relationship between staff turnover, child welfare system functioning and recurrent child abuse. Retrieved on December 4, 2015, from http://www.cpsr.us/workforceplanning/documents/06.02_Relation_Staff.pdf

¹⁵ Ryan, J.P., Garnier, P., Zyphur, M. & Zhai, F. (2005). Investigating the effects of caseworker characteristics in child welfare.

Flower, McDonald, and Sumski (2006)¹⁶ discovered that an increase in the number of direct practitioners decreases the chances of timely permanence for children. Within the studied cohort, children with one direct practitioner achieved permanency 74.5 percent of the time with the percentage dropping to 17.5 percent for children with two workers. Flower et al. (2006) also noted negative impacts on length of stay in foster care for children with multiple workers. The GAO (2003) reported that high turnover rates disrupt continuity of services, particularly when newly assigned direct practitioners must conduct or re-evaluate educational, health, and safety assessments.

In the fourth quarter of fiscal year 2019, Norfolk DHS met their target for filled administrative positions but fell below their target to fill benefits program and family services positions by about 40 percent and 25 percent, respectively. In comparison, all other neighboring municipalities in the Eastern Region were also unable to meet their targets for benefits program and family services positions but exceeded their targets for administrative positions (Table 7).

Table 7: Position Targets, SFY 2019

Human Services Filled Positions						
SFY 2019	Administrative		Benefits Program		Family Services	
	4th Qtr. AVG	Target	4th Qtr. AVG	Target	4th Qtr. AVG	Target
Norfolk	117	108	218.7	356	99.7	133
Chesapeake	66.7	53	118.7	172	55	70
Hampton	50	45	91.3	128	50	55
Newport News	115.7	123	107	145	110.3	124
Portsmouth	56.7	44	58.7	100	45.7	60
Suffolk	25.3	16	65	76	30	36
Virginia Beach	89.7	123	140.3	177	138	168
Fairfax (Northern)	224.3	235	430.3	531	383.7	419
Richmond (Central)	133.7	112	115.3	256	112.3	147

According to Table 8, in SFY 2018, almost a third (28 percent) of all Social Services positions were unfilled. 22 percent of all administrative positions had vacancies, 29 percent of all benefits positions had vacancies and 33 percent of all services positions had vacancies (Table 8). This indicates that Norfolk DHS should consider improving their hiring and retention practices. However, all but two neighboring municipalities in the Eastern Region had unfilled positions above 15 percent.

Table 8: Social Services Staffing, SFY 2018

Social Services Staffing							
FSY 2018 Total	No. Filled Positions	No. Unfilled Positions	Total No. Positions	% All Admin Vacancies	% All Benefits Vacancies	% All Services Vacancies	% All Positions Unfilled
Norfolk	401	159	560	22%	29%	33%	28%

Children and Youth Services Review, 28(9), 993-1006.

¹⁶ Flower, C., McDonald, J. & Sumski, M. (2005). Review of turnover in Milwaukee county private agency child welfare ongoing case management staff. Retrieved December 13, 2015, from http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf

Social Services Staffing							
FSY 2018 Total	No. Filled Positions	No. Unfilled Positions	Total No. Positions	% All Admin Vacancies	% All Benefits Vacancies	% All Services Vacancies	% All Positions Unfilled
Chesapeake	246	37	283	9%	15%	12%	13%
Hampton	179	50	229	33%	21%	14%	22%
Newport News	333	58	391	20%	17%	7%	15%
Portsmouth	161	55	216	18%	24%	33%	25%
Suffolk	112	10	122	0%	7%	14%	8%
Virginia Beach	335	112	447	29%	20%	28%	25%
Fairfax (Northern)	1,015	158	1,173	14%	16%	10%	13%
Richmond (Central)	367	145	512	23%	33%	24%	28%
Statewide	---	---	---	18%	19%	18%	19%

The average monthly turnover rate for Norfolk's Human Resources positions is around 1.1 percent. Hampton and Newport News municipalities had the lowest turnover rates of neighboring municipalities. Portsmouth, Suffolk and Virginia Beach all had turnover rates of 4 percent for at least one month out the 2019 fiscal year (Table 9). In comparison, according to the 2018 Joint Legislative Audit and Review Commission (JLARC) report, the average annual turnover rate of non-supervisory foster care staff between 2014 and 2018 was 17 percent.¹⁷

Table 9: Human Services Monthly Turnover Rates, SFY 2019

Human Services Monthly Turnover Rate									
SFY 2019	Norfolk	Chesapeake	Hampton	Newport News	Portsmouth	Suffolk	Virginia Beach	Fairfax (Northern)	Richmond (Central)
Sept2018	2%	1%	0%	1%	4%	1%	0%	0%	2%
Oct2018	0%	1%	0%	1%	2%	0%	3%	0%	2%
Nov2018	1%	1%	1%	1%	2%	3%	0%	0%	2%
Dec2018	0%	1%	0%	1%	2%	4%	0%	0%	1%
Jan2019	2%	1%	1%	1%	1%	3%	4%	0%	3%
Feb2019	0%	3%	0%	1%	1%	2%	1%	0%	2%
Mar2019	2%	0%	0%	1%	1%	1%	1%	0%	2%
Apr2019	2%	0%	0%	1%	1%	1%	1%	0%	2%
May2019	2%	1%	1%	1%	1%	2%	0%	0%	1%
June2019	0%	1%	0%	0%	1%	1%	1%	0%	1%

In comparison to neighboring municipalities in the Eastern Region, Norfolk has the highest vacancy rates within DHS (Table 10). There was no month within the 2019 fiscal year that Norfolk's vacancy rate was below 30 percent. This is an area of improvement Norfolk should focus on in regard to recruitment and retainment. Suffolk municipality consistently had the lowest vacancy rates in SFY 2019. In comparison, according to the 2018 JLARC report as of June 30, 2018 18 percent of all non-supervisory family services specialist positions were vacant, which was consistent with preceding years.¹⁸

¹⁷ <http://jlarc.virginia.gov/2018-foster-care.asp>

¹⁸ <http://jlarc.virginia.gov/2018-foster-care.asp>

Table 10: Human Services Monthly Vacancy Rates, SFY 2019

Human Services Monthly Vacancy Rate									
SFY 2019	Norfolk	Chesapeake	Hampton	Newport News	Portsmouth	Suffolk	Virginia Beach	Fairfax (Northern)	Richmond (Central)
Sept2018	30%	13%	22%	15%	25%	8%	24%	13%	28%
Oct2018	31%	14%	22%	15%	26%	7%	27%	14%	29%
Nov2018	33%	16%	20%	17%	27%	8%	27%	14%	29%
Dec2018	33%	15%	20%	16%	27%	10%	27%	15%	30%
Jan2019	33%	16%	21%	16%	28%	12%	25%	15%	31%
Feb2019	33%	18%	20%	17%	27%	9%	25%	15%	32%
Mar2019	35%	20%	18%	17%	21%	11%	24%	14%	33%
Apr2019	32%	19%	18%	16%	20%	11%	26%	15%	33%
May2019	31%	20%	18%	15%	18%	13%	26%	14%	32%
June2019	31%	20%	18%	15%	20%	12%	27%	15%	30%

According to supervisors who were surveyed, the greatest factor that contributes to staff turnover is high caseloads (57.1 percent). The other top factors that contribute to staff turnover include inconsistent salaries and benefits across positions (14.3 percent), the stress of child welfare (14.3 percent), and low support from supervisors or low-quality supervision (14.3 percent). Secondary traumatic stress and burnout and the stress of the child welfare system are also major factors that contribute to staff turnover, according to supervisors. However, according to FSW's who were surveyed, inconsistent salaries and benefits across positions was the biggest factor contributing to staff turnover (57.1 percent), followed by low support from supervisors or low-quality supervision (21.4 percent), secondary traumatic stress and burnout (14.3 percent), and high caseload sizes (7.1 percent).

According to workers who were surveyed, factors that contribute to staff retention are leaders' depth of engagement and the relationship with the workforce (28.6 percent). Other factors that contribute to staff retention are a healthy and resilient culture and climate, autonomy in practice, a trauma-informed system, quality supervision (14.3 percent), and transparency in communication (14.3 percent). In comparison, supervisors who were surveyed claimed that the greatest factors that contribute to staff retention are a client focused philosophy (35.5 percent) and autonomy in practice (21.4 percent). Supervisors stated things that could improve workforce retention include:

- smaller workload,
- fair compensation,
- lower on-call hours, and
- better recognition of good work.

FSW's stated things that could improve workforce retention include:

- working from home;
- decrease in documentation length requirements;
- higher salaries;
- greater supervision; and,
- more professional leadership.

"We need a salary increase – we lose a good amount of workers to other localities because of that factor alone. We're told we're being paid enough but we're really not." – *Survey Respondent*

According to both supervisors and FSW's who were surveyed, salaries and benefits is the greatest factor that contributes to major challenges for filling DHS vacancies. While slow human resource processes were cited as the second greatest factor that contributes to turnover according to 42.9 percent of supervisors,

35.7 percent of FSW's believe that the public perception of the agency culture and client is the second greatest factor contributing to challenges with filling positions.

Staff Positions and Salaries

DHS has three levels of FSWs, denoted as levels I, II and III. An FSW I must have a minimum of a bachelor's degree in a Human Services field or a minimum of a bachelor's degree in any field and minimum of two years of appropriate and related experience in a Human Services area. For an FSW I or II to move to the next FSW level, there must be a vacancy in the desired position and the FSW must apply for the position, they are not simply promoted internally. The current DHS salary ranges for staff and comparison counties/cities are outlined in Tables 11, 12, and 13.

Table 11: City of Norfolk CPS Salary Ranges

Position Titles	Pay Rate Ranges	
	Minimum	Maximum
Family Services Associate	\$29,391	\$47,962
Family Services Supervisor	\$52,020	\$86,040
Family Support Worker I	\$37,337	\$60,884
Family Support Worker II	\$44,339	\$72,308
Family Support Worker III	\$47,823	\$77,978

The median household income in the City of Norfolk is \$47,137¹⁹ and the living wage for the City of Norfolk for one adult and one child is \$55,890 annually.²⁰ As a state-supervised, county-administered child welfare system, salaries for workers vary from jurisdiction to jurisdiction. Comparison to other similarly sized cities in Virginia illustrates that Norfolk CPS FSW salaries begin lower than surrounding cities and there is a difference in the maximum pay. Norfolk FSW maximum pay rate is significantly lower than almost every other city.

Table 12: Case Worker Salary Ranges Comparison Counties

City	Position Titles	Pay Rate Range	
		Minimum	Maximum
Virginia Beach ²¹	Family Services Assistant	\$31,075	\$45,531
	Family Services Specialist I	\$46,134	\$67,600
	Family Services Specialist II	\$50,918	\$74,619
Newport News ²²	Family Services Aide	\$25,568	\$42,687
	Family Services Specialist	\$44,117	\$75,987
	Family Service Specialist, Senior	\$46,884	\$80,758
Chesapeake ²³	Family Services Assistant	\$26,042	\$42,970
	Family Services Specialist I	\$41,329	\$68,193
	Family Services Specialist II	\$46,133	\$76,120
	Family Services Specialist III	\$47,878	\$78,999

¹⁹ <https://www.census.gov/quickfacts/fact/table/norfolkcityvirginia,US/INC110217>

²⁰ <https://livingwage.mit.edu/counties/51710>

²¹ <https://www.vbgov.com/government/departments/human-resources/Employment-VBGOV/Documents/Pay-Plans/General-Pay-Plan.pdf>

²² <https://www.nngov.com/DocumentCenter/View/137/FY-2020---Classification-and-Pay-Plan-PDF?bidId=>

²³ http://www.cityofchesapeake.net/Assets/documents/departments/human_resources/pay_plan/Job+Classification+List+FY19-20.pdf

Table 13: Supervisor Salary Range Comparison Counties

City	Position Titles	Pay Rate Range	
		Minimum	Maximum
Newport News	Family Services Supervisor	\$52,903	\$91,146
Chesapeake	Family Services Supervisor	\$54,429	\$89,808

All supervisor's and FSW's who were surveyed noted that they work on call hours over their 40-hour work week. The most common form of overtime compensation for supervisors was a day of leave (43 percent). Other forms of overtime compensation that supervisors noted were flex time or compensation time (28 percent). One supervisor noted that they were not compensated for overtime at all (Figure 38). Almost all FSW's (91 percent) noted that they were compensated for on call hours with overtime pay (Figure 39). It also should be noted that CPS staff currently get an extra stipend for their on-call coverage added to their salary in addition to a daily stipend on the days they serve.

Figure 38: Overtime Compensation for Supervisors

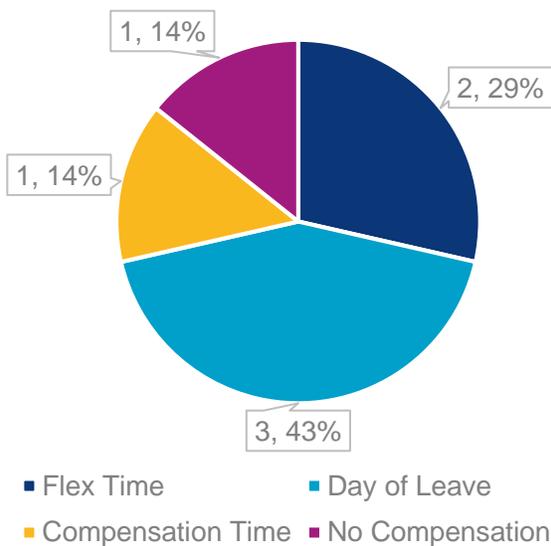
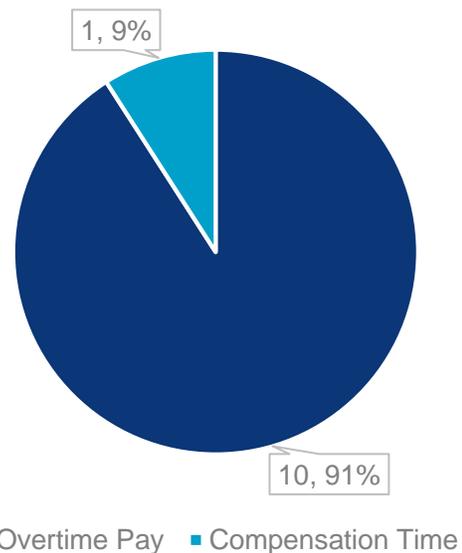


Figure 39: FSW Overtime Compensation



Court Processes

There are five Judges that oversee DHS cases in Norfolk. These hearings take place each week on the designated days of Wednesdays and Fridays. There is also an Emergency Removal Order (ERO) hearing process which takes place within the five-day time frame identified in policy. One of the strengths of the court process is that the same Judge is assigned throughout the life cycle of the case. This allows for continuity of decisions without the loss of information that can happen when multiple court representatives are making decisions based on situation circumstances. One exception to this rule is if parental rights have been terminated and the decision has been appealed. When this happens, the case is heard in front of a circuit court judge who is provided the file and all relevant case information.

Court Hearing Steps:

1. Emergency Removal Order (ERO) or Ex-Partee for Preliminary Child Protective Order

FSWs have the authority to removal a child based on identified safety concerns. Within 72 hours of a removal an ERO hearing must take place. At this hearing, a judge will typically assign a GAL to the case, determine if the removal is valid and if the child should remain in the custody of DHS or return to the parent/caretaker.

2. Preliminary Removal Order (PRO)

The PRO hearing takes place within five days of the emergency removal and can be combined with the adjudication hearing. This hearing also determines whether the child/children remain in the custody of DHS or returned to the parents. In some instances, parents/caretakers have addressed the safety concern and agency custody is no longer necessary.

3. 30-day Hearing, Adjudication

The adjudication hearing takes place within 30 days of the PRO. If the adjudication is not completed at the time of the PRO, and is the opportunity for assessments, services and supports to be identified, and work with the family to address the identified safety concern that caused the removal to be addressed. Prior to this hearing, FSWs should have met with the family and identified any relatives, formal and informal supports, and the strengths and needs the family may have to reduce the amount of time the child is in agency custody. The information gathered should be presented to the court to allow the judge and attorneys a full picture of the family situation.

4. 60-day Hearing, Dispositional

The dispositional hearing takes places within 60 days of the PRO. At the dispositional hearing, the court will make a determination if the child should remain in agency custody and consider what steps DHS has taken to address the initial safety concerns while assessing ongoing safety within the home. At the dispositional hearing, the court will listen to testimony by relevant parties.

5. Foster Care Review

The foster care review takes place within four months of the dispositional hearing. The initial foster care plan is reviewed at this hearing. A finding in regard to “reasonable efforts to finalize the permanency plan” is made at this time. This finding must correspond with the permanency goal that is approved in the court order.

6. Permanency Planning

Permanency planning hearings are scheduled within five months of the foster care review. Subsequent Permanency planning hearings are scheduled within six months of the initial permanency hearing. This hearing allows the court to assess the progress of the case, the safety and placement of the child, the impact of services provided to the family, and the progress being made toward the identified permanency goal. If FSWs, court officials, or other relevant parties to the case identify challenges, a request to advance the hearing can be made and will be scheduled prior to the annual permanency hearing.

