

# **THE STATE OF PHILADELPHIA'S CHILD WELFARE WORKFORCE**



## **Findings and Recommendations**

**A PUBLICATION OF THE PHILADELPHIA  
CHILD WELFARE WORKFORCE TASK FORCE**

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# THE TASK FORCE

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## The Philadelphia Child Welfare Workforce Task Force

**Force** is a collaboration of providers, including community umbrella agencies, and advocates that convened to reevaluate workforce-related aspects of Philadelphia's child welfare system and identify opportunities for system improvements.

The task force met for a series of meetings organized according to the following topic areas: *Funding Solutions<sup>1</sup>, Face of the Crisis, Data and Economic Impact, Professional Development, and System Improvements.*

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# THE STATE OF PHILADELPHIA'S CHILD WELFARE WORKFORCE



## ABOUT THE TASK FORCE

The Philadelphia Child Welfare Workforce Task Force is a collaboration of foster care and community umbrella agency (CUA) providers, and advocates that have convened to reevaluate workforce-related aspects of Philadelphia's child welfare system and identify opportunities for system improvements. In doing so, the Task Force published *The State of Philadelphia's Child Welfare Workforce*, a report of findings and recommendations to improve child welfare work in Philadelphia.

## RECOMMENDATIONS

In the years immediately preceding the pandemic, the child welfare workforce struggled with a turnover rate that hovered around 30 percent. In 2022, however, agencies estimated an average turnover rate of approximately 45 percent with vacancies ranging from 20-60 at any given time. In attempt to offset this stubborn trend and improve recruitment and retention in Philadelphia, the Philadelphia Child Welfare Workforce Task Force recommends the following:

### SALARY, RATES, AND FUNDING NEEDS

- When identifying a per diem for foster care providers, Philadelphia DHS should calculate and advocate for one that is inclusive of a livable, competitive salary, that is comparable with their employee and CUA salaries, at a minimum.
- Philadelphia DHS should establish an annual process for providers to re-evaluate their per diems received so that the private foster care workforce is offered the opportunity for ongoing advancement as represented by salary increases, among other vehicles.
- Philadelphia DHS should provide a meaningful process for CUAs and providers to request additional funding resources when a significant and pressing need occurs.

### CASELOADS AND WORKLOADS

- The Task Force encourages greater autonomy for CUAs to manage the development of replacement staff and specializations as needed to address the unique needs of their communities. PA DHS and Philadelphia DHS should allow and provide funding for a "bullpen" of caseworkers to be readily available when workforce challenges or an increase in cases inevitably arises.
- Philadelphia DHS should re-evaluate components of their audit tools. While agencies respect and appreciate the opportunity to measure quality as an important priority, the sheer volume and strict interpretation of the guidelines actually have the adverse effect of limiting quality social work.
- Under their current funding structure, CUAs have the ability to create a caseload onboarding system. Providers do not have the same funding to slowly introduce someone to the practical work. The foster care provider per diem should accommodate a caseload onboarding ratio.

## PROFESSIONAL DEVELOPMENT

- Open DHSU trainings to include the foster care provider community. In addition to decreasing costs to providers, DHSU provider enrollment offers consistency in training and shared training opportunities, which can lead to increased rapport among all system stakeholders and allow each party to gain a better understanding of the others' work.
- Philadelphia DHS should, especially given this time of great turnover and workforce crisis, review their scope of service to offer alternatives to their strict degree requirements, which outline specific fields of study, with no alternatives to substitute experience for education. At a time when college enrollments are shrinking, degree and education requirements are becoming increasingly irrelevant and unrealistic to meet.
- The standard rate that Philadelphia DHS pays for providers should also adequately fund an overnight "shift" for the provider agency, including CUAs. The scope of service to which providers are bound requires the agency and resource parents to have 24-hour capacity without considering the requisite funding that agencies need to staff their agencies at this capacity, especially as overnight activity has greatly increased.
- The limitations and challenges from the CRU need to be addressed and reviewed on a systemwide basis. Philadelphia DHS should convene an external workgroup or Task Force to review the barriers, limitations, and solutions to placing young people with greater care needs. This workgroup should be expansive and inclusive of Community Behavioral Health, the Philadelphia School District, foster care providers, CUAs, and advocates to talk through some of the systemic transformations that need to take place in order for the system to be better positioned to take in these young people.

## WHAT'S WORKING?

- Most notably, 68 percent of both foster care and CUAs cited that the top factor that has kept them in this field was "feeling like I make a difference" and "fits my personal life mission" was also the third most popular answer at 53 percent.
- The second most popular answer at 66 percent was a flexible schedule. Many agencies report offering compensatory time, which allows an individual to work late and come in later another day or accumulate their time for an extra day off has received positive feedback from their workers.
- Supportive colleagues and supportive leadership ranked third and fourth, respectively. 39 percent reported supportive colleagues and 28 percent reported supportive leadership as the factors that have kept them in this field. Notably, 20 percent reported that they enjoy being a part of an agency that values quality.

## CONCLUSION

This Task Force came together because the social workers who are committed to this work deserve the best chance to do this work well. The anecdotes and quotes we hear from our workers tell us that the commitment is here - over 40 percent of them have chosen to take on a second job instead of leaving the field entirely. The vast majority of them find incredible meaning in being able to improve the lives of Philadelphia's young people and want to incite change. But their commitment to the system, children, and families cannot be one-sided. The Task Force proposes these recommendations in hopes of building a system that is equally dedicated to the professionals who keep this work moving, even during the most overwhelming workforce crisis.



## THE CRISIS

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At least 4 million workers resigned each month during the second half of 2021, with many of them departing to find work that had better pay, better benefits or more flexible schedules.<sup>2</sup> Most notably, the Bureau of Labor Statistics reported that between February of 2020 and January of 2022, 1.1 million women left the labor force, accounting for 63 percent of all jobs lost.<sup>3</sup> This is significant for the social work field, where the workforce is an estimated 84% female.<sup>4</sup> The issue of workforce development within child welfare in particular has been a long-time challenge for the system. While a good turnover rate for any employer has been estimated to hover around ten percent, Casey Family Programs estimated that, for the fifteen years prior to the pandemic, child welfare turnover rates were between 20 percent and 40 percent. Casey Family Programs estimated even higher rates of turnover among child welfare trainees, with an average of 46–54 percent.<sup>5</sup> In the spring of 2022, the Task Force conducted a survey of Community Umbrella Agencies which reported an average turnover rate of about 45 percent.

## Turnover Rates in Comparison

### TURNOVER RATES

A comparison of child welfare and other industries with notoriously high turnover rates

#### PHILADELPHIA SCHOOL DISTRICT

In Philadelphia schools, the teacher turnover rate was 9.3% in 2021, up from 2020 but slightly lower than in 2019. 169 teachers left the school system between 12/1 and 2/15 – double the number of teachers who resigned during the same period last year. The district employs about 9,100 teachers total.<sup>1</sup>

9.3%

#### PHILADELPHIA SANITATION DIVISION

With an attrition rate closer to 20% within Philly's Sanitation Division... the attrition rate for permanent sanitation workers — as opposed to temps — was lower, at 11.7%<sup>2</sup>

11-20%



#### EARLY CHILDHOOD EDUCATION

30%

Nationally, the annual turnover rate for early childhood educators is 30%, with low compensation cited as the top reason for leaving the field.<sup>3</sup>



#### RETAIL

Turnover in 2020 was much higher than in previous years due to the coronavirus pandemic. 2020 saw an overall turnover rate of 57.3% according to the Bureau of Labor Statistics (BLS). For context, the turnover rate was in the 42-45% range from 2016-2019, slowly creeping upward.<sup>4</sup>

57.3%



45%

#### CHILD WELFARE

Casey Family Programs estimated that, for the fifteen years prior to the pandemic, child welfare turnover rates were between 20 percent and 40 percent. Casey Family Programs estimated even higher rates of turnover among child welfare trainees, with an average of 46-54 percent. In the spring of 2022, the Task Force issued a survey of community umbrella agencies which reported an average turnover rate of about 45 percent.

#### References

- <sup>1</sup>Johann Calhoun, *Philadelphia saw a surge in midyear teacher resignations, data shows*, Chalkbeat Philadelphia. (February 25, 2022) <https://philadelphia.chalkbeat.org/2022/2/25/22951454/staff-teacher-shortage-philadelphia-district-pandemic>
- <sup>2</sup>Ryan Briggs, *Your body starts to break down: Understaffed Philly sanitation crews struggle as garbage delays worsen*, PlanPhilly (July 7, 2021) <https://why.org/articles/your-body-starts-to-break-down-understaffed-philly-sanitation-crews-struggle-as-garbage-delays-worsen/>
- <sup>3</sup>Pre-K for PA, *Invest in Quality: A Case for Paying Closer to What High-Quality Pre-K Costs*, (2021) [https://www.prekforpa.org/wp-content/uploads/2021/03/Pre-K-for-PA-Report\\_FIN.pdf](https://www.prekforpa.org/wp-content/uploads/2021/03/Pre-K-for-PA-Report_FIN.pdf)
- <sup>4</sup>Daily Pay, *Retail Turnover Rates in 2021* (July 13, 2021) <https://www.dailypay.com/resource-center/blog/employee-turnover-rates-in-retail/>

When comparing the national turnover rate of the child welfare industry with other fields that are commonly known as ones with high turnover, the Task Force found that child welfare's turnover rate was comparable to early childhood education centers and even retail. In a system that is already financially limited, Casey further estimates that every time a caseworker leaves a position, the cost to a child welfare agency is 30-200 percent of that employee's annual salary. Based on the average salaries noted below, that means a private provider loses about \$12,000-\$80,000 each time their caseworker equivalent position, a Resource Parent Support Worker (RPSW) leaves; Community Umbrella Agencies (CUAs) lose about \$13,200-\$88,000 per case manager.

Philadelphia's child welfare leaders wanted to confirm the widely-held experience that our local system suffered many of the same challenges from staff turnover that are being reported nationally. The Philadelphia Department of Human Services (DHS) reported that "[s]taff turnover at CUAs remains high. Challenges with recruitment and turnover for CUA providers have been made worse by the Pandemic."<sup>6</sup> DHS does not track or acknowledge that turnover within foster care providers is equally problematic and may be similarly impacting the system's ability to access placements, maintain stability or achieve permanency, all of which are significant systems problems cited below. In the spring of 2022, the Task Force issued a survey of the CUAs, which reported the following:

- CUAs estimate an average turnover rate of over 45 percent. Their numbers ranged from 21-60 vacancies.
- CUAs estimate an average of 81 cases assigned that put staff over the required ten case ratio. Some CUAs have seen an excess of 200 cases assigned.
- In order to offset the workforce strain, CUAs have an average of 7 supervisors carrying cases. However, some noted that they also have Case Management Directors carrying cases; other staff who are carrying cases include an admissions specialist, an aftercare worker, an interim CUA Director; and two CUAs noted they have Certified Direct Service Workers from other programs carrying CUA cases.

High caseloads and workloads create significant risk and potentially dangerous circumstances for children and families. While the private provider community have been able to find extraordinary solutions to “make things work”, it has come at the cost of the workers who are facing burnout, secondary trauma, and minimal work/life balance. The workforce issue has reached crisis levels, for both CUAs and placement providers, with no potential solutions or strategies in place to offset this troubling trend.

### **The Face of the Crisis**

Far from being limited to salary and hiring burdens carried by the workforce and its employers, the burden of the workforce crisis weighs heavily on the children and families

that the system is designed to serve. Together, the workers and the client families present a chilling picture.

In his 2017 report, State of the Child, the Pennsylvania Auditor General affirmed the expanse of the problem: “Turnover creates a ripple effect: [o]ne caseworker leaves, creating increased workloads for other caseworkers, which results in more resignations. . . [i]ncreased continuances in court because a new caseworker does not have the knowledge or information readily available during the hearing. Continuances can lead to children staying in care longer. . . and [d]ifficulty filling positions with qualified staff.” More importantly, however, is the impact this can have on children and families who are left to struggle with “[h]aving to relive the trauma by telling their story over and over again; [d]elays in reunification; [i]nformation getting lost in translation or lost completely; [d]elays due to newer caseworker’s time to familiarize themselves with the case; [a] new caseworker taking a different approach to the case, which requires children and parents to have to learn the rules all over [again]; and [d]elays in a family sharing their needs and struggles with someone unfamiliar.”<sup>7</sup>

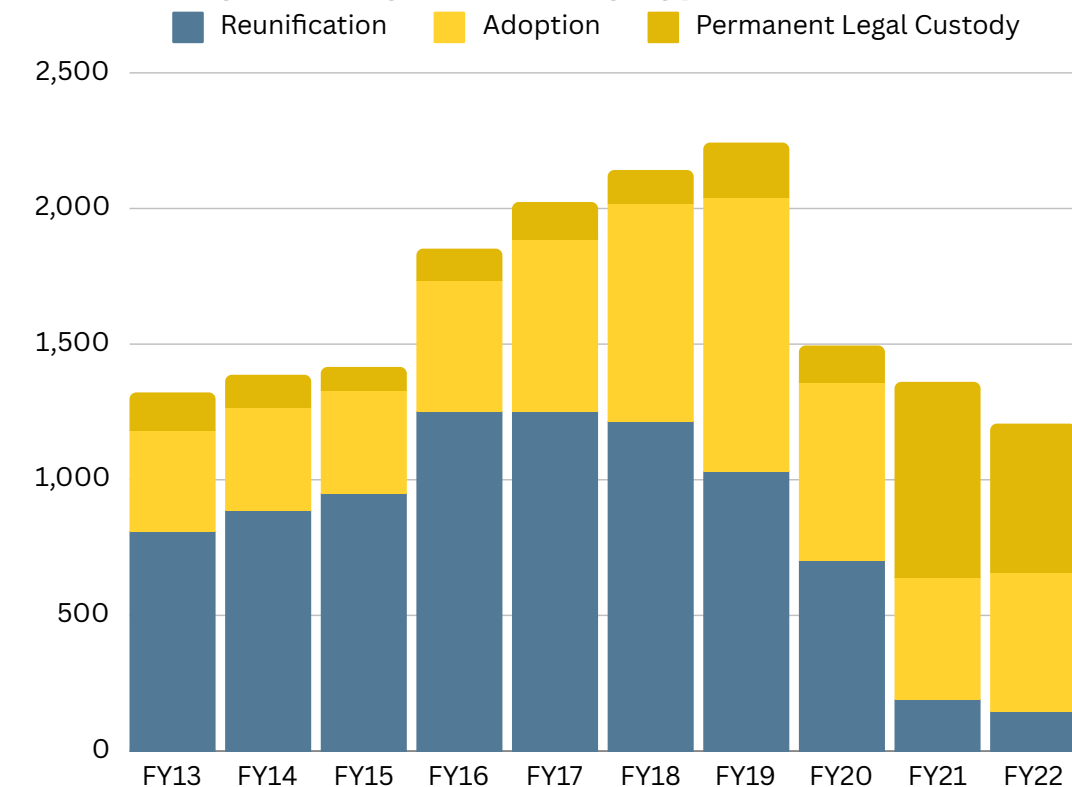
It is important to remember that in other industries, increases in production or clients might result in record profits or other measures of success. In child welfare, and generally in human services, the opposite is true: growth and increased need is not adequately funded and is often a bad thing. High case numbers, crushing workload, overwhelming