Services

Service needs are identified through a variety of ways, per the VDSS Child and Family Services Manual, “Once a comprehensive assessment of the child and family has been completed, the service worker, the Family Partnership Meetings (FPM), and/or the Family Assessment and Planning Team (FAPT) should brainstorm creative ways to build upon the strengths resources, and natural supports of the child and family to meet their unique needs”. FPM are available for all families involved with the department, during the FPM services are identified to reduce risk, and a plan developed on accessing services. Once service needs are identified the FSW may access multiple funding sources for the provision of direct services to children and families, and placement of youth when deemed necessary. In reviewing the current training materials,

FSWs are not formally trained on the identification of service needs. The referral process for accessing Children's Services Act (CSA) funding has been clearly laid out, both through training on the CSA website and detailed within VDSS Child and Family Services Manual. Norfolk CSA also offers an 8-hour CSA Training Academy for all staff. Additionally, training on Promoting Safe and Stable Families (PSSF) funds was offered in 2019. It was reported that the FSW's supervisor assists with the identification of child and family needs and the services to address them; however, a formal training on the navigation of many of the services and their corresponding referral processes (included in the table below) are not covered in the current training curriculum nor is it detailed within the VDSS Child and Family Services Manual.

Figure 40: Fund Streams Available to Local Governments for Child Specific Services ²⁴

Fund	Process for Access	Target Population	Services Available
State Pool Funds Children's Services Act	Community Policy and Management Teams <i>Annual allocations; expenditures reimbursed.</i>	<ul style="list-style-type: none"> Youth who require foster care services as described in COV § 63.2-905 and the Appropriation Act (2016) Chapter 780, Item #346 L.1-4. (Fostering Futures) Youth who require private school placement for purposes of special education; through age 22. Youth with behavioral health issues as described in COV § 2.2-5212 to age 18. 	<ul style="list-style-type: none"> Full array of services as needed to meet the individual needs of youth and their families. Independent Living services for youth who exited foster care at age 18 prior to July 1, 2016; up to age 21. Foster care services for youth who attained age 18 on or after July 1, 2016 while in foster care; to age 21. Excludes group home or residential placement.
Title IV-E Foster Care	Eligible clients for eligible costs <i>Expenditures reimbursed to LOSS</i>	<ul style="list-style-type: none"> Eligible youth in foster care; up to age 21. 	<ul style="list-style-type: none"> Maintenance costs related to foster care.
Promoting Safe and Stable Families (PSSF)	Local Department of Social Services <i>Local application approved by CPMT submitted to VOSS every five years; updated annually.</i>	<ul style="list-style-type: none"> Families with children at risk of foster care. Families within 15 months of a child's entry into foster care. Families in need of community based prevention services 	<p>Local PSSF plan identifies specific services:</p> <ul style="list-style-type: none"> Family preservation services. Family support services. Time-limited reunification services.
Chafee Independent Living Services Fund	Local Department of Social Services <i>Annual funding application.</i>	<ul style="list-style-type: none"> Youth in foster care; ages 14-21. Youth adopted from foster care; ages 14-21. 	<ul style="list-style-type: none"> Services to enhance independent living skills (e.g., money management, household maintenance, etc.).
Chafee Education and Training Vouchers (ETV)	Local Department of Social Services <i>Funds allocated according to number of eligible youths.</i>	<ul style="list-style-type: none"> Youth in foster care who have completed secondary education. Youth adopted from foster care at or after the age of 16. 	<ul style="list-style-type: none"> Post-secondary education and vocational training (in Virginia schools)
Adoption Assistance	Eligible clients for eligible costs <i>Assistance agreement negotiated at time of Adoptive</i>	<ul style="list-style-type: none"> Youth with special needs adopted from foster care. 	<ul style="list-style-type: none"> Community-based services and residential treatment services. May not be used for group home placement.

²⁴ http://www.csa.virginia.gov/content/pdf/Funding_Sources_for_Child_Specific_Services_Updated_Dec_2016.pdf

Fund	Process for Access	Target Population	Services Available
	<i>placement; revised as needed. Residential treatment requires FAPT approval.</i>		<ul style="list-style-type: none"> Funds cover residential treatment placement costs not covered by Medicaid (including education).
Medicaid	Eligible clients for covered services. <i>Some services require prior authorization and re-authorization.</i>	<ul style="list-style-type: none"> Eligible clients. 	<ul style="list-style-type: none"> Community-based behavioral health services Residential treatment services.
Mental Health Initiative	Community Services Boards <i>Youth identified and assessed through FAPT and CPMT.</i>	<ul style="list-style-type: none"> Children and adolescents with serious emotional disturbance who are not mandated under the CSA; must be under the age of 18 when services are initiated. 	<ul style="list-style-type: none"> Community-based mental health and substance abuse services.
Virginia Juvenile Community Crime Control Act (VJCCCA)	Court Services Unit <i>Local plan submitted every two years to Board of Juvenile Justice. Funds may be used for programs as well as child-specific services.</i>	<ul style="list-style-type: none"> Youth before CSU or court for delinquent or status offense; up to age 21. 	<ul style="list-style-type: none"> Community-based services per local plan.
Transitional Services Fund (294)	Court Services Unit <i>Youth-specific services approved for funding by DJJ.</i>	<ul style="list-style-type: none"> Youth released from DJJ commitment and on parole; up to age 21. 	<ul style="list-style-type: none"> Non-residential services
Private Health Insurance	Eligible clients for covered services. <i>Some services require prior authorization and re-authorization</i>	<ul style="list-style-type: none"> Eligible children and youth who receive coverage through a parent or guardian. 	<ul style="list-style-type: none"> Outpatient mental health, psychiatric and substance abuse services; Behavioral Support Services/ ABA; Acute psychiatric services; Clinically necessary residential services

CSA establishes a single state pool consisting of eight separate funding sources aimed at providing supportive services for eligible youth and their families. In the 2019 fiscal year, CSA had a combined (state and local) budget of \$415 million available to 133 cities and counties. The CSA is a state supervised locally administered systems that combines separate sources of funds into what is known as the “state pool.” Together with local matching funds, the state pool provides the core funding for the CSA. Each locality must have an established Community Policy and Management Team (CPMT), responsible for establishing local policies and procedures for use of CSA funds. The CPMT is also responsible for the establishment of one of more Multidisciplinary Team (MDT) or Family Assessment and Planning Teams (FAPT). Youth and families for which CSA-funded support services are requested to be assessed by the FAPT/MDT; however, cases involving only the payment of foster care maintenance are exempt. Service planning and review are the essential roles of the team. Children and families eligible for these state pool of funds include:

1. The child or youth has emotional or behavior problems that: have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; are significantly disabling and are present in several community settings, such as at home, in school or with peers; and require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.

2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies and requires coordinated services by at least two agencies.
3. The child or youth requires placement for purposes of special education in approved private school educational programs.
4. The child or youth requires foster care services as defined in § 63.2-905.

CPMTs may establish an MDT to review specific types of cases, such as the review of more “routine” cases. In March 2010, the State Executive Council adopted a policy regarding the incorporation of the principles of family engagement (Policy 3.3) including the use of Family Partnership Meetings as an approved alternative for MDTs²⁵. Notably, both the FPM and the FAPT meetings include the identification of strengths and needs, and the identification of services. Requiring both meetings is time consuming for staff, providers and case participants, in addition to appearing redundant, and frustrating for families when having to retell their story. Currently, Norfolk CPMT has not established a policy around the use of the FPM as an alternative MDT when accessing CSA funds.

Per the VDSS Child and Family Services Manual, a written transition plan should be developed for all youth 14 or older, regardless of their permanency goal, based on their life skills assessment; the plan should identify the independent living services, activities, and supports to be provided to help the youth transition to adulthood. The transition plan should be updated at least every 12 months or for each Permanency Planning and/or Review Hearing. Independent living services identified are paid for from the *Chafee Program* funds and may be paid through CSA. Foster youth age 14-26 eligible for Chafee funds may also be eligible for Educational Training Voucher (ETV). ETV Program provides funding for college and post-secondary vocational training programs. Funding is allocated at up to \$5,000 per year, or the total cost of attendance whichever is less. However, Virginia ETV program does not receive enough federal and state funds to allocate the full amount per student, so youth do not receive the full \$5,000 maximum allowable. The federal Fostering Connections to Success and Increasing Adoptions Act of 2008, allows states to use title IV-E funding to extend foster care services up to 21 years of age for youth who turn 18 in foster care. In Virginia, the 2016 Appropriations Act authorized the extension of foster care to age 21, called Fostering Futures. Youth in Fostering Futures may reside in a variety of Supervised Independent Living settings including a foster home, certified independent living apartment, or other living arrangement including dormitory, leased apartment, or home of relative. One of VDSS’s inherent principals in working with older youth is the belief in a youth and family-driven practice. Specifically, older youth and families have the right to say what will happen to them. In addition, their voices should be heard, valued, and considered in all decision making, including safety, permanency, and well-being as well as in service and educational planning and in placement decisions. This philosophy is in line with national best practice, however, a common theme reported by youth during a focus group was that they do not feel included in the planning process. Some youth participants reported that they do not trust Norfolk DHS, they feel they do not make all resources available to them, nor do they feel pertinent case information affecting them is shared consistently. Others expressed that their FSWs are very responsive, consistently assist them with resource connections and share case updates with them.

“They don’t try and talk to us about what we need or what our goals are.” – *Youth Focus Group Participant*

Effective July 1, 2018, the General Assembly enacted legislation establishing the Virginia Kinship Guardianship Program (KinGap). Once a child has been placed in foster care with a relative for at least six months, the relative may sign a KinGap assistance agreement. At that point, DHS may petition the court to transfer legal custody to the relative. Once custody is transferred, the child is no longer in foster care, but

²⁵ https://www.csa.virginia.gov/content/doc/CSA_User_Guide_2018_Update.pdf

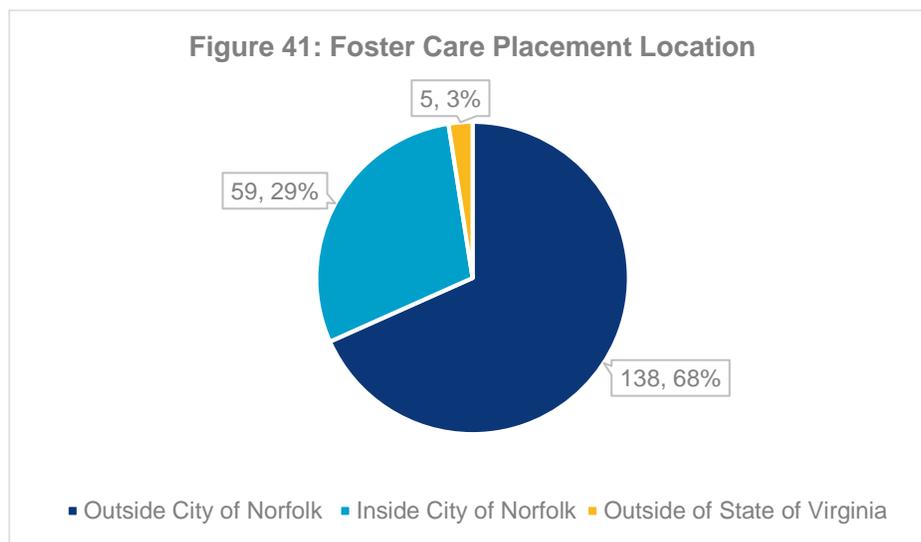
the child is eligible for KinGap assistance until the child reaches 18 years old. There are currently no children accessing KinGap in Norfolk.

Safety and Placements

PCG completed a review of 20 foster care case files as part of this engagement. The files that were reviewed were specifically children that were in the custody of Norfolk DHS as opposed to children that have been removed from their home and privately placed with a relative. In the cases that were reviewed, children and families were being referred to services, FSWs were seeing children in their placements as required and court hearings were being held regularly. The case notes completed by the FSWs documented the safety of the children in their placements consistently.

The case reviews did bring about concerns with the number of placement changes and amount of FSWs that some children and families had while involved with Norfolk DHS. For example, one child had been in care for 22 months at the time of the case review and had been in three different placement settings. Another child had been in care since 2014 and experienced five different placement settings.

Per data provided by Norfolk DHS, out of the 202 children currently in foster care through Norfolk DHS, 5 children (2 percent) are placed out of State, 138 (68 percent) are placed outside of Norfolk, and 59 (29 percent) are placed in Norfolk (Figure 41).



According to Tables 14 and 15, Norfolk falls below the national standard on percentage of children who are reunified within 12 months or overall (63.64 percent) and the percentage of children who re-enter foster care within 12 months or all children reunified (28.57 percent).

Table 14: Permanency and Timeliness of Reunification Outcome 1

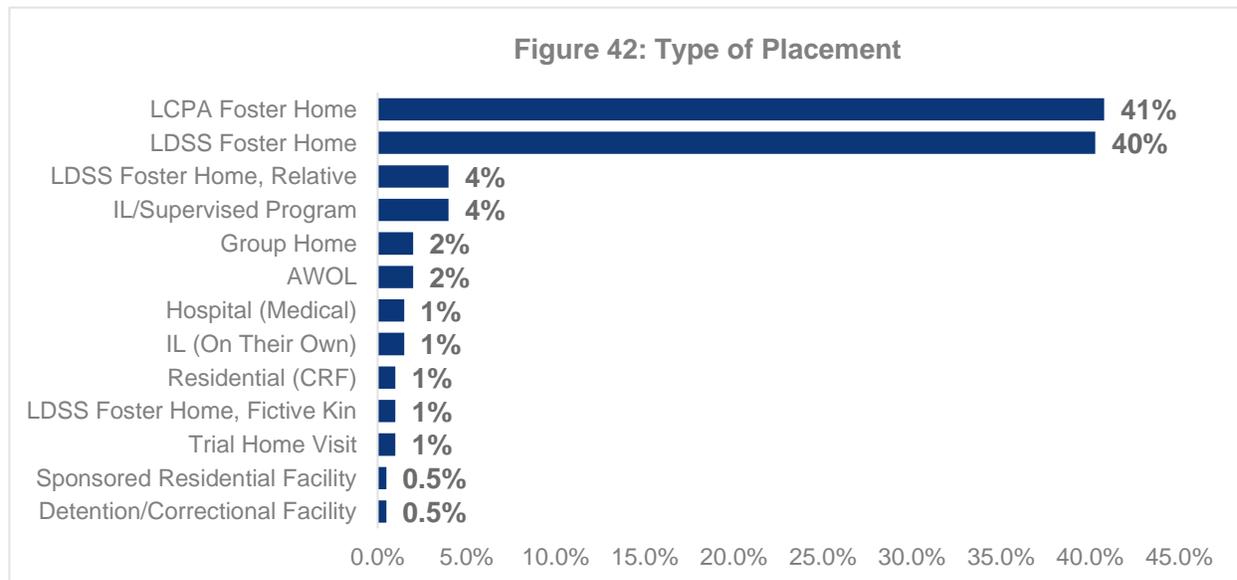
Permanency and Timeliness of Reunification [Outcome 1]			
As of 8/2019	Children Reunified within 12 months	Children Reunified	National Standard (75.2%)
Norfolk	35	55	63.64%
Chesapeake	1	6	16.67%
Hampton	6	12	50.00%
Newport News	20	28	71.43%
Portsmouth	1	7	14.29%
Suffolk	5	6	83.33%
Virginia Beach	22	45	48.89%
Fairfax (Northern)	13	25	52.00%

Permanency and Timeliness of Reunification [Outcome 1]			
As of 8/2019	Children Reunified within 12 months	Children Reunified	National Standard (75.2%)
Richmond (Central)	26	39	66.67%
Statewide	592	1038	57.03%

Table 15: Permanency and Timeliness of Reunification Outcome 3

Permanency and Timeliness of Reunification [Outcome 3]			
As of 8/2019	Re-Entered within 12 Months	All Children Reunified	National Standard (9.9%)
Norfolk	12	42	28.57%
Chesapeake	0	9	0.00%
Hampton	5	34	14.71%
Newport News	1	42	2.38%
Portsmouth	2	17	11.76%
Suffolk	0	9	0.00%
Virginia Beach	14	68	20.59%
Fairfax (Northern)	0	38	0.00%
Richmond (Central)	7	112	6.25%
Statewide	151	1358	11.12%

81 percent of children in Norfolk's foster care system are either in a Licensed Child Placing Agency (LCPA) Foster home or a Local Department of Social Services (LDSS) foster home (Figure 42).



Four percent of children are in relative foster care, which falls below the state recommended target of 25 percent. In comparison, according to the JLARC report, in 2016 only six percent of children in foster care across Virginia were placed with relatives, about one-fifth as often as the national average of 32 percent. Low rates of relative placement can be explained, in part, by a lack of effort of local departments to find

relatives. VDSS found that the “person locator” tool was not used in as many as 22 percent of foster care cases across the state, and letters were not sent to relatives in 44 percent of cases that were reviewed.²⁶

Norfolk DHS’s foster care adoption rates are comparatively lower than most other surrounding municipalities besides Chesapeake and Suffolk (Table 16). According to the JLARC report, the percentage of children who are adopted out of foster care in Virginia, and the time it takes to be adopted, is comparable to other states and national trends. However, some children do have especially long stays in foster care; 26 percent of children exiting foster care to adoption between 2007 and 2016 waited more than three years to be adopted and nine percent waited more than 4 years. This is in large part due to a shortage of foster families who are likely to become permanent adoptive families. Overall, there is a lack of meaningful state level efforts in Virginia to recruit and retain foster families which is the greatest barrier to increasing the adoption of children who enter foster care in the state.²⁷ The other reason why adoption takes longer in Virginia, compared to other states, is due to the lengthy court processes required to approve Termination of Parental Rights (TPR).