documentation requirements, and the challenge of changing human behavior all combine to fatigue and stress a system that fails the very children and families it was created to protect. While Philadelphia has made great strides in decreasing the number of children in care, DHS still notes that they have experienced “significant challenges finding dependent placements for youth, particularly older youth and those with behavioral health needs.”<sup>8</sup> When limited placement options continue to snowball, we see the inevitable symptoms of an overwhelmed system. The challenge of finding placements has contributed to an increased number of children staying overnight in the Philadelphia DHS Child Care room, which Philadelphia DHS has similarly attributed to heightened disruptions in placements. Others report a number of young people staying at inappropriate levels of care for months, sometimes even exceeding a year, while awaiting a more suitable placement.<sup>9</sup>

Lack of movement to family permanency has been disappointing in the Philadelphia child welfare system for at least seven years and worsening numbers reveal another face of the crisis. In Philadelphia’s most recent Quarterly Indicators Report for Quarter 4 of Fiscal Year 2022, Philadelphia DHS noted that one area for improvement is better timeliness in permanency. Their report noted that reunification, adoption and permanent legal custody timeliness have declined in the years following Improving Outcomes for Children (IOC) implementation (Fiscal Year 2015). Numbers have continued to decline since the start of the COVID-19 pandemic in 2020. Additionally, in recent years the proportion of youth reaching permanency through reunification has decreased.<sup>10</sup>

**Chart: Permanency Totals by Permanency Type**



Source: Philadelphia DHS Quarterly Indicators Report Fiscal Year 2022

Worker turnover at both CUAs and foster care providers affect the quality and quantity of in-home supports for both birth and kinship families and resource parents. The impact seems to fall on both ends of an extreme spectrum. Some caregivers report that they feel the number of case managers and others coming in and out of their home has increased since the implementation of IOC while others report being entirely unsure who their child's case manager is. Naturally, when resource parents are feeling unsupported or inundated, the system will likely struggle with recruitment and retention of quality homes, especially as "word of mouth" endorsement in communities, churches and families is one of the strongest recruitment tools to find new families willing to provide substitute care.

*"Positions are cut due to rising insurance premiums and other factors. Caseloads grow and supervisors, RPSW's, and admin/supportive staff are overburdened. This is not effectively supporting youth and families if we are not valuing the "helpers" and causing them work/environmental trauma and stress."*

## **PRIORITY NEEDS AND PROPOSED SOLUTIONS**

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### **Salary, Rates, and Funding Needs**

Many child welfare leaders identify salary as the most fundamental factor driving the exodus of workers from the workforce. The Task Force conducted a sizable survey of Philadelphia-based child welfare provider staff in July of 2022 to gauge the overall "culture" of the workforce. The survey resulted in 281 responses<sup>11</sup>, 52 percent of which were foster care provider employees and 48 percent of which were from CUAs. The survey confirmed that economic pressures on both agencies and staff are tremendously impactful. Key findings include:

- Many staff members are taking second jobs despite all of the burdens this approach presents: 44 percent of CUA and foster care provider respondents reported having a second job to supplement their income.
- Similarly, 77 percent of respondents disagreed when asked if they feel they are compensated (salary/pay, benefits, paid time off (PTO), etc.) fairly for their work.
- Unsurprisingly, 72 percent of respondents reported feeling overwhelmed by their student loan debt amount when compared to their salary or pay. The Council on Social Work Education and the National Association of Social Workers survey data reflect that Master of Social Work students have on average between \$68,000- \$76,000 total student loan debt.<sup>12</sup>
- Finally, when asked for the top five factors that have made workers consider leaving this profession, 80.1 percent - the overwhelming majority of respondents - cited inadequate pay, which exceeded the next most popular reason by almost 40 percent. The fourth most common reason was student loan debt.

Based on the feedback of surveyed workers, it is clear that without offering a more competitive compensation package of salary and benefits, the child welfare workforce in Philadelphia is being depleted. When a worker leaves, the remaining staff must fill the gaps, with larger caseloads and stretched coverage, exacerbating both service gaps and personal stress. Philadelphia’s CUA and placement providers, have made significant time and resource investments in attempting to mitigate or decelerate their workforce exodus. Many organizations have offered retention or referral bonuses, flexibility in work hours, remote work opportunities, loan repayment assistance, increased salary or hourly rates, have conducted staffing surveys, and offered enhanced professional development opportunities. CUA and placement providers are increasingly concerned, however, that without greater financial investment from local and state funding sources, the system may not have enough staff to meet its fundamental mandate.

ENTITY	POSITION	SALARY
FOSTER CARE PROVIDER <sup>13</sup>	RPSW Average Salary	\$40,000
	Supervisor Average Salary	\$48,500
CUA <sup>14</sup>	Caseworker Starting Salary	\$46,679
	Supervisor Starting Salary	\$57,349
DHS <sup>15</sup>	Social Work Trainee	\$40,198 - \$51,681
	Social Work Services Mgr. 1	\$42,831 - \$55,062
	Social Work Services Mgr. 2 <sup>16</sup>	\$56,480 - \$72,620
	Social Work Supervisor	\$64,492 - \$82,900

*“Social worker case managers, supervisors and directors are not paid fairly. We do not receive cost of living increases. It is hard to bring staff in with low wages in an era of entrepreneurship. Staff that sticks it out with companies are overlooked never being paid bonuses or extra money to take on more work due to short staff”*

- Despite these investments, however, there remains a 22.365 percent gap between the provider's RPSW salary and the Philadelphia DHS equivalent, Social Services Manager average salary of \$48,946.50.
- Not only is the average RPSW salary lower than the DHS Social Work Services Trainee starting salary, the average RPSW salary falls below even the DHS Social Work Services Trainee average salary of \$45,939 by almost 15 percent.
- While the starting CUA Case Manager salary and manager salaries are comparable to their DHS counterparts, the DHS Social Work Services Manager will quickly out-earn their CUA counterpart because of their annual step grade increases, which are not similarly guaranteed to CUA workers.<sup>17</sup>

These salary disparities also do not account for the competitive city benefits, such as pensions, annual step grade increases, union representation, comprehensive health coverage for employees and their dependents, tuition discounts, and others. Survey results included:

- Of all the provider agencies surveyed, only one offers a similar step-grade increase. Only 55 percent of agencies can afford an increase based on merit or performance, only 33 percent offer a cost-of-living adjustment or an increase when an employee obtains a new credential, and only 22 percent are able to offer any retention-based increase.

- While all providers offer healthcare insurance in some form, not all are able to support employees' dependents. All providers offer paid vacation days, life insurance, and some form of flex scheduling.
- 88 percent offer a retirement benefit, paid sick leave and dental insurance.
- 77 percent offer a pre-tax account for healthcare-related expenses such as a health savings account.
- Only 55 percent offer education assistance or compensatory time, and only 33 percent offer overtime.

The low salary of a private child welfare provider agency in Philadelphia becomes even more jarring and problematic when compared to other salaries of regional employers who hire individuals with social work degrees, most notably in the field of healthcare. The Bureau of Labor Statistics estimates the mean wage of medical social workers in the Philadelphia-Camden-Wilmington Region to be \$64,820.<sup>18</sup> The Task Force looked at salaries paid in healthcare institutions in the area that also hire social workers, and found the pay disparity to be tremendous.

*I feel embarrassed to discuss my pay, it used to be only around other college graduates who have a Master's degree, but now it's also around those just graduating college with a Bachelor's degree. Some are getting entry-level positions making the same that I am making when I have so many years of experience... It is VERY degrading and I feel unappreciated and not valued. If I truly did not love the work that I do, I would have long gone.*

## Salary Comparison of Philadelphia Region Social Work Employers

INSTITUTION	POSITION	AVERAGE ANNUAL SALARY
JEFFERSON HEALTH	Medical Social Worker	\$62,101 <sup>19</sup>
PENN MEDICINE	Medical Social Worker	\$63,322 <sup>20</sup>
CHILDREN'S HOSPITAL OF PHILADELPHIA	Medical Social Worker	\$72,966 <sup>21</sup>
	Licensed Clinical Social Worker	\$79,806 <sup>22</sup>
AMERIHEALTH	Social Worker	\$58,247 <sup>23</sup>

Source: *Glassdoor*


The School District of Philadelphia is another institution to which many workers go after leaving Philadelphia’s public child welfare system. It is also another field in which its professionals notoriously struggle with meaningful salaries to justify the sacrifice and challenge of their day-to-day work.

- Despite this reputation, beginning in the 2022-23 school year, social workers with a bachelor’s degree will begin earning \$50,066 for new hires and \$51,568 for new hires in the next school year – a starting rate of pay higher than both providers and CUAs are able to offer.
  - On the highest end of the scale, social workers can earn a salary of up to \$74,730 this year or \$76,972 next year.
- For individuals with Master’s degrees, their starting salaries in the 2022-2023 school year are \$51,539 for new hires and \$53,085 for new hires in the next school year.
  - Again, on the highest end of the scale, social workers can earn a salary of up to \$84,395 this year or \$86,927 next year.<sup>24</sup>


Although the public education system is widely known for less-than-favorable pay, resulting in teachers making personal and financial sacrifices, the School District of Philadelphia’s salary structure is still higher than that of foster care providers, including CUAs.

What is more, many agencies now report that they are losing their highly educated and skilled social workers to fields completely unrelated to social services. With retail companies and fast food workers able to earn comparable starting wages.<sup>25</sup> workers are now leaving for service industry positions. Working in these fields offer similar pay levels without the same stress and secondary trauma that comes with working in child welfare, with opportunities for advancement. At an ongoing average salary of \$40,000 a year, with no guarantees of an increase or cost-of-living adjustment, the system is essentially asking their experienced workers to continue to receive an entry-level salary.

The work of social workers is personally taxing and “clocking out” is not as simple as it is in other fields. Individuals are tasked with putting out emergencies on a never-ending basis, as they work to support children and families that have and continue to experience harrowing trauma. CUA Case Managers are required to enter homes, often under hostile circumstances, unsure of what await them. Child welfare workers are called to situations that require de-escalation or advanced mediation and can be required to do so at all hours of the day. Many have compared child welfare work with the field of first responders for these reasons. This work requires a reasonable rate of pay, the workers deserve time off to recharge, and the children and families merit high-quality services.



*I hope that this survey results in a salary increase for all individuals who work in this field. It's disheartening when jobs at fast food restaurants or chain stores pay a higher hourly wage than a social services agency*



### **Rate Setting Process**

Within other industries and sectors, if a business wanted to increase their wages to attract and retain high-quality workers, they would raise prices to increase profits or look for other ways to increase business. Foster care providers do not have that flexibility. In the child welfare system, the agency submits spreadsheets and documentation to establish their “state maximum allowable rate,” which is approved by the Pennsylvania Department of Human Services and reflects their cost of care. However, once they receive their state maximum allowable rate, they have to negotiate their rates with the counties with which they contract. In Philadelphia, for foster care providers, they do not have an opportunity to negotiate their individual agency rate. Philadelphia has set rates that they pay to all foster care providers, regardless of size, composition, or any other factors. Their rates are established as a per diem that they pay per child per day.

Foster care agencies spend an average of 45 percent of their per diem rates on salaries, and 14 percent on benefits, resulting in an average of 59 percent of their per diem going to employee compensation. This is in addition to dramatic increases related to the costs of doing business such as skyrocketing insurance premiums, rising costs of providing healthcare, gas and utilities, IT and other basic organizational needs. Given the similarities in work and qualifications, foster care rates and CUA budgets should be at a level that supports an agency's ability to offer comparable salaries with DHS workers. Being able to offer competitive wages while meeting all other increased costs of doing business is a critical component of quality workforce recruitment and retention within Philadelphia's child welfare system.

In these past couple of years, private agencies have struggled through a pandemic that required them to shore up resources and pivot their resources in a moment's notice. They identified opportunities to support children and families during times of civil, social, and racial unrest. They are now facing a workforce crisis. These

unanticipated circumstances have taught us that, private providers need a process to request a justifiable amount of funding to help offset their unanticipated spending times. Without one, more agencies are at risk of losing their doors, resulting in even fewer homes available for young people in need.

## RECOMMENDATIONS

- When identifying a per diem for foster care providers, Philadelphia DHS should calculate and advocate for one that is inclusive of a livable, competitive salary, that is comparable with their employee and CUA salaries, at a minimum.
- Philadelphia DHS should establish an annual process for providers to re-evaluate their per diems received so that the private foster care workforce is offered the opportunity for ongoing advancement as represented by salary increases, among other vehicles.
- Philadelphia DHS should provide a clear and defined process for CUAs and providers to request additional funding resources when a significant and pressing need occurs.