Table 16: Kinship Care and Adoptions, SFY 2019

Kinship Care and Adoptions		
SFY19	Kinship Care Placements (4 th Quarter AVG)	Number of Adoptions
	Target ≥ 25%	
Norfolk	4.6%	17*
Chesapeake	7.1%	9
Hampton	0.0%	20
Newport News	2.8%	17
Portsmouth	0.0%	18
Suffolk	6.0%	0
Virginia Beach	4.3%	27
Fairfax (Northern)	8.1%	22
Richmond (Central)	3.1%	37

* Norfolk adoption data was provided directly by DHSS staff while data from other municipalities is based on statewide local agency dashboard information

Only one percent of children are enrolled in residential, or congregate care which is much lower than the state target of less than 16 percent, ranking them third out of 28 in the state (Table 17). In comparison, according to the JLARC report, children in Virginia are placed in congregate care more frequently than children in other states. In 2016, 17 percent of children in foster care in Virginia were living in congregate care settings, compared to 12 percent nationwide. Furthermore, the proportion of children over the age of 12 who have experienced congregate care as their predominant placement has increased over the last 5 years. Moreover, about 60 percent of children in foster care in Virginia who entered in to congregate care between 2012 and 2016 did not meet the standard Children’s Assessment of Needs and Strengths (CANS) threshold indicating a need for residential treatment.²⁸

Table 17: Congregate Care Placements, SFY 2019 Fourth Quarter

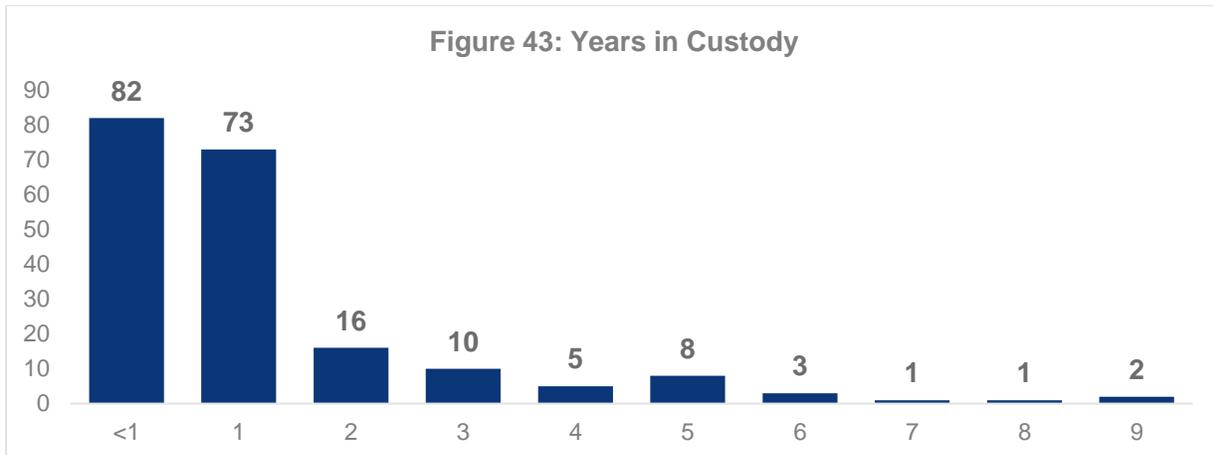
²⁶ <http://jlarc.virginia.gov/2018-foster-care.asp>

²⁷ <http://jlarc.virginia.gov/2018-foster-care.asp>

²⁸ <http://jlarc.virginia.gov/2018-foster-care.asp>

Congregate Care Placements		
Q4/SFY19	Congregate Care Placements (4 th Quarter AVG)	Congregate Care Placements Rank (Out of 28)
	Target ≤ 16%	
Norfolk	4.9%	3
Chesapeake	9.9%	10
Hampton	2.5%	1
Newport News	6.7%	6
Portsmouth	6.8%	7
Suffolk	12.0%	13
Virginia Beach	12.2%	14
Fairfax (Northern)	10.8%	12
Richmond (Central)	25.4%	23

The majority of children in placement have been in foster care for a year or less. Only 15 children have been in foster care for five years or more. However, almost a quarter of children in Norfolk have been in care for two years or more (Figure 43).



Norfolk falls below the national standard by almost twenty percentage points in regard to whether children have 2 or fewer placements while in care for less than 12 months (68.03 percent). Aside from Suffolk municipality, Norfolk performs better than other neighboring municipalities in the Eastern region for children with 2 or fewer placements (Table 18). Norfolk also falls below the national standard by seven percentage points in regard to whether children have 2 or fewer placements while in care between 12 and 24 months (58.11 percent) (Table 19).

Table 18: Placement Stability Outcome 1 in August 2019

Placement Stability [Outcome 1]			
As of 8/2019	Children with 2 or Fewer Placements	In Care Less Than 12 Months	National Standard (86%)
Norfolk	100	147	68.03%
Chesapeake	11	20	55.00%
Hampton	17	48	35.42%
Newport News	48	89	53.93%
Portsmouth	6	12	50.00%

Placement Stability [Outcome 1]			
As of 8/2019	Children with 2 or Fewer Placements	In Care Less Than 12 Months	National Standard (86%)
Suffolk	9	13	69.23%
Virginia Beach	59	96	61.46%
Fairfax (Northern)	38	97	39.18%
Richmond (Central)	80	144	55.56%
Statewide	1751	2866	61.10%

Table 19: Placement Stability Outcome 2 in August 2019

Placement Stability [Outcome 2]			
As of 8/2019	Children With 2 or Fewer Placements	In Care 12 Months but Less Than 24 Months	National Standard (65.4%)
Norfolk	43	74	58.11%
Chesapeake	6	17	35.29%
Hampton	23	26	88.46%
Newport News	36	67	53.73%
Portsmouth	7	19	36.84%
Suffolk	7	11	63.64%
Virginia Beach	43	74	58.11%
Fairfax (Northern)	39	68	57.35%
Richmond (Central)	36	70	51.43%
Statewide	1336	2151	62.11%

The national standard for timeliness for adoptions within 24 months is 45.7 percent. However only one child in Norfolk's foster care system has been adopted within 24 months in 2019, a rate of 5.88 percent (Table 20). Norfolk is rated the lowest compared to all other neighboring municipalities in the Eastern Region that have had any adoptions in 2019 (Suffolk had no adoptions). Hampton municipality is rated the highest at 66.67 percent with 12 out of 18 adoptions being completed within 24 months in 2019.

Table 20: Timeliness of Adoptions Outcome 1 in August 2019

Timeliness of Adoptions [Outcome 1]			
As of 8/2019	All Adopted within 24 Months	All Adoptions	National Standard (45.7%)
Norfolk	1	17*	5.88%
Chesapeake	1	8	12.50%
Hampton	12	18	66.67%
Newport News	6	20	30.00%
Portsmouth	1	14	7.14%
Suffolk	0	0	0.00%
Virginia Beach	7	28	25.00%
Fairfax (Northern)	4	20	20.00%
Richmond (Central)	3	33	9.09%
Statewide	244	740	32.97%

* Norfolk adoption data was provided directly by DHSS staff while data from other municipalities is based on statewide local agency dashboard information

Adoption delays in Norfolk are in part due to delays in the termination of parental rights process that must occur prior to adoption. In some cases, the courts grant parents more time to make progress and work towards reunification. Termination of parental rights decisions are also often times appealed by the parents. The appeal process is lengthy as the case is then heard in front of different Judge in Circuit Court and may then also be taken to the Supreme Court before a decision is made.

Children in Norfolk DHS's foster care system exceeded the Median Stay for All Adopted Youth (27.3 months) by over 100 percent (56.8 months). The only neighboring municipality that was ranked more poorly is Chesapeake (61.1 months) Norfolk DHS meets the national standard of 22.7 percent for Children in Care 17+ Months and Not Reunified (22.86 percent) (Tables 21 and 22).

Table 21: Timeliness of Adoptions Outcome 2 in August 2019

Timeliness of Adoptions [Outcome 2]				
As of 8/2019	Median Stay for All Adopted Youth (27.3) Months	Discharged to Finalized Adoption	Children in Care 17+ Months and Not Reunified	National Standard (22.7%)
Norfolk	56.80492813	16	70	22.86%
Chesapeake	61.10882957	8	30	26.67%
Hampton	20.99383984	9	22	40.91%
Newport News	25.88911704	16	43	37.21%
Portsmouth	51.38398357	13	41	31.71%
Suffolk	0	0	1	0.00%
Virginia Beach	28.38603696	20	79	25.32%
Fairfax (Northern)	37.31	19	78	24.36%
Richmond (Central)	34.92402464	31	116	26.72%
Statewide	27.89	516	1838	28.07%

Table 22: Timeliness of Adoptions Outcome 3 in August 2019

Timeliness of Adoptions [Outcome 3]			
As of 8/2019	Became Legally Free Within 1st 6 Months	Children in Care 17+ Months and Not Reunified or Legally Free for Adoption	National Standard (10.9%)
Norfolk	6	37	16.22%
Chesapeake	3	16	18.75%
Hampton	2	6	33.33%
Newport News	4	24	16.67%
Portsmouth	3	15	20.00%
Suffolk	0	1	0.00%
Virginia Beach	2	35	5.71%
Fairfax (Northern)	9	32	28.13%
Richmond (Central)	0	61	0.00%
Statewide	118	836	14.11%

Table 23: Timeliness of Adoptions Outcome 4 in August 2019

Timeliness of Adoptions [Outcome 4]			
As of 8/2019	Adoptions Within 12 Months	Children Legally Free in 12 Months Prior to Year Shown	National Standard (53.7%)
Norfolk	0	4	0.00%
Chesapeake	0	4	0.00%
Hampton	0	16	0.00%
Newport News	2	14	14.29%
Portsmouth	0	4	0.00%
Suffolk	0	0	0.00%
Virginia Beach	1	20	5.00%
Fairfax (Northern)	4	27	14.81%
Richmond (Central)	1	23	4.35%
Statewide	118	717	16.46%

Transcription Usage

The statewide target for the new Transcription Usage System is greater than or equal to 85 percent. Norfolk DHS is ranked second compared to neighboring municipalities in the Eastern Region. However, at 25.9 percent, they fall below the statewide target by almost 60 percentage points (Table 24). The Transcription Usage System has only been implemented within the last year so while there is room for improvement Norfolk should continue promoting the use of the system while staff become acclimated to it.

Table 24: Transcription Usage, SFY 2019 Fourth Quarter

Transcription Usage		
Q4/SFY19	Transcription Usage	Transcription Usage Rank (Out of 28)
Target ≥ 85%		
Norfolk	25.9%	4
Chesapeake	21.7%	7
Hampton	6.1%	21
Newport News	11.3%	16
Portsmouth	12.7%	18
Richmond	11.9%	15
Suffolk	32.0%	2
Virginia Beach	10.9%	17

Foster Parents

PCG administered a survey to Norfolk DHS foster parents and received a total of 43 responses. The majority of those surveyed have been foster parents for less than four years (79 percent). Only 5 percent of those surveyed have been foster parents for 7 to 10 years (Figure 44). 33 percent of foster parents who were surveyed noted that they currently have zero foster children in their care (Figure 45). Another 45 percent of respondents had either one (n=11) or two (n=13) children in their home.

Figure 44: Years as a Foster Parent

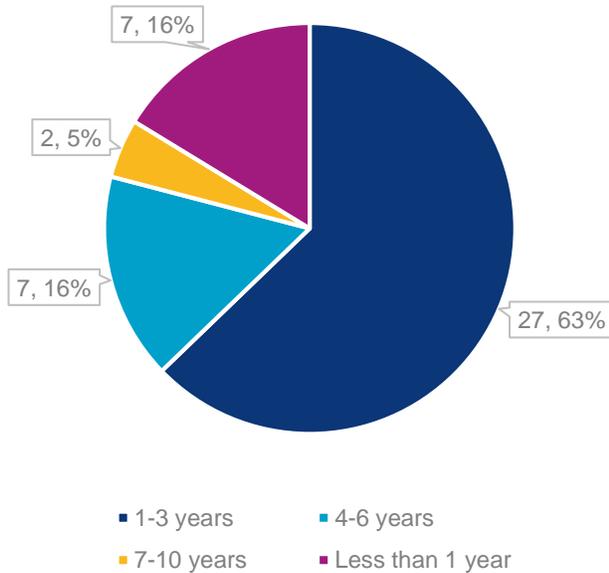
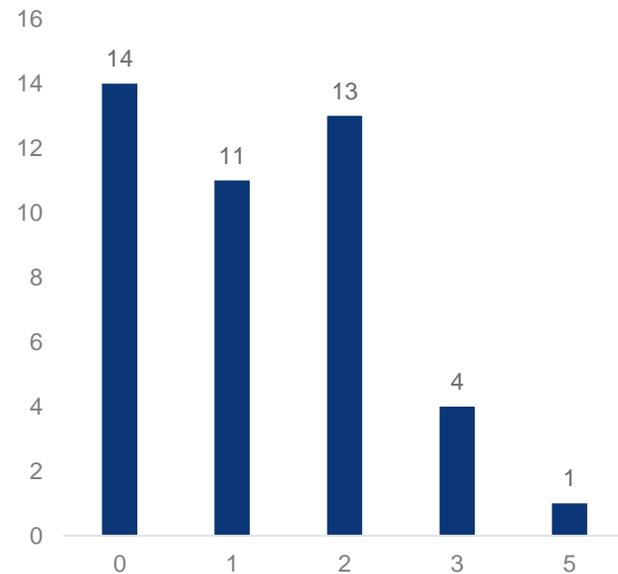


Figure 45: Number of Foster Children in Home



Norfolk DHS reports that they do attempt to utilize their approved foster homes first, for every child that is placed. They only look to place a child with an outside foster care agency home when they do not have a NDHS home that is a good match or will agree to take the child. The 33 percent of Norfolk DHS foster parents that do not have children placed in their home may only accept a certain age range of children or children that need respite care. A "Resource Team" that consists of 5 full time staff is utilized to compare the number of approved Norfolk DHS foster homes vs neighboring localities.

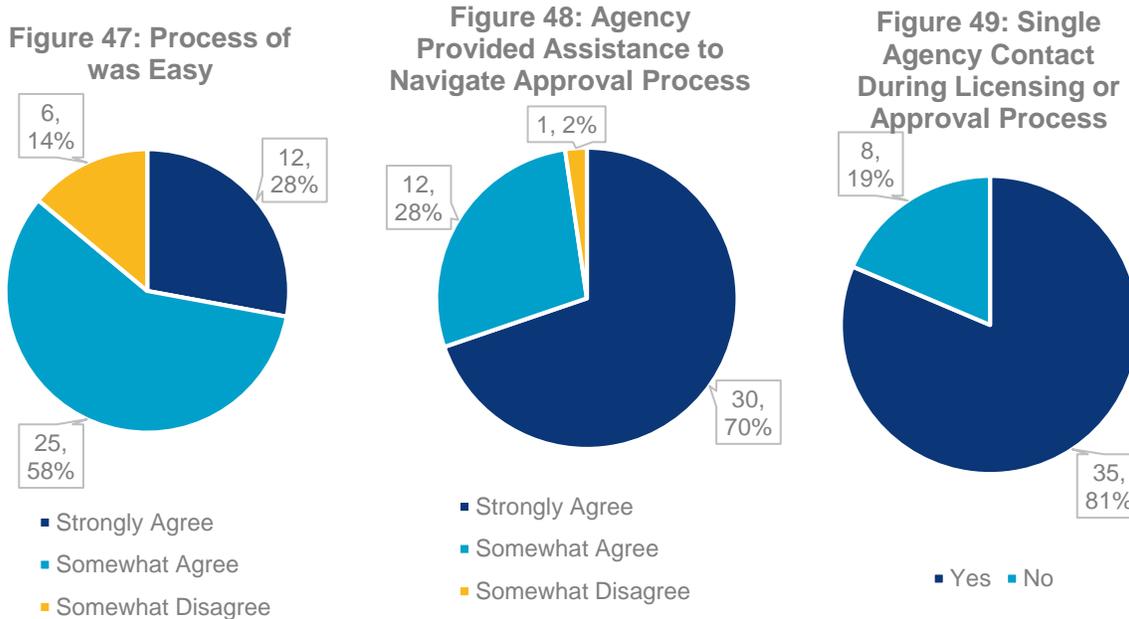
All foster parent survey respondents were Licensed Foster Parents (100 percent). 26 percent of respondents were approved Adoptive Parents. Another 23 percent were approved Pre-Adoptive Foster Parents. Only one respondent (2 percent) was an approved Legal Guardian or Licensed Therapeutic Foster Parent. (Table 25). More than half of the foster parents who were surveyed were solely Licensed Foster Parents (n=28, 65 percent). One respondent was licensed or approved to be a Licensed Foster Parent, Legal Guardian, Pre-Adoptive Foster Parent and an Adoptive Parent.

Table 25: Number and Percentage Survey Respondents by Type of Foster Parent Licensing Homes		
Type of Foster Home	Number of Survey Participants	Overall Percentage
Licensed Foster Parent	43	100%
Pre-Adoptive Foster Home	10	23%

Adoptive Parent	11	26%
Licensed Therapeutic Foster Parent	1	2%
Legal Guardian	1	2%

In terms of licensing foster parents, Norfolk DHS staff reported that there has been some delay recently in getting background checks completed. This has been due to a change in foster parents needing to go to a fingerprint office, that requires an appointment, rather than being able to come to DHS at anytime to complete their fingerprints for the required FBI clearance. In terms of training and communication with foster parents, Norfolk DHS utilizes a bimonthly newsletter that is sent to all foster parents to keep them informed. There is also regular emails sent about training opportunities, and the foster family events held throughout the year to support foster families, etc. Additionally, the PRIDE training curriculum is utilized in Norfolk.