*"Social worker case managers, supervisors and directors are not paid fairly. We do not receive cost of living increases. It is hard to bring staff in with low wages in an era of entrepreneurship. Staff that sticks it out with companies are overlooked never being paid bonuses or extra money to take on more work due to short staff."*

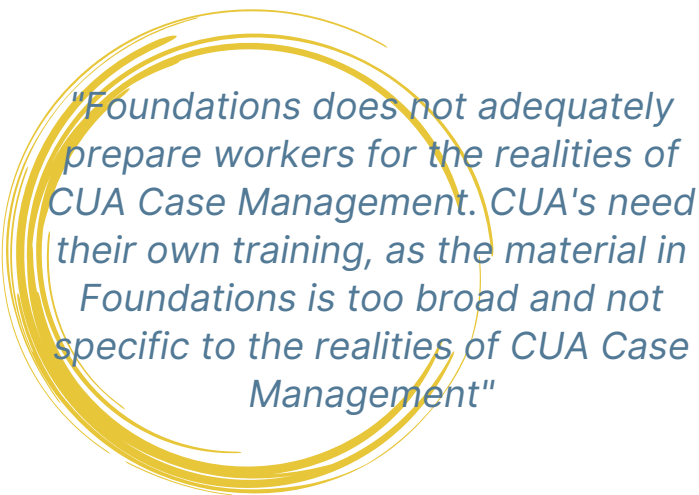
## Workloads and Caseloads

The second most common reason child welfare workers cited for considering leaving the profession was high caseload, with a response rate of 45 percent. Virtually every CUA and provider agency reported worker caseloads in excess of designated targets or caps. For the quarter ending June 30, 2022, DHS reported high average CUA worker caseloads, as high as an agency-wide 18 families per worker for one CUA and high levels across the system.<sup>21</sup> Given that an average Pennsylvania family consists of approximately 2.4 children<sup>22</sup>, a single CUA worker could be supporting upwards of 43 children at an given time. Worker caseloads should be lower; CUAs are funded to maintain a caseload ratio of 10 families per caseworker and some CUAs express concern that even 10 cases may be slightly high.

Foster care providers employ RPSWs to support resource parents. RPSWs are expected to make face-to-face contact with resource parents on a monthly basis for General Foster Care cases and twice a month for Specialized Behavioral Health homes. It is important to note that these are minimum standards for contact and many resource parents need greater support to adequately care for multiple children in their homes, starting with transportation support. In Specialized Behavioral Health homes, a RPSW is expected to maintain a ratio of 10 homes with no more than 14 children in their care. For a General Foster Care home, a RPSW is expected to maintain a ratio of 17 homes with no Philadelphia DHS mandated maximum on the number of children, although many institute their own maximums for the well-being of their workers. In addition to face-to-face

contact, RPSW responsibilities include intensive collaboration and coordination with CUA workers and often with other team members in order to fully support resource parent needs.

Onboarding and worker orientation should ideally help relieve caseload pressures while giving new staff time to learn. Only a third of survey respondents agreed that their onboarding or foundations training adequately prepared them for the realities of their position.



*"Foundations does not adequately prepare workers for the realities of CUA Case Management. CUAs need their own training, as the material in Foundations is too broad and not specific to the realities of CUA Case Management"*

The Task Force reviewed various models of caseload onboarding, including a model set forth by the Support Center for Child Advocates, which offers new employees 4-5 months of onboarding. During this time, they are assigned approximately half of their full caseload and receive intensive supervisory support, including shadowing, mentoring, which eventually evolves to regular consultation or supervision as they slowly build up to a full caseload.

While their current funding structure might allow a number of CUAs to develop a similar onboarding caseload model, many of them simply do not



presently have the number of applicants and employees to implement it. Many of them are assigning cases to staff while they are still enrolled in *Foundations*, mandatory orientation training for all CUA case managers, because of the shortage of workers while fully recognizing that onboarding someone too quickly can lead to problems in turnover and retention.

Documentation and record-keeping have become massive burdens on practice. The DHS scoring tool lists over 45 different items for resource care providers that agencies are responsible for documenting as a part of their annual agency evaluations and audits. Rather than relying on provider expertise to empower caseworkers to employ known social work practice skills, many social work professionals are relying on checklists to fulfill the documentation requirements outlined by DHS. While the evaluation tools and processes are intended to measure quality, the concern is that they rely too heavily on quantity with no focus on outcome or impact of service delivery. There is little ability to employ quality social work practices that might allow staff, for example, to increase support to youth most in need while decreasing support to stable youth and families. When the only focus is on meeting standards, quality social work is at risk of decreasing. The issue of documentation is further compounded by the literal interpretations that Philadelphia DHS staff have employed. Agencies report, for example, being cited for sending a letter signed by an Office Manager instead of a Director or Case

Manager. When a Foster Care Director conducts an initial visit that must take place within 48 hours due to scheduling challenges or workforce shortages, an agency is cited because the standard states that a RPSW must make the visit. This level of documentation-intensive practice is wearing the workforce out; professionals have cited documentation as reasons for leaving the field in their exit interviews.

Running through a list of over 45 items can quickly dominate an entire visit, causing a visit to be driven by Philadelphia DHS evaluation requirements instead of a quality discussion driven by resource parent needs. The workload of documentation has a snowball effect: each case worker spends 20-25 minutes drafting a case note per child, the amount of time spent on a single family can easily amount to an hour, with a supervisor then also spending comparable amounts of time reviewing that case note. While 89 percent of CUAs and 85 percent of foster care providers understood the

*"Although I understand the importance of documentation it seems like the amount that is required and keeps getting added severely takes away from spending quality time with children and families... Is there a way to streamline the required documentation so provider staff can focus more on direct client contact."*

value of documentation that they have to complete for the benefit of children and families, the sheer amount and level of scrutiny their documentation receives is overwhelming. Survey responses indicate the following:

- Only 23 percent of provider agencies agreed that the amount of time they spend completing documentation is an appropriate proportion to the time spent supporting children and families; 55 percent of provider agency workers disagreed with that statement.
- 44 percent of provider workers stated that they have adequate time and tools to build relationships with the youth, children, families with which they worked, while 22 percent disagreed with that statement.
- Only 29 percent of CUA workers agreed that the amount of time they spend completing documentation is proportionate to the time spent supporting children and families; 41 percent of CUAs found the time to be disproportionate.
- 41 percent of CUA respondents also stated that they have adequate time and tools to build relationships with the youth, children, families with which they work but 28 percent of CUA respondents disagreed and wished for more time.

Each CUA and provider agency should be supported in preparing for expected worker departure and turnover by having a ready workforce of replacement staff – a “bullpen”. In most professional sports, for example, teams carry substitute players on their rosters as the “bench” or “bullpen,” who are ready for the inevitable emergent need, but also may never or rarely get “in the game.” By

contrast, child welfare agencies who might want to have workers readied in advance to step in when another worker leaves, are not permitted to “bill” for these staff members and with the labor shortage and other demands studied here, would find it difficult to even fill such positions.