86 percent of foster parents who were surveyed agreed that the process of becoming licensed or approved as a foster care parent was easy. The other 14 percent somewhat disagreed that the process was easy (Figure 47). The majority of survey respondents strongly agreed that the Norfolk DHS Agency provided them with assistance to navigate the licensing or approval process. Only two percent of respondents somewhat disagree that the agency provided them with assistance (Figure 48). Most foster parent survey respondents noted that they had a single agency contact during the licensing or approval process (81 percent); the other 19 percent noted having more than one point of contact (Figure 49).



90 percent of foster parent survey respondents agreed that questions about the process were answered in a timely manner. However, 10 percent of respondents did not believe that questions were answered in a timely manner, with 2 respondents strongly disagreeing (Figure 50). Almost all foster parent survey respondents agree that the amount of time it took them to complete the licensing or approval process was about what they expected it to be (88 percent). However, five respondents (12 percent) did state that they felt the approval process took too long (Figure 51). Almost all survey respondents (86 percent) also agreed they did not experience barriers and challenges in regard to the approval or licensing process. Six foster parents who were surveyed noted they experienced challenges with the approval process (Figure 52).

Figure 50: Questions about Process were Answered in a Timely Manner

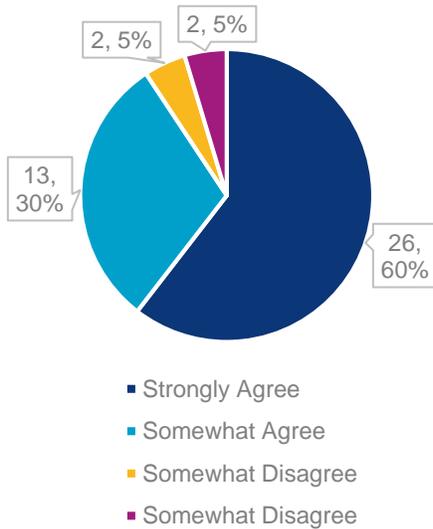


Figure 51: Time it Took to Complete Licensing Process

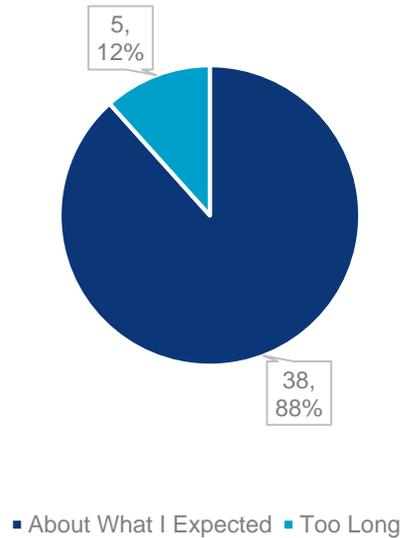
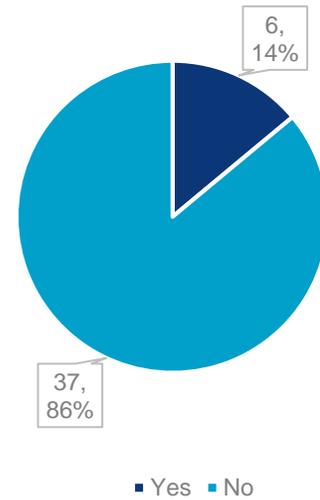


Figure 52: Barriers and Challenges to Approval Process



Foster parents who were surveyed stated that barriers and challenges to the licensing or approval process are:

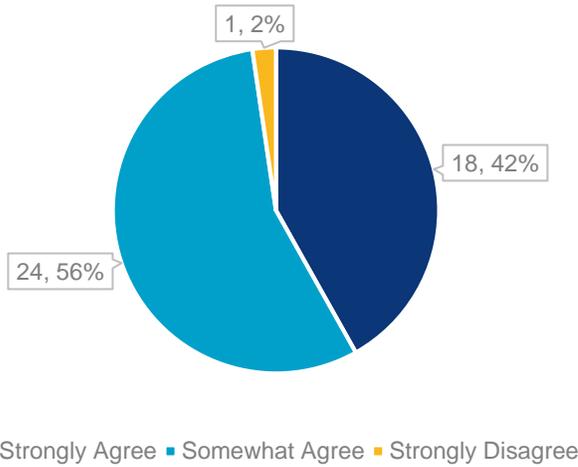
- Not enough available resource workers to complete the initial home study,
- Lengthy background check process, and
 - Transferring information from the one foster agency to another.

“There needs to be more marketing to bring in new foster parents. If you don't know another foster parent, many people don't know where to start.” – *Survey Respondent*

Foster parents surveyed offered the following suggestions for improving the licensing or approval process for kinship caregivers, foster parents, guardians or adoptive parents:

- Agency should better communicate with foster parents,
- Agency should hire more staff,
- Agency should create an online form system,
- Agency should create networks for foster parents to communicate with one another,
- Agency should provide better clarification of laws and policies,
- Agency should improve the background check process,
- Agency should provide more training availability, and
- Agency should provide more effective training.

Figure 53: Training Schedule was Convenient



All except one of the foster parents who were surveyed felt the training schedule for becoming a foster parent was convenient (Figure 53). 42 percent strongly agreed that scheduling was convenient, and 56 percent somewhat agreed. Half of the foster care parents who were surveyed somewhat agreed that their initial training prepared them to welcome a foster child into their home. However, 16 percent disagreed that training prepared them to welcome a foster child into their home, with four respondents strongly disagreeing (Figure 54). 42 percent of foster parent survey respondents strongly agreed that their initial training prepared them to work with the Norfolk DHS Agency. However, 12 percent strongly disagreed that training prepared them to work with the agency (Figure 55).

Figure 54: Initial Training Prepared Them to Welcome Foster Child into Home

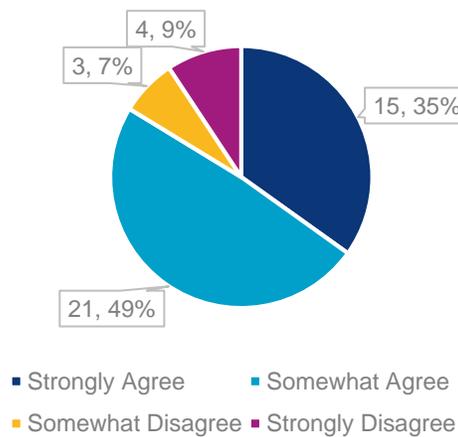
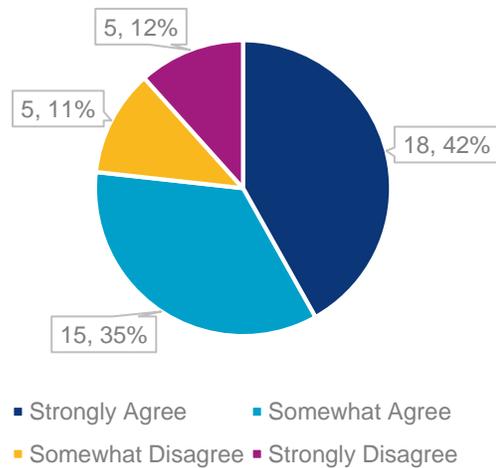


Figure 55: Initial Training Prepared Them to Work with Agency



Over half the foster parent survey respondents either somewhat disagreed (37 percent) or strongly disagreed (21 percent) that their initial training prepared them to work with the court system. Nonetheless, 16 percent of respondents did strongly believe that their training prepared them to work with the court system and another 26 percent somewhat agreed (Figure 56). 26 percent strongly agreed that training prepared them to work with birth parents and another 39 percent somewhat agreed. Yet, 35 percent of foster parent survey respondents felt initial training did not prepare them to work with foster children’s birth parents (Figure 57).

Figure 56: Initial Training Prepared Them to Work with Court System

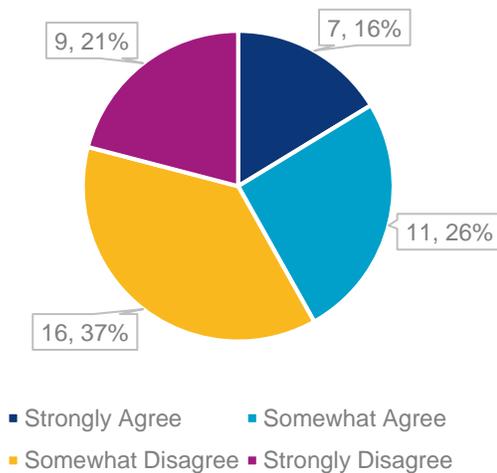
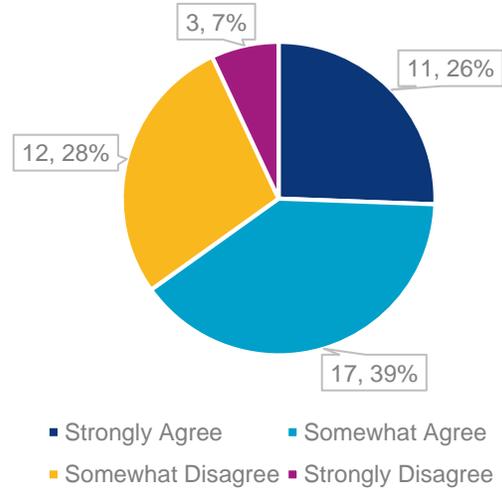


Figure 57: Initial Training Prepared Them to Work with Birth Family



All but two foster parent survey respondents (95 percent) stated that the Norfolk DHS agency offered opportunities for ongoing training (Figure 58). Foster parents either strongly agreed (56 percent) or somewhat agreed (37 percent) that the additional ongoing training provided is useful. However, three respondents either somewhat disagreed (n=2) or strongly disagreed (n=1) that the ongoing trainings are useful (Figure 59).

Figure 58: Offered Opportunities for Ongoing Training

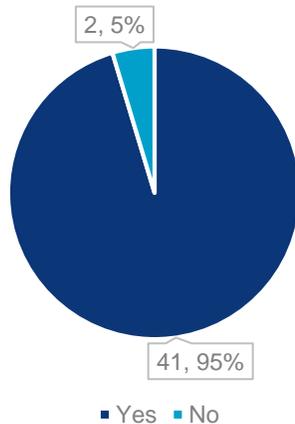
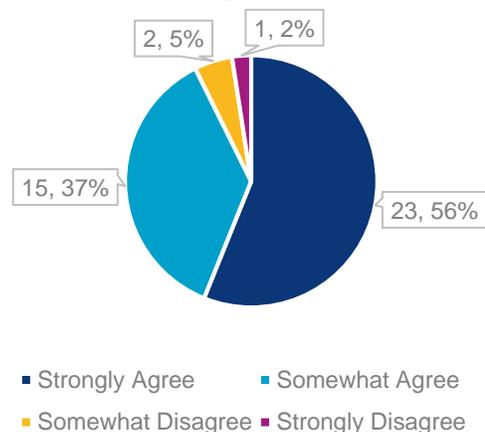


Figure 59: Additional Ongoing Training are Useful



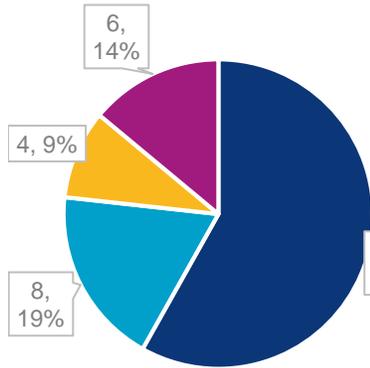
Foster parent survey respondents stated that they would like to see more of the following topics covered in future training:

- Legality of the foster care to adoption process
- Navigating the court system
- Car Seat Training
- Trauma Informed Parenting to recognize behavioral health issues
- Caring for special needs children
- How to address challenges with birth families
- Best practices for receiving services for foster children
- Secondary trauma
- Emotional Support for when children leave
- How to best care for a neglected child
- Managing finances

“I’ve mostly sought my own training including attending a conference held locally on trauma and attachment. More coverage on specific policies and procedures to expect in the fostering process (e.g., who can access childcare stipends, how court works and who should attend, the role of CASAs and how to access them). In the training, foster parents were loosely framed as part of the “partnership”, but this directly contradicted the experience we’ve had - so better training on the role of foster parents and particularly what opportunities they may have to build a connection with the birth family and how to best support them. More attention could also be given to the placement process (how calls are made, what information is given, and what kinds of questions foster parents need to be ready to ask to help determine if the placement is the right fit) - I am aware of foster parents being placed with a child that they were not equipped to parent and care for, and in at least some of them, DHS had knowledge about the child’s history that was not shared up front in a transparent manner. “– *Survey Respondent*

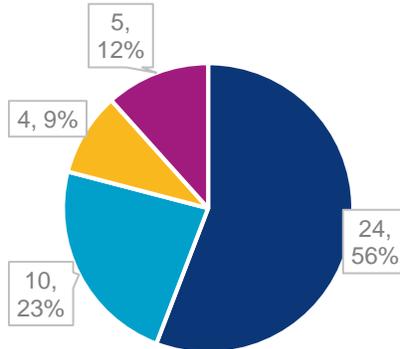
More than half of foster parent survey respondents strongly agreed that they felt valued by the Norfolk DHS agency (Figure 60). However, 23 percent either somewhat disagreed (9 percent) or strongly disagreed (14 percent). 79 percent of foster parents agreed that they felt supported by the agency, but 9 percent somewhat disagreed, and another 12 percent strongly disagreed (Figure 61). 79 percent of foster parents strongly agreed that they knew who to contact at the agency when they had questions (Figure 62).

Figure 60: Foster Parent Feels Valued by Agency



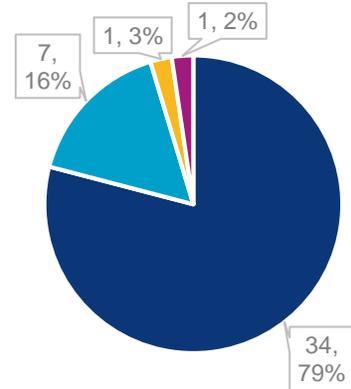
- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

Figure 61: Foster Parent Feels Supported by Agency



- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

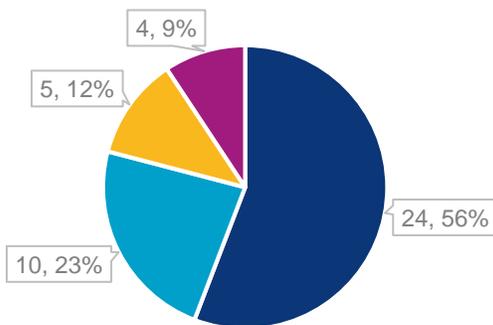
Figure 62: Knows Who To Contact When They Have Questions



- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

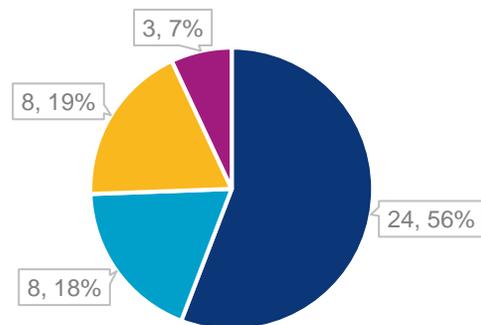
Over half of the foster parent surveyed strongly agreed that Norfolk DHS agency staff responded to their correspondence in a timely manner. However, five respondents somewhat agreed and another four strongly disagreed (Figure 63). Over half of the foster parents surveyed (56 percent) also agreed that the agency staff listens to their concerns and suggests resources and strategies for them. However, 19 percent somewhat disagreed, and 7 percent strongly disagreed that agency staff listened to their concerns (Figure 64).

Figure 63: Agency Staff Responds to Correspondence in a Timely Manner



- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

Figure 64: Agency Staff Listen to Concerns and Suggest Resources and Strategies



- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

Of foster parents who completed the survey, 72 percent felt their input was used in case planning, 70 percent agree they were invited to case related meetings, and 70 percent agreed that they received timely updates from the agency about case progression (Figure 65). Additionally, 77 percent agreed that they received timely notifications about court hearings and 74 percent said they were invited to participate in court hearings (Figure 66).

Figure 65: Foster Parents Input in Case Management

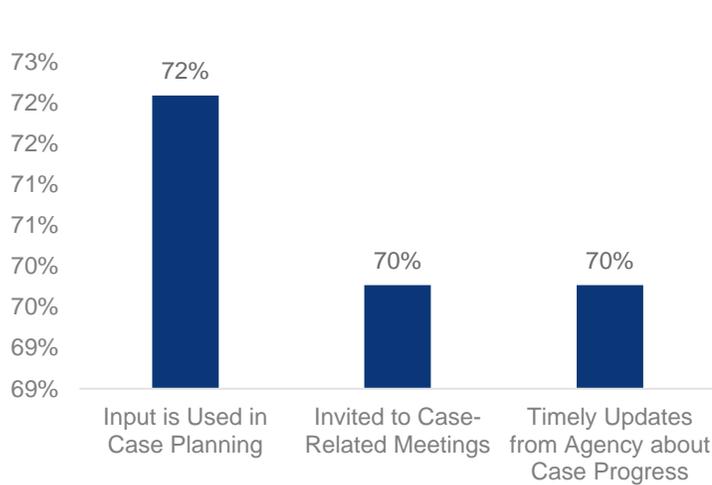
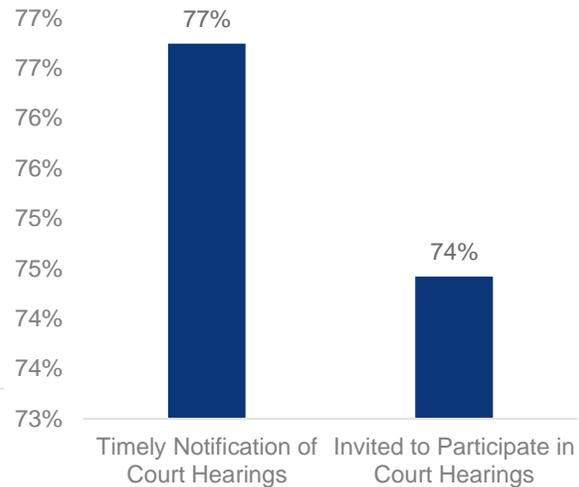
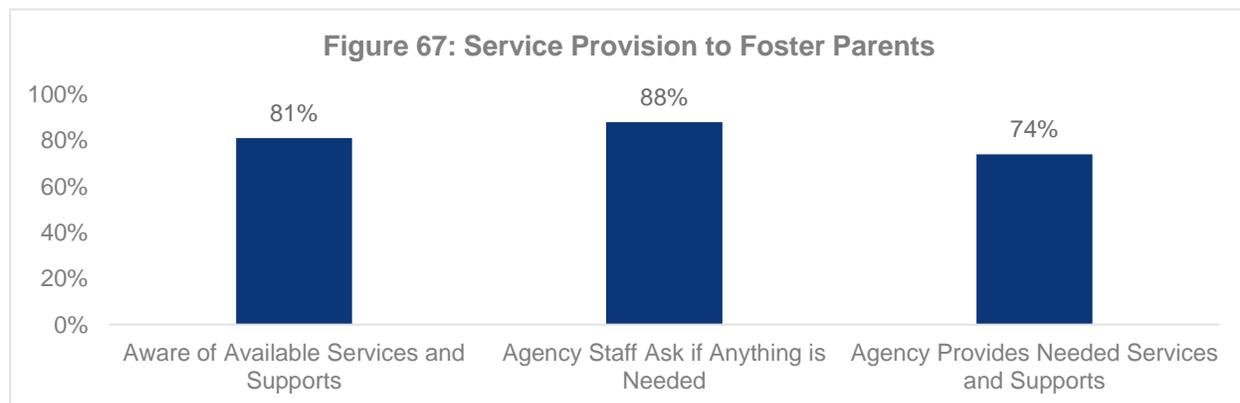


Figure 66: Foster Parents Involvement in Court Proceedings



Most foster parents (81 percent) agreed that they are aware of services and supports available to them and even more (88 percent) agreed that agency staff ask them if anything is needed, but less than three-quarters (74 percent) of the foster parents that responded to the survey agreed that the agency provides needed services and supports (Figure 67). Across groups, the most common services reported being provided to foster parents were services provided to foster children (especially early intervention and therapy services), financial support (including VEMAT assessment), guidance and emotional support for foster parents, training, daycare/childcare, transportation services, and respite.

Figure 67: Service Provision to Foster Parents



The most common reported service/support needed is connection to other foster parents whether it is a directory, an association, or networking events. Only 19 percent of the foster parents responding to the survey reported being linked with a foster/adoptive parent support group with 75 percent of them reporting the support group has helped them to be a better guardian, adoptive, and/or foster parent (Figure 68). Almost two-thirds (68 percent) of foster parents who are not linked to a support group said they think a support group would be helpful to them (Figure 69).

Figure 68: Currently Linked with a Support Group

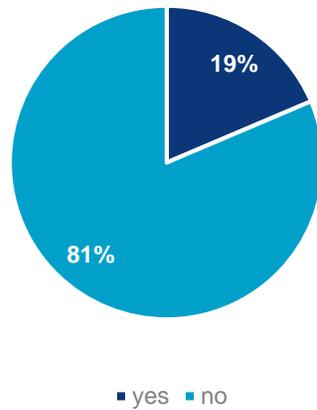
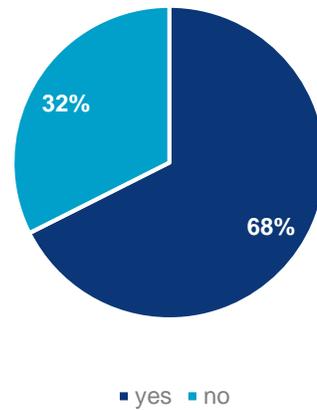


Figure 69: Support Group would be Helpful

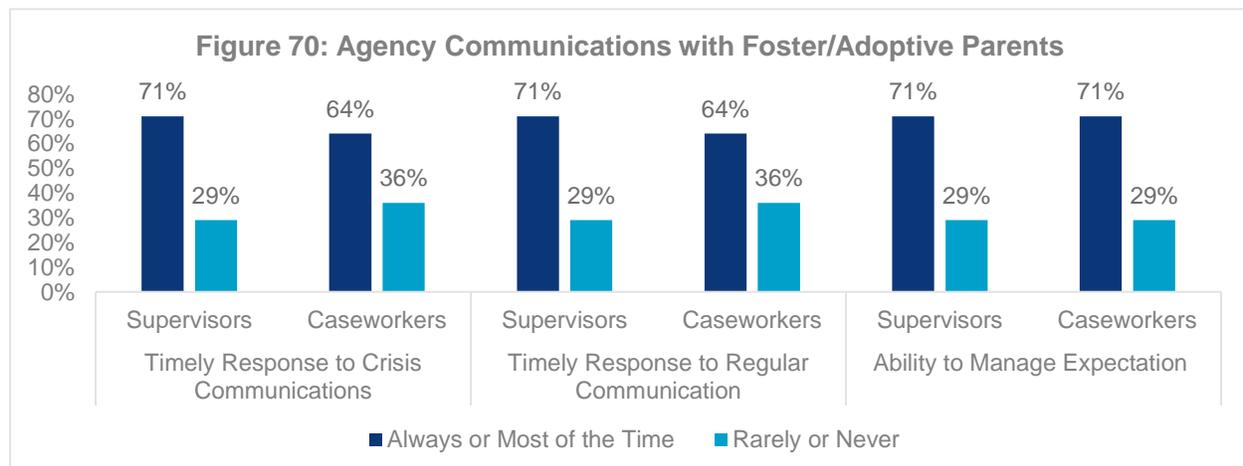


Barriers to providing services to foster parents were commonly identified by FSWs and their supervisors. The first was service availability, not only for services such as therapy, but also open foster care beds to provide respite to foster parents. The second was timeliness in starting services due to a lengthy approval process. There are internal delays including pending approvals and vendor availability or capacity. There is also a shortage of psychiatrists and psychologists, and long delays in getting appointments with them. NDHS staff are able to access emergency services immediately, however. Other barriers mentioned were insurance issues and inadequate documentation for the VEMAT.

Supervisors and FSWs reported being able to respond timely to communications (phone calls, texts, and/or emails) from foster/adoptive parents (Figure 70). This was true for both crisis and non-emergency communications. Additionally, both supervisors and FSWs reported being able to manage foster/adoptive parent expectations most of the time or always. There is room for improvement since a quarter to a third of the agency staff reported being unable to respond to foster/adoptive communications timely. FSW's who were surveyed stated that the greatest challenges and/or barriers in providing services to foster parents are:

- Lack of funding,
- Lack of service providers, and
- Approval process for services.

Figure 70: Agency Communications with Foster/Adoptive Parents



71 percent of FSW's who were surveyed agree that they can either always (28 percent) manage foster/adoptive parent's expectations or can at least most of the time (43 percent). However, another 29 percent felt they could never manage the expectations of foster/adoptive parents (Figure 71). While 28 percent of FSW's surveyed felt they could always respond to a crisis from a foster parent and another 36 percent stated that they can most of the time, one respondent claimed they rarely could and another four said they never could (Figure 72). 74 percent of FSW's agreed that they had the ability to respond to non-emergencies from foster parents in a timely manner, but five respondents felt they never could (Figure 73).

Figure 71: FSW Ability to Manage Foster/Adoptive Parent Expectation

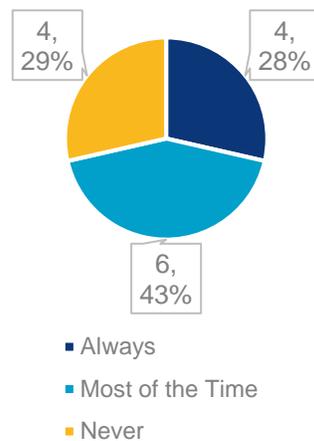


Figure 72: FSW Ability to Respond to Crisis from Foster Parents in a Timely Manner

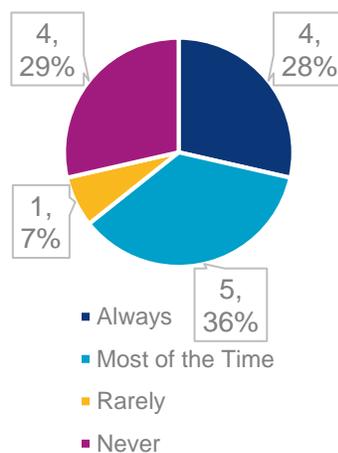
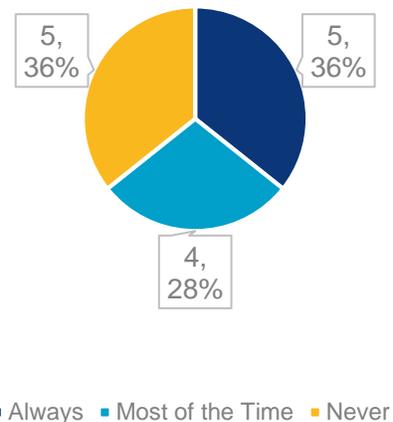


Figure 73: FSW Ability to Respond to Non-Emergencies from Foster Parents in a Timely Manner



Children entering care are matched to foster homes that can meet all their needs. Needs include children's educational, medical, and developmental needs as well as their cultural, linguistic, and religious needs. About half (52 percent) of the FSWs and supervisors reported that children are appropriately matched to foster families. Agency staff (n=8) most often (75 percent) suggested that matching would be improved by increasing public awareness of the need for foster homes to develop a larger pool of foster families, with some also suggesting tailored recruitment efforts to better match children with appropriate foster families. Over half of the FSW's who were surveyed (57 percent) agreed that children are appropriately matched with foster families. Other FSW's surveyed suggested the following could improve child matching:

- Less favoritism of foster parents,
- More qualified homes,
- More African American homes and allowing the children to participate in the selection process,
- More foster homes, and
- More foster parents.

In addition to improving matching, agency staff (n=14) offered suggestions to increase foster parent retention. These include being consistent in communication, training to deal with behavioral issues and biological families, a support group, and an annual appreciation event.

Other issues noted were timelines, FSW turnover, coordination with the court, and the lengthy process for approval and funding for services. Additional suggestions for improvement include prevention efforts, more service availability for biological and foster/adoptive families as well as children aging out of foster care, increasing collaboration across agencies and systems, and focusing on kinship care.

Foster Parent survey respondents noted the services that the Norfolk DHS Agency provided them with included:

- Early Intervention
- Infant and Toddler Care Resources
- Monthly and Quarterly Meetings
- Ongoing Training
- Guidance and Counseling
- Respite Care
- Services for Foster Children
- Specialized Case Management
- Adoption Process

“One of my placements is currently hospitalized they have been bed side with me, offered to provide meals to me and **CONSTANTLY** check on us! They are Amazing! (Hospitalized for 8 weeks now and they still check on me) “– *Survey Respondent*

Foster Care parents who were surveyed would like the following additional services and supports be provided for them:

- Scheduling appointments
- Online scheduling for visitation
- More timely service enrollment for foster children
- Foster Parent Support Group or Monthly Meetings
- Better open communication
- Biological Parent/Relative Placement meetings
- Better Ongoing Training opportunities

“I think it would be very beneficial if foster families had a private waiting area during birth family visitation. Some birth families resent the foster family, being thrown in the same waiting room with no worker is often very uncomfortable to us as the foster parent and to the child “– *Survey Respondent*

IV. RECOMMENDATIONS FOR IMPROVEMENT

Based on data analysis, quantitative and qualitative research, input from various stakeholders, and review of national best practices and trends, PCG offers the following recommendations.

A. DEVELOP A COMPREHENSIVE AND CONSISTENT TRAINING AND ONBOARDING PLAN

As previously mentioned, FSWs described differences in the training procedures during the focus groups as well as in the online survey responses. Some FSWs, within the CPS division, discussed having a more experienced worker that served as their mentor during the onboarding process; however, not all workers were assigned a mentor. Additionally, the timing of when training is offered and completed varies from worker to worker. Although the state offers required training for FSWs, Norfolk DHS should consistently supplement this training to best prepare new staff.

“Hands on training is the best training.” – *Focus Group Participant*

PCG recommends DHS develop an internal team to assess the current onboarding process and develop a comprehensive model over a one-year period to support new staff. Once the plan is fully developed, the executive leadership team should assess resources available to implement the plan. Additional resources or creative solutions may be needed to fully implement onboarding for new staff. Onboarding new staff for up to one year is one of the most proactive strategies organizations can utilize to support and engage new

workers. Workers that feel adequately trained to fulfill their job duties also decreases turnover. To fully onboard new workers, supervisors, and managers, an onboarding curriculum should include:²⁹

- Phased training and orientation over 12 to 18 months,
- Group training specific to the organization,
- One-on-one training with a mentor or supervisor,
- Group supervision around social work practice,
- Low risk case assignment,
- Gradual caseload build-up,
- Field observation during home visits, court, and child and family team meetings by the supervisor, and
- Understanding of child welfare performance measures, the continuous quality improvement system, and how practice impacts outcomes.

PCG recommends that Norfolk DHS develop a training and onboarding team that consists of supervisors and staff. The team should combine the current training options that are available, including internal and external options, along with addressing any gaps in the training curriculum. All FSWs should receive consistent training made up of VDSS required trainings and internal mentoring from experienced staff. Once the onboarding and training team and plans are developed, the plan and contact information of responsible persons should be communicated to all staff, so they know where to go for onboarding and training information.

B. INCREASE SUPPORT TO FAMILY SERVICE WORKERS

A consistent theme that was heard in all focus groups and survey responses was that FSW's do not have enough time to spend with children and families. Below we have highlighted several recommendations to provide additional time for FSWs to spend with children and families.

1. Utilization of Administrative Support Staff

Support technician duties are to support the FSWs with a variety of tasks, including assistance with documentation, follow-up with families, coordination of meetings and visitation, transportation of clients as needed, and administrative duties such as filing and scanning documents. The administrative support team (AST) staff track children's placement changes, determine foster children's eligibility for funding, and manage and track funding streams for all foster children.

During focus groups, it was communicated that GALs, service providers and physicians may not always know the most current placement location of the child as the move is not always communicated by the FSW. For example, foster parents continue to receive calls from doctor's offices and GALs about children that left their home months earlier.

PCG recommends that the administrative staff assist with communication to parties when children move placements. Currently, when a child changes placement, the FSW calls the Kids Line to report the move. The AST staff take the Kids Line calls and update the child's placement location in the Online Automated Services Information System (OASIS). While the AST staff are updating this placement, PCG recommends they also prepare a letter that can be kept in a template format to be sent all parties to notify them of the placement change.

Furthermore, PCG recommends that administrative staff conduct diligent searches to locate parents, relatives or other potential permanency resources or connections for children who are receiving services from, or are in the custody of, DHS. Diligent searches are discussed further in Section F. Taking these

²⁹ https://casefamilypro-wpengine.netdna-ssl.com/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf

administrative burdens off the FSWs will allow them more time to meet with children and families and complete other required tasks.

PCG recommends that Norfolk DHS hire additional support staff to support FSWs. Currently Norfolk has four full time AST staff. In order to support FSW staff sufficiently, PCG recommends DHS conduct a time study to determine the amount of time FSWs spend on administrative duties that could be completed by AST staff. In similar studies conducted by PCG, support staff ranged from one worker per three or four FSWs.

2. FAPT Meeting Attendance

As part of the Children’s Services Act (CSA) in Virginia, the establishment of one or more Multidisciplinary Teams (MDT) or Family Assessment and Planning Teams (FAPT) is required.³⁰ In Norfolk, the FAPT meeting was developed. The FAPT is considered the standard for CSA MDTs. However, provision is made in the Code of Virginia for the establishment of alternative MDTs to serve in the FAPT role.³¹ As already discussed above, OCS policy 3.3 includes the use of Family Partnership Teams (FPT) as an approved alternative MDT, in addition to the development of a guidance document providing technical assistance to CPMTs and FAPTs on how FPT can be used. One of the State Executive Council (SEC) Family Engagement Policy tenets is to encourage CPMT policies to streamline redundant or duplicative processes across the involved child serving agencies.³² To allow for this, SEC permits for the approval of collaborative MDTs as a substitute.

PCG recommends consideration be given to the use of the FPM as the approved MDT in place of the FAPT for the purpose of service planning. This would eliminate redundancies, decrease the use of resources, and decrease frustration caused to families, providers and staff from the duplication in processes. Updates to policy would need to be made outlining the inclusion of the various agencies represented on FAPT.

All children and families for whom CSA funded services are requested, other than foster care maintenance, day care payments and private day school placements participate in FAPT meetings at regular intervals based on the needs of the child and family.”

C. BUILD TRUST BETWEEN LEADERSHIP, STAFF, AND STAKEHOLDERS

Additional strategies to build upon the trust that current leadership has and is developing are needed in order to grow trust between leadership and the workforce. There are several leadership behaviors that are specific to building trust in organizations that have a neuroscientific foundation.³³ Celebrating successes, offering staff opportunities to use their strengths, encouraging teamwork through addressing challenges impacting practice, giving workers as much discretion to do their work as mandate/policy allows, communicating consistently and transparently, intentionally building relationships, caring about the work-life balance and whole person growth, and showing vulnerability are the eight building blocks of trust. There are trainings and workshops around neuro-leadership that can be tailored to the executive team and supervisory team needs in this area. Further, the workforce and stakeholders have noted some behaviors they recommend from leadership.