One model is presented by Turning Points for Children, which has specialized units, such as an Older Youth unit, which is specifically skilled in supporting teens in their care. While this specialization creates a particular skillset when a need is overwhelming the system, it offers the secondary benefit of a caseworker “bullpen,” meaning that when there are fewer older youth cases, there are caseworkers available to help alleviate the strain in other parts of the agency

## RECOMMENDATIONS

- The Task Force encourages greater autonomy for CUAs to manage the development of replacement staff as needed to address the unique needs of their communities. PA DHS and Philadelphia DHS should allow and provide funding for a “bullpen” of caseworkers to be readily available when workforce challenges or an increase in cases inevitably arises.
- Philadelphia DHS should re-evaluate components of its audit tools. While agencies respect and appreciate the opportunity to measure quality as an important priority, the sheer volume and strict interpretation of the guidelines actually has the adverse effect of stifling quality social work.

Philadelphia DHS could alternatively identify quality outcomes and build in incentives to support achievement of these outcomes.

- Rates paid to providers should also account for onboarding needs. CUA and foster care provider rates should accommodate a caseload onboarding ratio.

## Professional Development

### Training

Presently, county workers, including CUA case managers who do the work on behalf of Philadelphia DHS, are trained and onboarded through the Child Welfare Resource Center (CWRC)<sup>23</sup>. CWRC offers Foundations training, a 2-month course that is required of all county workers that is only available through the CWRC. *Foundations*, formerly known as *Charting the Course*, is intended to provide an overview of the concepts and principles that drive child welfare practice in Pennsylvania. The course is limited in enrollment during each offering so each CUA receives a certain number of slots per offering.

CUAs and DHS workers also use DHS University (DHSU), which is the Philadelphia DHS training arm that offers no-cost webinars, in-person trainings, and other professional development to DHS staff, CUA staff, and some prevention providers. Foster care providers are expected to identify independent resources to complete the training hours required of them by Philadelphia DHS.

## RECOMMENDATIONS

- Open DHSU trainings to include the foster care provider community. In addition to decreasing costs to providers, DHSU provider enrollment offers consistency in training and shared training opportunities, which can lead to increased rapport among all system stakeholders and allow each party to gain a better understanding of the others' work.

### Credentials

Additionally, at a time when foster care providers struggle with recruitment and retention of quality workers, the scope of service includes strict degree requirements, including field of study, without any substitute for years of experience. While Philadelphia DHS has a process in place for waivers, many providers report waiting months or sometimes years for a response and are cited during their review process while awaiting a response.

## RECOMMENDATIONS

- Philadelphia DHS should, especially given this time of great turnover, reconsider components of their scope of service and expedite staffing and credential-based waiver requests from providers.

### Referrals and On-Call System

The Central Referral Unit (CRU) of Philadelphia DHS is the hub of referrals for placements. It is the single resource for providing and finding referrals, including providing partners with initial information to help

resource parents make informed decisions regarding a young person and their ability to care for a young person. The importance of the CRU's role in the success of a child or family's involvement in the foster care system cannot be overstated. Unfortunately, the referral system in Philadelphia feels like it is operating under a constant state of emergency. While referrals can happen at all hours of the day, the number of placements happening after hours has been increasing on a startling basis. Further, resource parents are often receiving incomplete or outdated information on the young people to which they are expected to open their homes. This can result in incredible safety issues, especially when resource parents are uninformed of challenging behaviors, medication needs, and other critical pieces of information, which can also lead to placement disruptions.

On-call service demands are significant and costly to worker morale and longevity. Naturally, the work of foster care is one that requires 24/7 hour capacity and shifts. Foster care providers manage this additional shift in a variety of ways but the large majority report that they offer additional pay or time to a single employee over a period of time and rotate the worker who is working "on-call." DHS has two separate shifts managing the overnight operations of the agency, providers, including CUAs, are struggling to support workers in managing this need. While the on-call needs used to consist of occasional need for services, providers now report receiving dozens of calls on any given night, which has an indelible impact on worker well-being and resource parent retention. Workers report the on-call system as one of the primary reasons for

leaving their agency. As the volume of overnight and emergency placement calls has increased, staff are finding it difficult to manage a work/life balance by staying in this field.

## RECOMMENDATIONS

- The standard rate that Philadelphia DHS pays for providers should also adequately fund the volume of referrals that the overnight "shift" is expected to address. The scope of service to which providers are bound requires the agency and resource parents to have 24-hour capacity without considering the requisite funding that agencies need to staff their agencies at this capacity, especially as overnight activity has greatly increased.
- The limitations and challenges from the CRU need to be addressed and reviewed on a systemwide basis. Philadelphia DHS should convene an external workgroup or Task Force to review the barriers, limitations, and solutions to placing young people with greater care needs. This workgroup should be expansive and inclusive of Community Behavioral Health, the Philadelphia School District, foster care providers, CUAs, and advocates to talk through some of the systemic transformations that need to take place to better position the system to take in these young people.

## WHAT'S WORKING?

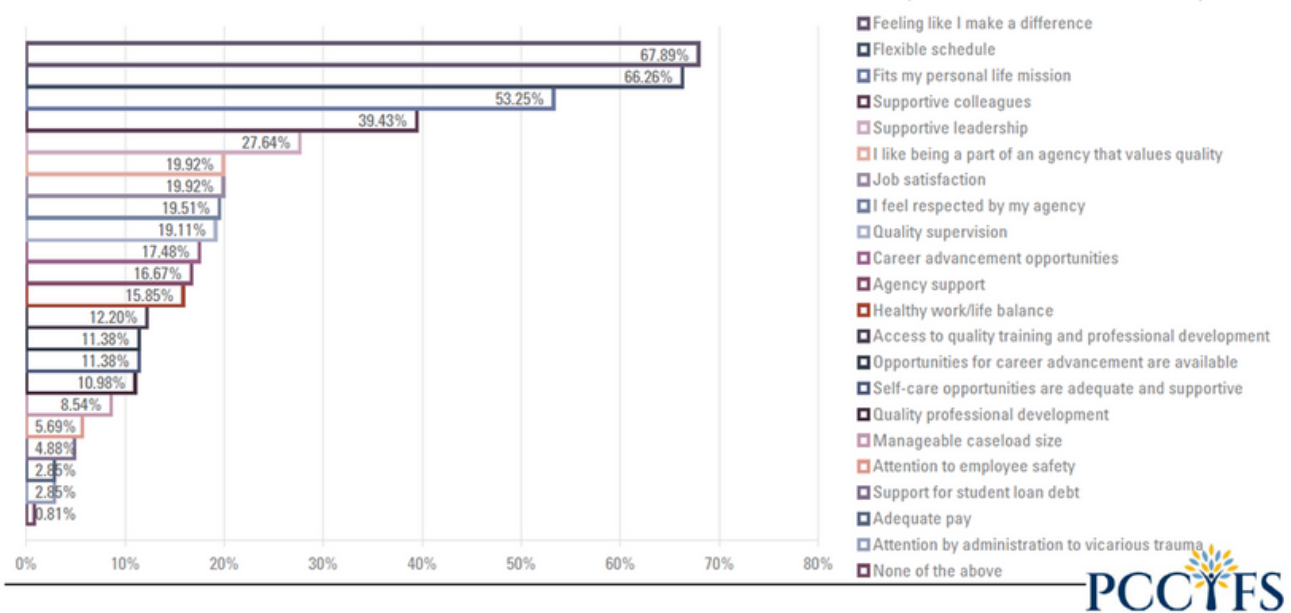
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While the work is demanding and it only seems to be getting more and more challenging, 19 percent of workers who responded to the Task Force's survey reported being in this field for 4-6 years, 15 percent have been in this field for 7-10 years, and 43 percent have been in this field for over ten years. With close to 50 percent of respondents sharing that their title is Case Manager or Case Worker, 9 percent of respondents identifying as a case aide, and 22 percent operating as managers, the Task Force's survey found that vast majority of workers have remained in this field for a long period of time to manage the hands-on work, despite the shortcomings we outlined above. While social workers are incredibly dedicated to this field, we took a deeper dive to review what exactly is working to help us keep these professionals who did stay. Survey results included the following:

- Most notably, 68 percent of both foster care and CUAs cited that the top factor that has kept them in this field was "feeling like I make a difference," and "fits my personal life mission," was also the third most popular answer at 53 percent.
- The second most popular answer at 66 percent was a flexible schedule. Many agencies report offering compensatory time, for example, which allows an individual to work late and come in later another day or accumulate their time for an extra day off. This approach has received positive feedback from their workers.
- Supportive colleagues and supportive leadership ranked third and fourth, respectively. 39 percent reported supportive colleagues and 28 percent reported supportive leadership as the factors that have kept them in this field. Notably, 20 percent reported that they enjoy being a part of an agency that values quality.

Overall, these results tell us that providers, whether CUA or foster care providers, are putting effective practices in place to support their employees to the extent they are able and with the limited resources available to them. However, at a point, this will not be enough. The city's child welfare system has a responsibility to ensure that Philadelphia's children and families have access to quality services and a significant part of that is directly tied to the quality and stability of the field's workforce. Without some serious investment and study into strategies to improve the culture of the workforce and interrupt current recruitment and retention trends, Philadelphia's child welfare safety net will be at risk of collapse.

## WHAT ARE THE FACTORS THAT HAVE KEPT YOU IN THIS FIELD (SELECT YOUR TOP 5):



## CONCLUSION

While this Task Force focused on child welfare in Philadelphia, often one of the most critical resources needed for parents and youth impacted by trauma and child welfare involvement is access to behavioral health treatment. Many Task Force members also offer behavioral health services and are similarly struggling with the impact the staffing crisis is having on that system. In 2020, the Substance Abuse and Mental Health Services Administration estimated that the turnover rate in behavioral health was between 30-50%<sup>29</sup>. Given the impact of the pandemic, professionals anticipate that it may be higher now and is likely much higher in the Philadelphia public sector market. Pennsylvania DHS has identified access to care as one of its key 2019-2022 strategic priorities<sup>30</sup>. At the same time, anecdotally, many providers report serving fewer children than pre-pandemic, while also recognizing that the need for access to treatment has increased as a result of the pandemic. Access to services is bound to impact safety, permanency, and well-being of the families the child welfare system serves. The child welfare workforce cannot succeed when other systems are similarly understaffed and under-resourced. As recommended throughout this report, greater cross-system collaboration must be prioritized in order for families and children to thrive. The Task Force strongly urges these systems to engage in similar discussions to help identify concrete solutions for addressing workforce-related challenges.

Again, child welfare work is not easy. Working with traumatized children and families is personally taxing work that requires some around-the-clock commitment under a microscope of public quality improvement initiatives. The social workers who commit their lives and time to improving the lives of Philadelphia’s children and families are far from perfect and their errors can be costly. However, the leaders

responsible for the well-being of children and families cannot then ignore the needs of the workers while holding them to a standard of perfect care.

This Task Force came together because the social workers who are committed to this work deserve the best chance to do this work well. The anecdotes and quotes we hear from our workers tell us that the commitment is here - over 40 percent of them have chosen to take on a second job instead of leaving the field entirely. The vast majority of them find incredible meaning in being able to improve the lives of Philadelphia's young people and want to incite change. But their commitment to the system, children, and families cannot be one-sided. The Task Force proposes these recommendations in hopes of building a system that is equally dedicated to the professionals who keep this work moving, even during an overwhelming workforce crisis.

# ENDNOTES

<sup>1</sup>During the initial meeting regarding Funding Solutions, workgroup members identified immediate and pressing funding needs, given the present crisis. As a result, the task force drafted and submitted a memo to Philadelphia Commissioner Kimberly Ali outlining the need for an increased per diem to slow the exodus of workers from Philadelphia's child welfare field and provider agencies.

<sup>2</sup>Eli Rosenberg, *4.3 Million Americans Left Their Jobs In December As Omicron Variant Disrupted Everything*, Washington Post (February 1, 2022), <https://www.washingtonpost.com/business/2022/02/01/job-quits-resignations-december-2021/>

<sup>3</sup>Society for Human Resources, *Nearly 2 Million Fewer Women in Labor Force*, (February 17, 2022) <https://www.shrm.org/resourcesandtools/hr-topics/behavioral-competencies/global-and-cultural-effectiveness/pages/over-1-million-fewer-women-in-labor-force.aspx>

<sup>4</sup>Zippia, *Licensed Social Worker Demographics* (Updated September 9, 2022), <https://www.zippia.com/licensed-social-worker-jobs/demographics/>

<sup>5</sup>Casey Family Programs. (2017). *How does turnover affect outcomes and what can be done to address retention?*, [https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO\\_Turnover-Costs\\_and\\_Retention\\_Strategies-1.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf)

<sup>6</sup>Philadelphia Department of Human Services, *Quarterly Indicators Report Fiscal Year 2022 July 1, 2021-June 30, 2022* (updated September 29, 2022), [https://www.phila.gov/media/20221003103048/Quarterly-Indicators-Report-FY22\\_9.29.22\\_Full-Version.pdf](https://www.phila.gov/media/20221003103048/Quarterly-Indicators-Report-FY22_9.29.22_Full-Version.pdf)

<sup>7</sup>Pennsylvania Auditor General Eugene D. Pasquale. *State of the Child: A look at the strengths and challenges of Pennsylvania's child-welfare system and the safety of at-risk children*. (2017). [https://www.paauditor.gov/Media/Default/Reports/RPT\\_CYS\\_091417\\_FINAL.pdf](https://www.paauditor.gov/Media/Default/Reports/RPT_CYS_091417_FINAL.pdf)

<sup>8</sup>Philadelphia Department of Human Services, *supra* note 6 at 5.

<sup>9</sup>Samantha Melamed, *Missing kids, illicit activity: Staff warn of chaos at Philly DHS office that houses stranded kids*, Philadelphia Inquirer (August 4, 2022) <https://www.inquirer.com/news/philadelphia-dhs-kids-childcare-room-office-juvenile-justice-delays-20220804.html>

<sup>10</sup>Philadelphia Department of Human Services, *supra* note 6 at 53.