- Engage staff and obtain their feedback in practice, policy, and other decision impacting the work
- Be physically present with staff consistently

³⁰ <https://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5207/>

³¹ https://www.csa.virginia.gov/content/doc/CSA_User_Guide_2018_Update.pdf

³² https://www.csa.virginia.gov/content/doc/Guidance_for_CPMTs_on_Family_Engagement.pdf

³³ <https://hbr.org/2017/01/the-neuroscience-of-trust>

- Follow through when implementation of initiatives has begun
- Build a trauma – informed organization that has embedded supports to the workforce
- Consistently communicate with partners such as attorneys, GALs, providers and foster parents

D. INCREASE PAY TO ALIGN WITH OTHER LOCAL AGENCIES

Staff salaries were one of the factors DHS staff believe contributes to turnover and one of the major challenges in filling vacancies. Lower pay than peer cities and lack of opportunities for career advancement with a progression system were also noted. To support the attraction and retention of high-quality staff, DHS should strongly consider increasing entry level pay to more closely align with the City's most closely competing for candidates. In addition, the development of a progression system that provides for experience and performance-based increases should also be considered. A progression system would consist of levels that allow for increases with educational attainment, years of experience and other training and professional development competencies. Table 26 represents an example of hiring and promotion levels for consideration to can be adapted to fit the needs of DHS.

Table 26: Example Child Welfare FSW Hiring and Promotion Levels

Levels	Experience & Education	Training & Competency Demonstration	Assumptions & Considerations
Trainee	<ul style="list-style-type: none"> • A Bachelor's in Social Work, Behavioral Science, or Social Science • No experience to one-year experience in related field • Prefer child welfare experience • BSW or MSW preferred 	<ul style="list-style-type: none"> • Completion of initial 6-week basic training course, moves person to Level 1 • Completion of onboarding plan • Demonstrated understanding of the ten competencies in the Competency Based Interview. • Supervisory field visit skills and competency evaluation developed from the ten competencies 	<p>The level descriptions assume that workers are hired with the basic education and no experience within child welfare. However, if an applicant is hired with the education and experience outlined in each level, their beginning salary would be within that specific level.</p> <p>Productivity and quality standards for performance could be a consideration for advancing to the next salary level. Example measures include:</p> <ul style="list-style-type: none"> • Timeliness of assessments • Productivity compared to other new workers • Number of visits with children and parents • Number of foster home visits • Quality of documentation based on specific criteria • Brown County practice model competencies <p>Attainment of a Master's Degree in Social Work, Behavioral Science or Social Science could also be a consideration for</p>
Level I	<ul style="list-style-type: none"> • A Bachelor's in Social Work, Behavioral Science, or Social Science • BSW or MSW preferred • Six months to one year's experience in related field • Prefer child welfare experience 	<ul style="list-style-type: none"> • Completion of all required training for year one, moves person to Level 2 • Demonstrated understanding of the ten competencies in the Competency Based Interview. • Supervisory field visit skills and competency evaluation 	
Level II	<ul style="list-style-type: none"> • A Bachelor's in Social Work, Behavioral Science, or Social Science • Master's degree preferred • Minimum of two years of experience in child welfare 	<ul style="list-style-type: none"> • Completion of specialized forensic and specialized training, moves person to Level 3 • Supervisory field visit skills and competency evaluation 	
Level III	<ul style="list-style-type: none"> • A Bachelor's in Social Work, Behavioral Science, of Social Science • Minimum of three or more years of experience in child welfare 	<ul style="list-style-type: none"> • Completion of advanced level training both provided by Brown County and by other organizations specific to child welfare 	

Levels	Experience & Education	Training & Competency Demonstration	Assumptions & Considerations
	or <ul style="list-style-type: none"> Master's degree in Social Work, Behavioral Science, or Social Science with minimum of two years' experience in child welfare 	<ul style="list-style-type: none"> Supervisory field visit skills and competency evaluation 	advancing to the next salary level.

DHS should also consider a standard increase above the base pay (e.g., 5 percent for BSW and 10 percent for MSW) for staff that obtain social work degrees. When looking at salaries, DHS should also examine supervisory and management pay in relation to front-line positions and establish base rates and ranges, along with periodic merit-based increases.

E. DECREASE NUMBER OF CASE TRANSFERS

Children and families that are involved with DHS typically experience working with numerous FSWs during their involvement with the agency. For example, a case may begin in the CPS intake unit once a referral is received. The case may then be transferred to the CPS ongoing unit and then if the child enters foster care, the case is subsequently transferred to the foster care intake department for 60 days. After the case is with the foster care intake unit, the case is then transferred to the foster care reunification unit. If reunification is unsuccessful, the case is then transferred yet again to the adoption unit. FSWs expressed during focus groups and in the online surveys that, due to the high volume of foster care intakes recently, intake cases are being distributed to other units at times. This practice seems to have decreased the amount of case transfers more recently.

Additionally, staff discussed that a single family may have more than one FSW assigned to their case. For example, if some children in the family enter foster care and some do not, the family may have a CPS and Foster Care FSW assigned to their case simultaneously. Both FSWs are then required to meet with the family, prepare case plans, attend meetings, etc.

"If I try to call the social worker and get an update on our client, I can't call the social worker because half of the time I don't know who they are because they're constantly changing."
- Focus Group Participant

All of this takes time and sets in motion the opportunity for reconsideration and redirection of the focus and process taken by the prior worker. This can affect the timeliness and appropriateness of safety and permanency decision making, especially when workers are already burdened with high caseloads.³⁴ This is complicated even further if/when there is a court hearing scheduled, where major decisions are often made regarding reunification, permanency, or sanctions. Every time a case is transferred to a different worker, there will be a period of transition that may prolong the agency's involvement with the family and create additional barriers and issues that will have to be addressed. This time is significant in the life of a child.

Case transfers also disrupt the trust that may have been developed with a child or family. Child welfare workers need to be experts at obtaining delicate and personal information about families and individuals in the challenging and emotionally charged environment where there has been an allegation of abuse and neglect. This requires developing and maintaining a trusting relationship

³⁴ General Accounting Office. (2003). Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. GAO-03-357. Washington, DC: Author.

between the worker and the child and family. Developing that trust relationship requires specialized training, skills, and experience and takes time even in the best of circumstances, particularly with individuals who view the child protection system with suspicion.

A study in Ontario, Canada, found that parents who were more engaged in child welfare services were also more likely to report their parenting had changed as a result of involvement with the agency and that the change was positive. When asked if their social worker had influenced the change, the strongest reasons given by parents were that they trusted their worker, their worker was knowledgeable, and they trusted their worker's opinion.³⁵

When a case is transferred, a new worker is required to review all of the work that has been done by the prior worker(s) across all of the different systems involved in the case. This includes a review of notes, actions, medical records, educational records, counseling records, court records, and reports of every kind.

PCG recommends that DHS monitor and limit the number of case transfers that occur as well as only assign one FSW to each case. To limit case transfers, DHS should explore decreasing the number of units in each division. For example, when a case is in the foster care division, the same FSW should remain with the child and family rather than an intake worker only being assigned for the first 60 days and then transitioning to another worker. Continuity of case management care has been shown to be an important factor for positive child and family outcomes within the child protection system.

F. IMPROVE COURT PROCESSES

1. Court Hearing Continuances

Multiple parties reported that hearings are continued too frequently, which results in cases taking longer and increases the potential of children lingering in foster care. According to the National Council for Juvenile and Family Court Judges (NCJFCJ), a strict no-continuance policy is recommended to ensure court control and compliance with timelines; exceptions should occur only in the most extraordinary circumstances.³⁶ It is important to avoid continuances to respect the time of litigants and all parties involved in a court case.

Parties reported several reasons why continuances occur:

- Hearings are only held on Wednesdays and Fridays and it is difficult to get all parties schedules to align on those two days,
- Objections raised at the PRO hearing, which can be done by anyone,
- When a parent also has a criminal case pending, they are often advised to ask to continue their DHS case so that it doesn't impact the criminal case,
- There are issues and delays with obtaining medical records, and
- There is a service backlog with court ordered parenting capacity evaluations and treatment.

When court proceedings are continued, children in foster care spend extended periods of time, even years, of their childhood waiting for court decisions to be made concerning their future. Timely court hearings also benefit parents. Parents must be given early opportunities to access competent legal representation,

³⁵ Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., & Ismalia, A. (2012). Looking at engagement and outcome from the perspectives of child protection workers and parents, *Children and Youth Services Review*, 34(1), 112-118.

³⁶ NCJFCJ. Enhanced Resource Guidelines.

<https://www.ncjfcj.org/sites/default/files/%20NCJFCJ%20Enhanced%20Resource%20Guidelines%2005-2016.pdf>

understand their rights and the legal situation they are in, hear from a judge about their case, obtain referrals for services, and be fully engaged in agency and court processes so that reunification is a viable goal and outcome.³⁷

2. Court Hearing Scheduling

The court is currently utilizing all-day docket scheduling where cases are heard at any time during the course of a day, without a set scheduled time period for each case. When parties do not know when their case may be called or heard, issues that delay or even preclude their appearance arise for parties involved, including attorneys, FSWs, and families. Therefore, on days that FSWs have court, they often spend the majority of their day waiting for their case to be heard. During this time, they are unable to complete any other work, which significantly impacts services, referrals, and visits to family and children.

Another factor that increases wait times for FSWs at court is docket management. The judge may call a case only to find that all parties are not available and then not hold the case until all parties are present. This may happen if a parent's attorney is working in another courtroom or meeting with a client outside of the courtroom, for example. If there is a party who is not in the courtroom when their hearing is called because they are not aware of when their case will be heard, the case will be pushed back on the docket, leading to more waiting and potentially a continuance.

These factors affect families and other parties, such as parents' attorneys, GALs and Court Appointed Special Advocates volunteers (CASAs), who also spend a significant amount of time in court waiting for their case to be heard. This is time that caregivers could be working or completing services that are required to regain custody of their child.

PCG recommends that hearings be scheduled at specific times throughout the day to allow for everyone involved to be able to manage their time effectively and be as productive as possible (such as a hearing set every 30 minutes). DHS and the courts should determine, on average, how long each type of hearing takes and schedule hearings in a staggered fashion based on these timeframes. Additionally, scheduling hearings on other days in addition to Wednesdays and Fridays should be explored (perhaps for specific types of cases such as preliminary child protective or dispositional hearings). Stakeholders reported that it is very difficult to have all parties' schedules align when hearings are only scheduled two days a week.

3. Referrals to Services

Engaging in and successfully completing services is a crucial aspect for parents as they attempt to either retain or regain custody of their child(ren). When timely provision of services is not achieved, court mandated involvement in a case can extend the duration of each case.

Agency staff and court personnel report that waiting for court ordered parenting capacity evaluations to be completed delays the process considerably. Hearings are continued if the evaluation or associated report with recommendations are not completed or been made available to all parties. Staff report a shortage in the number of reliable service providers that can complete parenting evaluations and difficulty in scheduling the evaluations. Once the evaluation is scheduled and completed, it takes time to complete the report as the reports are often very detailed. While some parents need a comprehensive parenting evaluation, all parents do not. When families are unnecessarily ordered to complete parenting evaluations, it increases the wait time for those families that need the parenting evaluation and delays the permanency process.

“We don't have a lot of providers who can do parenting capacity evaluations. We only have a couple of agencies or individuals, and if you look at the number of cases we have, it's just taking a really long time.” -Focus Group Participant

³⁷ NCJFCJ. Enhanced Resource Guidelines.

<https://www.ncjfcj.org/sites/default/files/%20NCJFCJ%20Enhanced%20Resource%20Guidelines%2005-2016.pdf>

PCG recommends that the practice of referring the majority of parents to parenting evaluations is reconsidered. If parents do need to be referred to a parenting evaluation, the services providers should supply the courts with dates of availability. The Judge should then order the parent to go to the evaluation at that time. Finally, the service provider should be required to complete their report in a certain amount of time after the evaluation is complete.

4. Adherence to Statutory Timeframes

The Virginia legislature has, like almost every other legislative body, adopted standards regarding court scheduling for specific hearings regarding abuse and neglect cases. The standards are referred to in Virginia Sec 16.1-251 for hearings such as Preliminary Protective Order hearings, adjudication hearings, and disposition hearings. For some of those hearings the statute indicates that the "... Court shall schedule an adjudicatory hearing to be held within 30 days..." These date schedules are specifically set to address the urgency of the issues regarding children who are removed from their families and are currently within the jurisdiction of the agency and the court.

The scheduled time frames have been established by the Virginia legislature in recognition of the trauma suffered by children, parents, and other family members when removal from the home has occurred. This trauma is multiplied the longer the children are out of the home and the case does not demonstrate the sense of urgency set out by the spirit and intent of the statutory time frames. Specifically, the statute uses the word "shall" to reinforce that sense of urgency. Continuances tend to undermine the spirit and intent of the legislature, but more importantly, increase and enhance trauma and harm to both the children and the families.

All parties in an abuse and neglect case should understand and respect the spirit and intent of the statutory time frames and should recognize that regardless of the representative capacities, they have a responsibility to the children of Virginia to respect and adhere to those time frames. Doing so not only increases the likelihood of timely permanency for the children, but also recognizes that parents have a responsibility to participate and successfully complete services timely so that increased visitation, and in many cases, the child(ren)'s return home can occur as quickly as possible.

In 1974, the Child Abuse and Prevention Treatment Act designated the juvenile and family courts of this country to have the responsibility for oversight of child abuse and neglect cases. The court, therefore, has historically had the responsibility to control the conduct of the hearings regarding children that come to the attention of the agency and are within the jurisdiction of the court.

PCG recommends the court adopt specific criteria for any continuance of the hearings that may result in a timeline extending past that set in Virginia statutes. The court should establish this criterion in consultation with representatives of the agency, parents' attorneys, GALs, and other recognized and legal participants to the child abuse and neglect process. The result of the establishment of that criteria should be conveyed to all attorneys representing a party in a child abuse and neglect case and should be posted and visible in the court room.

G. LOCATE KINSHIP PLACEMENT OPTIONS TIMELY

During focus groups and PCG's review of foster care case files, it was noted that kinship placement options may not always be explored thoroughly and timely after a child enters the custody of DHS. There were several cases discussed during focus groups and identified in case reviews when children were in care for extended periods of time before kin was identified and/or located. Additionally, the kinship placement rate goal set by the state is 25 percent and Norfolk has had a rate of approximately 4 percent over the last year.

"We took a newborn in from the hospital. 18 months later, family comes into the picture and we had to put the child in a stranger's car." – *Focus Group Participant*

It should be noted that according to Norfolk staff, about half of the children that cannot remain in the home and would end up in foster care are instead being transferred to the custody of a relative and therefore, not entering foster care.

Per the Fostering Connections to Success and Increasing Adoptions Act of 2008, within 30 days after the child has been removed from parental custody, the state shall exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of the child. The notice will be sent to any other adult relatives suggested by the parents, subject to exceptions due to domestic violence. The notice must:

- specify that the child has been removed from the custody of the parent,
- explain the options the relative has under federal, state, and local law to participate in the care and placement of the child,
- explain the options that may be lost by failing to respond to the notice,
- describe the requirements to become a foster family home,
- describe the services and supports that are available for children in a foster home, and
- describe how the relative guardians of the child may receive kinship guardianship assistance payments, if the state has elected to offer such payments.³⁸

Not only is locating kin (performing a diligent search) timely a requirement through Fostering Connections and Virginia DSS policy, but moving children from a stable foster care setting where they have been placed for a significant period of time and have developed relationships, can result in them experiencing another traumatic event in their lives.

PCG recommends that Norfolk DHS implement a quality assurance process to ensure the diligent search process is completed thoroughly and timely when children enter care, as required by Virginia's DSS Child and Family Services Manual, Foster Care Section 2.3. Additionally, the search for relatives should not just occur when the child enters foster care but should continue throughout the life of the foster care case. For example, a relative search could be required every six months while the child remains in foster care or any time a relative becomes known to the agency.

When a case moves from a permanency goal of reunification to another permanency option, the decision to keep the child with a foster parent that the child has already formed a relationship with, to a relative that has recently been located, must be evaluated on a case by case basis. Per Virginia's DSS Child and Family Services Manual, Foster Care Section 7.6, when determining the best permanency goal for a child, the services worker shall consider:

- The child's best interests,
- The child's long-term needs, including the need for an enduring and nurturing family relationship that is safe, stable, and provides continuity of care,
- The child's bond to individuals in existing relationships, and
- The child's over-all need for safety, permanency, and well-being.

PCG also recommends that Norfolk DHS utilize a "family finding" tool. We recommend that Norfolk utilize search software, including child support searching tools, that encompass multiple data sources to help quickly find potential relatives of children. This strategy can help with finding a kinship placement, promote supports for the child, and identify alternative placements to reunification if necessary.

Finally, for those children that do not enter foster care as a result of custody being transferred to a relative, the relative should be made aware of all the options and services available to them. For example, the relative should be aware that it is an option for them to become a licensed kinship parent and receive a per diem to care for the child. If the relative prefers to not become a licensed kinship parent, they should be made aware of the services and funding options available to them, such as receiving Temporary Assistance for Needy Families (TANF).