<sup>11</sup>Based on an extrapolation of average agency sizes, the Task Force estimates that this response rate represents an approximately 21 percent response rate.



<sup>12</sup>National Association of Social Workers and Student Borrower Protection Center. *Social Worker Voices from the Department of Education's RFI on PSLF*. (September 17, 2021). <https://www.socialworkers.org/LinkClick.aspx?fileticket=MAStKYsEIMs%3D&portalid=0#:~:text=The%20Council%20on%20Social%20Work,%2476%2C000%20total%20student%20loan%20debt.>

<sup>13</sup>Provider agencies operate independently in setting their salaries; there was some variation in salaries ranging from 36,000-45,000. As a result, for this measure, the Task Force looked at the average.

<sup>14</sup>CUA starting salaries are defined by Philadelphia DHS. While some CUAs are able to offer increases on a regular basis, others are not, and amounts also vary. As a result, the only consistent salary measure across all 10 CUAs was the starting salary.

<sup>15</sup>City of Philadelphia Department of Human Services, *Budget Detail, Fiscal Year 2023*. (updated April 2022) <http://phlcouncil.com/wp-content/uploads/2022/04/Budget-Detail-Dept.-of-Human-Services.pdf>

<sup>16</sup>The job description for a SWM2 notes a requirement of three years work experience, or a master's degree can substitute for two years of work experience, among other requirements. See City of Philadelphia Office of Human Resources, *Job Specifications*, (Updated September 2019), <https://www.phila.gov/departments/office-of-human-resources/job-specs/5a07.htm>

<sup>17</sup>City of Philadelphia Office of Human Resources, *Pay Ranges*, (Updated April 20, 2022) <https://www.phila.gov/departments/office-of-human-resources/careers/pay-ranges/#/>

<sup>18</sup>Bureau of Labor Statistics, *Employment of child, family, and school social workers by area* (May 2021) <https://www.bls.gov/oes/current/oes211021.htm>

<sup>19</sup>The typical Thomas Jefferson University and Hospitals Social Worker salary is \$62,101 per year. Social Worker salaries at Thomas Jefferson University and Hospitals can range from \$50,000-\$77,000 per year. Specialist Social Worker salaries appear to be higher. See Glassdoor, *Salary Details for a Social Worker at Thomas Jefferson University and Jefferson Health in Philadelphia, PA Area* (Updated September 15, 2022) [https://www.glassdoor.com/Salary/Thomas-Jefferson-University-and-Jefferson-Health-Social-Worker-Philadelphia-Salaries-EJLIE19844.0,48\\_KO49,62\\_IL.63,75\\_IM676.htm](https://www.glassdoor.com/Salary/Thomas-Jefferson-University-and-Jefferson-Health-Social-Worker-Philadelphia-Salaries-EJLIE19844.0,48_KO49,62_IL.63,75_IM676.htm)

<sup>20</sup>Glassdoor, *Salary Details for a Social Worker at Penn Medicine in Philadelphia, PA Area* (Updated March 14, 2022) [https://www.glassdoor.com/Salary/Penn-Medicine-Social-Worker-Philadelphia-Salaries-EJLIE635867.0,13\\_KO14,27\\_IL.28,40\\_IM676.htm](https://www.glassdoor.com/Salary/Penn-Medicine-Social-Worker-Philadelphia-Salaries-EJLIE635867.0,13_KO14,27_IL.28,40_IM676.htm)

<sup>21</sup>Glassdoor, *Salary Details for a Medical Social Worker at Children's Hospital of Philadelphia*, (Updated April 26, 2022) [https://www.glassdoor.com/Salary/Children-s-Hospital-of-Philadelphia-Medical-Social-Worker-Salaries-E14374\\_D\\_KO36,57.htm](https://www.glassdoor.com/Salary/Children-s-Hospital-of-Philadelphia-Medical-Social-Worker-Salaries-E14374_D_KO36,57.htm)

<sup>22</sup>Glassdoor, *Salary Details for a Licensed Clinical Social Worker LCSW at Children's Hospital of Philadelphia* (Updated March 24, 2022) [https://www.glassdoor.com/Salary/Children-s-Hospital-of-Philadelphia-Licensed-Clinical-Social-Worker-LCSW-Salaries-E14374\\_D\\_KO36,72.htm](https://www.glassdoor.com/Salary/Children-s-Hospital-of-Philadelphia-Licensed-Clinical-Social-Worker-LCSW-Salaries-E14374_D_KO36,72.htm)

<sup>23</sup>Glassdoor, *Salary Details for a Social Worker at AmeriHealth Caritas* (Updated December 28, 2021) [https://www.glassdoor.com/Salary/AmeriHealth-Caritas-Social-Worker-Salaries-E492258\\_D\\_KO20,33.htm](https://www.glassdoor.com/Salary/AmeriHealth-Caritas-Social-Worker-Salaries-E492258_D_KO20,33.htm)

<sup>24</sup>Philadelphia Federation of Teachers, *PFT-School District of Philadelphia Collective Bargaining Agreement 2021-2024*, (2021) [https://www.pft.org/sites/default/files/63769\\_pft\\_contract\\_book\\_final.pdf](https://www.pft.org/sites/default/files/63769_pft_contract_book_final.pdf)

<sup>25</sup>Layla A. Jones, *The minimum wage at all the supermarket chains in Philly*, Billy Penn (March 18, 2021) <https://billypenn.com/2021/03/18/philadelphia-supermarket-minimum-wage-lidl-aldi-whole-foods-shoprite-trader-joes/>

<sup>26</sup>Philadelphia Department of Human Services, *supra* note 6 at 36.

<sup>27</sup>Statista, *Average size of households in the United States in 2021, by state*. (2022) <https://www.statista.com/statistics/242265/average-size-of-us-households-by-state/>

<sup>28</sup>The Pennsylvania Child Welfare Resource Center is a collaborative effort of the University of Pittsburgh, School of Social Work, the Pennsylvania Department of Human Services (PA DHS), and the Pennsylvania Children and Youth Administrators. It was established to train direct service workers, supervisors, administrators, and foster parents in providing social services to abused and neglected children and their families. The Resource Center is centrally managed and regionally administered by the University of Pittsburgh, School of Social Work. It is funded by grants from PA DHS.

<sup>29</sup>Bjorklund, Monroe-DeVita, Reed, Toulon, & Morse, 2009; Bukach, Ejaz, Dawson, & Gitter, 2015; Garner, Hunter, Modisette, Ihnes, & Godley, 2012; *Substance Abuse and Mental Health Services Administration*, (Feb 20, 2020).

<sup>30</sup>Pennsylvania Department of Human Services, *Strategic Plan: 2019-2022*. (December 2019) <https://www.dhs.pa.gov/about/Documents/DHS%20Strategic%20Plan.pdf>

*\*The quotes highlighted throughout this report come from CUA and foster care provider workers who completed the Task Force's survey.*