³⁸ <http://www.ncsl.org/documents/cyf/FosteringConnectionsSummary.pdf>

H. INCREASE PLACEMENTS WITHIN THE CITY OF NORFOLK

As discussed in Section II, approximately 70 percent of the children currently in the custody of the Norfolk DHS are placed outside of Norfolk. When possible, children should remain in their own community allowing them to stay connected to their school of origin, friends, already established resources and activities, in turn creating a sense of normalcy and decreasing the traumatic effects placement into foster care has on a child. Placing children outside of Norfolk also adds a significant burden to the FSWs in terms of time spent driving to see children on their caseload, take children to appointments and court, and facilitate visitation with family in other locations. In addition, it may also impact the child's participation in school or extracurricular activities due to travel.

PCG recommends Norfolk utilize placement options within Norfolk as much as possible to allow children to remain within their community and school of origin, which will also decrease the burden to FSWs. Before a child is placed outside of Norfolk, every placement option within Norfolk should be exhausted. Foster parent recruitment is a Title IV-E allowable expenditure; therefore, DHS should consider whether recruitment costs are being claimed to Title IV-E and if not, it's a possible revenue maximization opportunity.

I. INVOLVE YOUTH IN CASE PLANNING PROCESS

During focus groups with foster youth, it was reported that the youth are rarely involved in the case planning process and developing goals and recommendations with their FSW. One teenage youth reported that his parents' rights were terminated without him knowing.

Per Virginia's DSS Child and Family Services Manual, Foster Care, Section 5.3, "Involving the family and other significant individuals increases the effectiveness of decision making, service planning, and implementation. The service worker is more effective in gathering, analyzing, and determining the meaning of information. With better information, plans and decisions are more individualized and relevant to the family, thus increasing the likelihood of implementation and creating opportunities for lasting change." Additionally, the FSW should strive to understand the family's perspectives, which are often affected by their life experiences and cultural and ethnic heritage and involve the child and family in identifying their own strengths, needs, and motivation for changes.

Furthermore, The Preventing Sex Trafficking and Strengthening Families Act, signed into law in 2014, states that all youth age 14 and older shall be given the opportunity to participate in case planning and choose up to two members of their team. Maintaining open lines of communication and engaging youth in their case planning provides them with the opportunity to be directly involved in decisions that affect and concern their lives. Research suggests that youth participation in the decision-making process can be an effective approach in promoting self-esteem, a greater sense of control, and the acquisition of new skills.³⁹

PCG recommends that FSWs ensure the deliberate involvement of children, specifically those age 14 and older, encouraging them to voice their opinions in the development of individualized plans that meet their needs. Youth should be engaged in the case planning process and in case planning activities. These activities should include court hearings, FPMs, reviews of case plans, etc. The involvement should be thoroughly documented in case dictation and case plans. Supervisors should review case files to confirm that youth have been involved in the case planning process and provide coaching for staff struggling with engaging youth in the process.

J. INCREASE FOSTER PARENT SUPPORT

³⁹ <https://www.childwelfare.gov/topics/systemwide/youth/engagingyouth/caseplanning/>

Foster parents reported in focus groups and online surveys that there are not support groups offered to them to be involved in and that having such a group would be very beneficial to them as foster parents. Additionally, foster parents expressed that they do not feel adequately prepared to handle children who have experienced severe trauma. Each child and family are unique, and the child welfare system is complex. Even the best training cannot fully prepare foster parents for the unpredictability and impact of fostering.

PCG recommends Norfolk DHS consider the following recommendations related to foster parent support:

- **Give foster parents tools for success.** Foster home disruptions often occur because resource parents don't understand trauma-related behaviors, nor do they have concrete strategies for how to deal with the child's behavior. Both Attachment, Regulation, and Competency (ARC) from the Justice Resource Institute and the Resource Parent Curriculum (RPC) from the National Child Traumatic Stress Network have demonstrated significant success in helping foster parents and kinship caregivers cope and support children experiencing trauma-related behavior.
- **Address secondary trauma of resource parents and kinship providers.** Just as child welfare social workers experience secondary traumatic stress, often leading to burnout and turnover, resource parents are also susceptible to secondary trauma. The children in their homes bring their history of abuse and neglect, and exhibit challenging behaviors related to their own trauma. Secondary trauma can be addressed through initial education sessions with resource parents, including how that trauma impacts critical thinking and other areas of their lives, and ways to manage it to be able to continue to care for children. In addition, debriefings are necessary if resource parents are involved with a child where a critical situation or a child fatality has occurred.
- **Develop mentor relationships.** To increase support and retention, PCG recommends the strategy of pairing prospective/new resource parents with experienced resource parents (either as they are going through the licensure process or once they are licensed) as a way to: 1) help new resource parents develop a deeper understanding of the needs of children and the realities of being a resource parent, 2) develop a support network with more experienced resource parents, and 3) provide a natural respite care opportunity for the experienced resource parents (which helps them refresh and helps with retention).

Peer support is particularly effective at helping foster parents understand, manage, and cope with their children's challenging behaviors. The Adoption Exchange Association explained that, "One important aspect of [foster parent peer support] groups are that they can place issues in context, helping members move from seeing their problems as particular to their child and family to understanding them as common and, in light of their children's pasts, expectable. Thus, group participation can normalize feelings."⁴⁰

⁴⁰ <https://www.adoptuskids.org/assets/files/AUSK/Publications/Peer-support-for-families-web508.pdf>

APPENDIX A

FOCUS GROUP QUESTIONS

FAMILY SUPPORT WORKERS

CASELOADS

1. How many cases do you typically have at one time?
 - Do you feel as though your caseload is manageable to effectively identify the strengths of your clients and address their needs?
 - What proportion of your cases are foster care cases?
 - On average, how often do you see the foster care children on your caseload?
 - Where do visits typically occur?
2. Focusing on cases where children have been removed from the home, what type of training did you receive when you were first hired to be a caseworker?
 - How long was that training?
 - What do you see as the top five stay factors for staff?

LEADERSHIP/SUPPORTS

1. Describe the ways your leadership engages you in decision making about practice and other organizational matters?
 - How would you rate communication within your agency? Bi-directional communication?
 - What could improve communication?
 - What words would you use to describe leadership's effectiveness?
2. Describe your ability to access your supervisor and job supports?
 - Describe your view of effective supervision. What does your supervisor do that is effective? Ineffective?
 - What types of supports does your supervisor offer to you?
 - What types of supports does the organization have in place to address secondary traumatic stress?
3. What type of technology do you have to assist you as a caseworker?

ORGANIZATIONAL CULTURE

1. How would you describe the culture and climate of the organization? Please be specific.
 - Describe the effectiveness of teamwork within your team. Across teams and program areas.
 - Describe your relationship with peers across the organization.
 - If you were developing a healthy, resilient culture and climate, what would that look like?
2. Can you describe coordination with other child-serving agencies? (court, school, other counties/states)
 - What works well?
 - What improvements can be made?

OUT OF HOME PLACEMENTS

1. How are foster parents recruited and retained?
 - Are there gaps in the process? If so, what are they?

- Describe any diligent recruitment efforts that are used for harder to place foster care populations (e.g., large sibling groups, children with special needs/behavioral health issues, older children).
 - How does the licensing process work?
2. How are children matched to foster homes?
 - How are relatives who may be placement resources for children identified?
 3. Are there specific reasons why a kinship placement would be automatically denied?
 - What are they?
 4. How are complaints about a foster care placement handled?

SERVICE ARRAY

1. What services are needed of children in foster care? Which are the top three?
 - What services are available for children in foster care?
 - How do you monitor participation and progress in services?
2. What services are needed by foster parents? Which are the top three?
 - What services are available for foster parents? Which are the top three?
 - How do you monitor participation and progress in services?
3. What services are needed of biological parents whose children are in foster care? Which are the top three?
 - What services are available for biological parents whose children are in foster care?
 - How do you monitor participation and progress in services?
4. What is working well for your organization overall?
5. What are the major challenges you perceive of the current system?
 - What suggestions do you have for improving these challenges?

SUPERVISORS

CASELOADS

1. How many family service workers do you supervise?
 - What is the average caseload for the family service workers you supervise?
 - How are cases assigned to family service workers?
2. Focusing on cases where children have been removed from the home, can you describe the onboarding process for new family service workers as it relates to foster care?
 - What type of training do foster care family service workers receive?
 - What kind of ongoing training related to foster care do family service workers receive?
 - Has the training adequately prepared family service workers to work with foster care cases? Why or why not? What more is needed?
 - What do you see as the top five stay factors for staff?
3. What are your ideas for recruiting and retaining staff?

LEADERSHIP/SUPPORTS

1. Describe the ways your leadership engages you in decision making about practice and other organizational matters?
 - How would you rate communication within your agency? Bi-directional communication?
 - What could improve communication?
2. What words would you use to describe leadership's effectiveness?
 - Describe your ability to access your supervisor and job supports?
 - Describe your view of effective supervision. What does your supervisor do that is effective? Ineffective?
 - What types of supports does your supervisor offer to you?
 - What types of supports does the organization have in place to address secondary traumatic stress?
3. Can you describe coordination with other child-serving agencies? (court, school, other counties/states)
 - What works well?
 - What improvements can be made?

ORGANIZATIONAL CULTURE

1. How would you describe the culture and climate of the organization? Please be specific.
 - Describe the effectiveness of teamwork within your team. Across teams and program areas.
 - Describe your relationship with peers across the organization.
 - If you were developing a healthy, resilient culture and climate, what would that look like?
2. Can you describe coordination with other child-serving agencies? (court, school, other counties/states)
 - What works well?
 - What improvements can be made?

OUT OF HOME PLACEMENTS

1. How are foster parents recruited and retained?
 - Are there gaps in the process? If so, what are they?
 - Describe any diligent recruitment efforts that are used for harder to place foster care populations (e.g., large sibling groups, children with special needs/behavioral health issues, older children).
 - How does the licensing process work?

2. How are children matched to foster homes?
 - How are relatives who may be placement resources for children identified?
3. Are there specific reasons why a kinship placement would be automatically denied?
 - What are they?
4. How are complaints about a foster care placement handled?

SERVICE ARRAY

1. What services are needed of children in foster care? Which are the top three?
 - What services are available for children in foster care?
 - How do you monitor participation and progress in services?
2. What services are needed by foster parents? Which are the top three?
 - What services are available for foster parents? Which are the top three?
 - How do you monitor participation and progress in services?
3. What services are needed of biological parents whose children are in foster care? Which are the top three?
 - What services are available for biological parents whose children are in foster care?
 - How do you monitor participation and progress in services?
4. What is working well for your organization overall?
5. What are the major challenges you perceive of the current system?
 - What suggestions do you have for improving these challenges?
6. Has the new dashboard been implemented yet?
 - If so, how well is it working?
 - If not, how are you identifying children who have been in foster care for an extended period of time?

FOSTER PARENTS

YOUTH IN YOUR HOME

1. How long have you been a foster parent?
2. What made you become a foster parent?
3. Do you currently have children placed in your home?
 - Foster or relative?
 - Sibling groups?
 - Special needs?

COMMUNICATION WITH FAMILY SUPPORT WORKERS/ DHS STAFF

1. How often does the family service worker meet with your foster child(ren)?
 - Where does the family service worker typically visit with your foster child(ren)?
 - How long do those visits generally last?
2. Do you have a voice in case and/or service planning?
 - Does your family service worker provide you with information about the case? (e.g., court and staffing dates)
 - Do you communicate with your foster child(ren)'s family service worker between visits?
 - Are/were you able to easily reach your family service worker?
3. Does the family service worker discuss permanency plans and timeframes with you?
 - Do you feel that the permanency goals and timelines are appropriate?
 - What do you feel are some of the barriers to timely goal achievement?

COMMUNICATION WITH BIOLOGICAL PARENTS/CARETAKERS

1. Do you communicate directly with your foster child(ren)'s biological parents?
 - Do you supervise visitations between your foster child(ren) and their biological parents?
 - Do you offer support in building the parenting skills of biological parents?
 - Do you provide any other supports to the biological parents?
2. Are there any process and communication improvements that you would like to see implemented?

LICENSING AND TRAINING

1. How did you first learn about the licensure process?
 - What steps did you have to take to become licensed?
 - What assistance did you receive from Norfolk Child Services to complete the licensing process?
2. What were the training requirements for becoming a foster parent?
 - Did you encounter any difficulties in the foster parent application/training process?
 - How long did it take you to complete the process?
 - What access to ongoing training do you have/would you like?
3. What types of supports/services has the agency offered to you?
 - In what ways have those services been helpful?
 - Do/did you require additional services that you were unable to receive?
4. What community supports are in place for foster parents?

WHAT IS WORKING WELL AND WHAT ARE THE BARRIERS

1. What barriers have you encountered in coordinating with:

- schools?
 - service providers?
 - the court?
 - Norfolk Child Services?
2. What is working well in your relationship with Norfolk Child Services?

ADMINISTRATIVE SUPPORT

CASELOADS

1. Do you carry a caseload? Assist with specific cases or family service workers?
2. Focusing on cases where children have been removed from the home, what type of training did you receive when you were first hired?
3. Can you describe coordination with other child-serving agencies? (court, school, other counties/states)

OUT OF HOME PLACEMENTS

1. How are foster parents recruited and retained?
 - Are there gaps in the process? If so, what are they?
 - Describe any diligent recruitment efforts that are used for harder to place foster care populations (e.g., large sibling groups, children with special needs/behavioral health issues, older children).
 - How does the licensing process work?
2. How are children matched to foster homes?
 - How are relatives who may be placement resources for children identified?
3. Are there specific reasons why a kinship placement would be automatically denied?
 - What are they?
4. How are complaints about a foster care placement handled?

LEADERSHIP/SUPPORTS

1. Describe the ways your leadership engages you in decision making about practice and other organizational matters?
 - How would you rate communication within your agency? Bi-directional communication?
 - What could improve communication?
2. Describe your ability to access your supervisor and job supports?
 - Describe your view of effective supervision. What does your supervisor do that is effective? Ineffective?
 - What types of supports does your supervisor offer to you?
 - What types of supports does the organization have in place to address secondary traumatic stress?
3. What type of technology do you have to assist you in your day to day duties?

ORGANIZATIONAL CULTURE

1. How would you describe the culture and climate of the organization? Please be specific.
 - Describe the effectiveness of teamwork within your team. Across teams and program areas.
 - Describe your relationship with peers across the organization.
 - If you were developing a healthy, resilient culture and climate, what would that look like?
2. Can you describe coordination with other child-serving agencies? (court, school, other counties/states)
 - What works well?
 - What improvements can be made?

SERVICE ARRAY

1. What services are needed of children in foster care? Which are the top three?
 - What services are available for children in foster care?
 - How do you monitor participation and progress in services?
2. What services are needed by foster parents? Which are the top three?

- What services are available for foster parents? Which are the top three?
 - How do you monitor participation and progress in services?
3. What services are needed of biological parents whose children are in foster care? Which are the top three?
 - What services are available for biological parents whose children are in foster care?
 - How do you monitor participation and progress in services?
 4. What is working well for your organization overall?
 5. What are the major challenges you perceive of the current system?
 - What suggestions do you have for improving these challenges?

SERVICE PROVIDERS

SERVICE ARRAY

1. What types of service(s) do you provide to:
 - foster children?
 - foster parents?
 - biological parents?
2. Is there a waitlist for services?
 - Which ones?
 - What other barriers exist to accessing services? (e.g., eligibility, transportation)
 - What services are needed in Norfolk that are not available locally?
3. How does your organization receive referrals from Norfolk Human Services?
 - How many referrals do you receive on a monthly basis?
 - Are there any bottlenecks in the referral process?
 - What are process innovations you would like to see implemented?

COMMUNICATION

1. How frequently do you report to Norfolk Human Services about progress of foster children and/or their parents?
 - Is that the right amount? Too much? Too little?
 - What would improve the reporting process?
2. Is there communication you need from the family service workers to help you better serve foster care children and their caregivers?
 - Are the permanency plans and timeframes regularly discussed?
 - Do you feel that the permanency goals that are selected are the most appropriate as it relates to the case circumstances?
 - What do you feel are some of the barriers to timely goal achievement?
 - What ways can you think of that would streamline communications between your agency and Norfolk Human Services?
3. What communication, if any, do you have with foster parents?
4. What communication, if any, do you have with biological parents whose children are in foster care?

COMMUNITY STAKEHOLDERS/TOOLS

1. Can you describe coordination with other child-serving agencies for foster children? (court, school, other providers)
 - What works well?
 - What improvements can be made?
2. What tools do you use to guide day to day management and workload?
3. What tools do you use to assess the needs and strengths of:
 - foster children?
 - foster parents?
 - biological parents whose children are in foster care?

FOSTER YOUTH

COMMUNICATION WITH YOUR FAMILY SUPPORT WORKER

1. How often does your family service worker come to see you?
 - Where do those visits generally take place?
 - How long do the visits generally last?
 - Are the visits long enough to talk about your service needs and build on your strengths? Too long? Not long enough?
 - What does your family service worker talk to you about during visits?
2. Do you communicate with your family service worker between visits?
 - How do you contact your family service worker when you need assistance or support? (call, text, email)
 - Are you able to easily reach your family service worker?
3. Does your family service worker ask you about what services you need?
 - Were you able to get those services?
 - In what ways have those services been helpful?
 - What happens when you tell your family service worker that a service is not helpful?

FOSTER HOME AND ACTIVITIES

1. Can you tell us a little bit about your foster parent(s)?
 - Do you enjoy living with them?
 - Are you being well cared for in your home?
 - Are there things that you would like to change?
2. Is your foster home close to where you lived before?
 - Did you have to change schools?
 - Are you able to spend time with friends?
 - Do you get to spend time with your relatives? (e.g., grandparents, cousins)
3. Do you participate in any activities (e.g., sports, music, art, church)?
 - Would you like to participate in other activities?
 - What kinds of activities are you interested in?

SERVICES

1. Is Norfolk providing you with services that will prepare you to live independently?
 - If not, what would be beneficial to those leaving foster care to transition successfully?
2. Are there services you would like to have, but they aren't available, or they haven't been offered to you?

WHAT IS WORKING WELL AND WHAT ARE THE BARRIERS?

1. If you could describe one positive benefit to being in foster care, what would that be and why?
2. If you could change one thing about the foster care system, what would you change?

APPENDIX B ONLINE SURVEY QUESTIONS

FAMILY SUPPORT WORKERS

GENERAL INFORMATION

1. What is your current position within Norfolk DHS?
2. How long have you been employed with Norfolk DHS in your current position?
3. How long have you been employed with Norfolk DHS in any position?
4. What is your highest level of education attained?

CASELOAD/WORKLOAD

5. What is your current caseload size?
6. Do you feel your current workload is manageable?
7. Since you chose No, what strategies would make it more manageable?*
8. How many hours do you work per week over your required hours?
9. Do you work on call hours (i.e., after hours or weekends)?
10. Since you chose Yes, is this in addition to working full-time during regular agency business hours?*
11. Since you chose Yes, how are you compensated for the on call hours?*
12. If provided the option to work different shifts, do you think your productivity would increase?
13. Since you chose Yes, how would working different shifts increase your productivity?*
- Since you chose No, how would working different shifts not increase your productivity?*
14. If provided the option to work from home, do you think your productivity would increase?
15. Since you chose Yes, describe how working from home would increase your productivity.*
- Since you chose No, describe how working from home would not increase your productivity.*
16. What specifically, would improve your productivity and effectiveness as a worker?
17. What supports do you need to better manage your caseload?
18. What is the biggest challenge in managing your caseload?
19. What are the strategies currently in place that support you managing your caseload?
20. If you could ask leadership to implement one thing to help manage your caseload, what would it be?

SUPERVISION

21. My supervisor recognizes good work.
22. My supervisor listens and takes any concerns I bring to them seriously.
23. I feel comfortable approaching my supervisor with any work related challenges.
24. My supervisor gives regular updates on changes in policies, procedures, and other organizational matters that directly affect my position.
25. My supervisor is available and accessible when an immediate need arises.
26. Who can you go to when you have questions and your supervisor is unavailable?
27. My supervisor has the knowledge and ability to successfully provide supervision and guidance.
28. My supervisor engages me for feedback and input on practice.
29. My supervisor values my opinion in case decision-making.

30. Since you chose Yes, describe how your supervisor values your opinion in decision-making.*
31. Since you chose No, describe how your supervisor does not value your opinion in decision-making.*
My supervisor addresses secondary trauma related to the job.
32. Since you chose Yes, what does your supervisor do to address secondary trauma?*
- Since you chose No, what do you need to address secondary trauma to have work/life balance?*
33. I am satisfied with the quality of my current supervision.

TRAINING

34. Completing new worker training (NEO) provided me with the knowledge, skills and ability to stay in child welfare longer than my peers.
35. What type of training did you receive as a new worker?
36. It took the following amount of time to complete the new worker training through DHS.
37. The timeline for completing new worker training was sufficient to meet my training needs.
38. Training provided to new workers by DHS was sufficient to meet my training needs.
39. Additional supports for new workers provided by DHS were sufficient to meet my training needs.
40. I have access to additional training that is sufficient to meet my ongoing training needs.
41. I am cross trained for other positions than the one I am currently working in.
42. Since you chose Yes, in what other areas are you cross trained?*
- Since you chose No, please describe how you would benefit from cross training?*

TECHNOLOGY AND TOOLS

43. I currently have the following tools and technology available for my job.
44. I believe that having the following tools or technology available would improve my job performance.

RETENTION AND TURNOVER

45. Please rate the factors below that you think contribute the most to staff turnover at DHS?
1 = Highest Factor, 16 = Lowest Factor
- Inconsistent salaries/benefits across positions
 - Secondary traumatic stress/ burnout
 - Retirement or change in career
 - Low support from supervisors or low quality supervision
 - Negative work environment
 - High caseload sizes
 - Stress of child welfare
 - Personal expectations or desires are not met by child welfare
 - Lack of transparency
 - Lack of professional development or promotional opportunities
 - Lack of effective, engaging leadership
 - Open ended question: Please give examples of other things that contribute
 - Lack of relationships – with leader and colleagues
 - Lack of engagement and input
 - Rigid, unresponsive environments
 - Lack of trust

46. Please rate the factors below that you think contribute to staff staying at DHS:
1 = Highest Factor, 7 = Lowest Factor
- Leaders depth of engagement & relationship with the workforce
 - Heathy, resilient culture and climate
 - Autonomy in practice
 - Client-focused philosophy
 - Trauma informed system – physical, psychological, and workforce well-being
 - Quality supervision
 - Transparency in communication
47. I feel a sense of team with my work unit.
48. Since you chose No, what strategies would help support a sense of team?*
49. I have a significant, professional relationship with a colleague at work.
50. My colleagues and team members support each other through:
51. Please rate the factors below that you think are the major challenges to filling DHS vacancies?
(1 = Highest Factor, 6 = Lowest Factor)
- Lack of match with the position
 - Slow Human Resource processes
 - Proximity to a university
 - Lack of qualified candidates
 - Salary and benefits
 - Public perception of agency culture and climate

ORGANIZATIONAL CULTURE AND CLIMATE

52. The organization has a diverse, inclusive workforce.
53. Since you chose No, what strategies would increase diversity?*
54. The organization is culturally competent with both the workforce and clients (race, ethnicity, LGBTQ).
55. Since you chose No, what strategies would increase cultural competence?
56. There is intra agency collaboration and coordination among the organization.
57. Leadership engage the workforce in dialogue about organizational decisions, input on practice, and feedback on strategies to reach the mission.
58. Since you chose No, what could improve this area?*
59. Communication from leadership is broad, includes multiple modes of communication and is bi-directional.
60. Since you chose No, what would improve communication between leadership and the workforce?*
61. Leadership clearly communicates how changes will affect our practice.
62. Since you chose No, describe strategies that would improve dialogue?*
63. Leadership invests in building a trauma-informed system that addresses the secondary trauma and safety of the workforce.
64. Since you chose No, what strategies would help address secondary trauma and safety?*
65. Leadership is aligned with a client-centered philosophy and upholding the values and ethics of the profession.
66. Since you chose No, what would improve this area?*
67. What tools do you need in order to improve outcomes for children and families?

- 68. What, specifically, would improve workforce retention?
- 69. If there were two things you could tell leadership, what would they be?

FOSTER CARE RETENTION

- 70. Please rate the decision points below that you think approved foster parents most often decide to stop fostering. (1 = Highest Factor, 6 = Lowest Factor)
 - After approval (but before a child is placed in the home)
 - During or immediately after the first child is placed in the home
 - After a child placed in the home is reunified
 - During or immediately after a child with high needs is placed in the home
 - After a placement disruption
 - After adopting a child(ren)
- 71. I am able to manage foster/adoptive parent expectations.
- 72. I am able to respond to crisis phone calls, texts, or emails from foster parents timely.
- 73. I am able to respond to non-emergency phone calls, texts, or emails from foster parents timely.
- 74. What are the top three services foster parents most often request?
- 75. What challenges and/or barriers are there in providing services to foster parents?
- 76. Children are appropriately matched with available foster families.
- 77. Since you chose No, what strategies would improve this situation?*

FINAL QUESTIONS

- 78. If anything were possible, what one thing would I change about foster care and adoption?
- 79. Do you have any additional comments?

SUPERVISORS

GENERAL INFORMATION

1. How long have you been employed with Norfolk DHS in your current position?
2. How long have you been employed with Norfolk DHS in any position?
3. What is your highest level of education attained?
4. What unit do you supervise at Norfolk DHS?

CASELOAD/WORKLOAD

5. How many staff do you currently supervise?
6. Do you feel your current workload is manageable?
7. Since you chose No, what strategies would make your workload more manageable?*
8. How many hours do you work per week?
9. Do you work on call hours (i.e., after hours or weekends)?
10. Since you chose Yes, is this in addition to working full-time during regular agency business hours?*
11. Since you chose Yes, how are you compensated for the on call hours?*
12. If provided the option to work different shifts, do you think your productivity would increase?
13. Since you chose Yes, how would working different shifts increase your productivity.*
Since you chose No, how would working different shifts not increase your productivity.*
14. If provided the option to work from home, do you think your productivity would increase?
15. Since you chose Yes, describe how working from home would increase your productivity.*
Since you chose No, describe how working from home would not increase your productivity.*
16. What specifically, would improve your productivity and effectiveness as a supervisor?
17. What supports do you need to better manage your team of staff?
18. What is the biggest challenge in managing your team of staff?
19. What are the strategies currently in place that support you managing your team of staff?
20. If you could ask leadership to implement one thing to help manage your team, what would it be?

SUPERVISION

21. As a supervisor, I feel that leadership is supportive of my decision-making responsibilities.
22. Leadership engages me in policy and protocol changes that directly affect my team of staff.
23. I have the amount of time necessary to dedicate to supervision practices.
24. I conduct one-on-one check-in meetings with each of my team of staff on a regular basis.
25. I received the appropriate amount of ongoing training to effectively supervise my team of staff.
26. I have the resources I need to effectively supervise my team of staff.

TRAINING

27. Completing new worker training (NEO) provided me with the knowledge, skills and ability to stay in child welfare longer than my peers.
28. What type of training did you receive as a new worker?
29. It took the following amount of time to complete the new worker training through DHS.

30. I received additional training to be a supervisor.
31. Since you answered Yes, what type of training did you receive to be a supervisor?*
32. It took the following amount of time to complete supervisor training through DHS.*
33. The timeline for completing supervisor training was sufficient to meet my training needs.*
34. The timeline for completing new worker training is sufficient to meet the training needs of my team.
35. Training provided to new workers by DHS is sufficient to meet the training needs of my team of staff.
36. Additional supports for new workers provided by DHS are sufficient to meet the training needs of my team.

TECHNOLOGY AND TOOLS

37. I currently have the following tools and technology available for my job.
38. I believe that having the following tools or technology available would improve my job performance.

RETENTION AND TURNOVER

39. Please rate the factors below that you think contribute the most to staff turnover at DHS?
1 = Highest Factor, 16 = Lowest Factor
 - Inconsistent salaries/benefits across positions
 - Secondary traumatic stress/ burnout
 - Retirement or change in career
 - Low support from supervisors or low quality supervision
 - Negative work environment
 - High caseload sizes
 - Stress of child welfare
 - Personal expectations or desires are not met by child welfare
 - Lack of transparency
 - Lack of professional development or promotional opportunities
 - Lack of effective, engaging leadership
 - Open ended question: Please give examples of other things that contribute
 - Lack of relationships – with leader and colleagues
 - Lack of engagement and input
 - Rigid, unresponsive environments
 - Lack of trust
40. Please rate the factors below that you think contribute to staff staying at DHS:
1 = Highest Factor, 7 = Lowest Factor
 - Leaders depth of engagement & relationship with the workforce
 - Healthy, resilient culture and climate
 - Autonomy in practice
 - Client-focused philosophy
 - Trauma informed system – physical, psychological, and workforce well-being
 - Quality supervision
 - Transparency in communication
41. I feel a sense of team with my work unit.
42. Since you chose No, what strategies would help support a sense of team?*
43. I have a significant, professional relationship with a colleague at work.
44. My colleagues and team members support each other through:

45. Please rate the factors below that you think are the major challenges to filling DHS vacancies?
(1 = Highest Factor, 6 = Lowest Factor)
- Lack of match with the position
 - Slow Human Resource processes
 - Proximity to a university
 - Lack of qualified candidates
 - Salary and benefits
 - Public perception of agency culture and climate

ORGANIZATIONAL CULTURE AND CLIMATE

46. The organization has a diverse, inclusive workforce.
47. Since you chose No, what strategies would increase diversity?*
48. The organization is culturally competent with both the workforce and clients (race, ethnicity, LGBTQ).
49. Since you chose No, what strategies would increase cultural competence?
50. There is intra agency collaboration and coordination among the organization.
51. Leadership engage the workforce in dialogue about organizational decisions, input on practice, and feedback on strategies to reach the mission.
52. Since you chose No, what could improve this area?*
53. Communication from leadership is broad, includes multiple modes of communication and is bi-directional.
54. Since you chose No, what would improve communication between leadership and the workforce?*
55. Leadership clearly communicates how changes will affect our practice.
56. Since you chose No, describe strategies that would improve dialogue?*
57. Leadership invests in building a trauma-informed system that addresses the secondary trauma and safety of the workforce.
58. Since you chose No, what strategies would help address secondary trauma and safety?*
59. Leadership is aligned with a client-centered philosophy and upholding the values and ethics of the profession.
60. Since you chose No, what would improve this area?*
61. What tools do you need in order to improve outcomes for children and families?
62. What, specifically, would improve workforce retention?
63. If there were two things you could tell leadership, what would they be?

FOSTER CARE RETENTION

64. Please rate the decision points below that you think approved foster parents most often decide to stop fostering. (1 = Highest Factor, 6 = Lowest Factor)
- After approval (but before a child is placed in the home)
 - During or immediately after the first child is placed in the home
 - After a child placed in the home is reunified
 - During or immediately after a child with high needs is placed in the home
 - After a placement disruption
 - After adopting a child(ren)
65. I am able to manage foster/adoptive parent expectations.

- 66. I am able to respond to crisis phone calls, texts, or emails from foster parents timely.
- 67. I am able to respond to non-emergency phone calls, texts, or emails from foster parents timely.
- 68. What are the top three services foster parents most often request?
- 69. What challenges and/or barriers are there in providing services to foster parents?
- 70. Children are appropriately matched with available foster families.
- 71. Since you chose No, what strategies would improve this situation?*

FINAL QUESTIONS

- 72. If anything were possible, what one thing would I change about foster care and adoption?
- 73. Do you have any additional comments?

FOSTER PARENTS

GENERAL INFORMATION

1. I am a:
 - Kinship Caregiver
 - Licensed Relative Foster Parent
 - Licensed Foster Parent
 - Licensed Therapeutic Foster Parent
 - Kinship Guardian
 - Legal Guardian
 - Pre-Adoptive Foster Parent
 - Adoptive Parent
2. How long have you been a foster/relative parent?
3. How many foster children can you have in your home?
4. How many foster children do you currently have in your home?
5. What ages of foster children are you approved to have in your home?
6. What is the main reason you decided to become a guardian, foster, or adoptive parent?

LICENSING AND APPROVAL

7. The process to become a kinship caregiver, foster parent, guardian, or adoptive parent was easy.
8. The agency provided me assistance to navigate the licensing or approval process.
9. I had a single agency contact during the licensing or approval process.
10. My questions about the process were answered timely.
11. How long did your licensing or approval take from the time you submitted your application?
12. The amount of time the process to become an approved home was:
13. Please rate which parts of the application process were the easiest to complete?
(1=highest factor, 7=lowest factor)
 - Initial Inquiry
 - Orientation
 - Background Checks
 - Medical Approval
 - Paperwork
 - Training
 - Home Study
14. Did you experience any challenges or barriers in the licensing or approval process?
15. Since you chose Yes, what challenges or barriers did you encounter?*
16. What would improve the process to become an approved home?

TRAINING

17. Initial training was provided to me: (select all that apply)
 - in a classroom type setting
 - in my home

- online
other (please specify):
18. The initial training was provided to me:
individually / to my family
in a small group (15 or fewer people)
in a large group (more than 15 people)
 19. The initial training I received was offered at days/times/locations (including online) that were convenient for me.
 20. The initial training I received prepared me to welcome a foster child into my home.
 21. The initial training I received prepared me to work with the agency.
 22. The initial training I received prepared me to work with the court system.
 23. The initial training I received prepared me to work with the birth family.
 24. I am offered opportunities for additional or ongoing training.
 25. Additional training is offered at days/times/locations (including online) that are convenient for me.*
 26. Additional or ongoing training is available to me: *
in a classroom type setting
in my home
online
other (please specify):
 27. The additional or ongoing training topics are useful to me.*
 28. What topics would you like to see covered in future training opportunities?

SUPPORT

29. I feel valued by the agency.
30. I feel supported by the agency.
31. I know who to contact when I have questions.
32. Agency staff respond to my phone calls, texts, and/or emails timely.
33. Agency staff listen to my concerns and suggest resources or strategies to address my concerns.
34. I am aware of what services and supports are available to me.
35. Agency staff ask if I need anything.
36. The agency provides needed services and supports to me.
37. What services or supports, if any, has the agency provided to you?
38. Are there services or supports you would find helpful that have not been provided?
39. Since you chose Yes, what services or supports would be most helpful to you?*
40. Has DHS linked you with a support group for guardians, adoptive parents, and/or foster parents?
41. Since you chose Yes, how has the support group helped you?*
42. Since you chose No, do you think a support group would be helpful to you?*

CASE PARTICIPATION

43. My input is used in case planning.
44. I am invited to case-related meetings with agency staff.
45. I am notified timely of court hearings.
46. I am invited to participate in court hearings.
47. The agency updates me timely about case progress.

FINAL QUESTIONS

48. What has been your biggest challenge in working with the agency?
49. What strategy would improve the situation?
50. If anything were possible, what one change would you make to foster care and/or adoption?
51. Do you have any additional comments?