

COVID-19 Workforce Needs Assessment (WNA)

CROSS-SITE REPORT FOR WORKFORCE EXCELLENCE PUBLIC CHILD WELFARE SITES

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LEARNING, LEADING, CHANGING

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Introduction

Purpose of COVID-19 Workforce Needs Assessment

U.S. public child welfare agencies are charged with ensuring the safety, permanency, and well-being of children, including the more than 400,000 children and youth in out-of-home placements at any given time. In 2018, the child welfare system responded to an estimated 4.3 million referrals of abuse and neglect for almost 8 million children with 44% of these referrals leading to open cases for investigations (Administration on Children, Youth and Families [ACYF], 2020a). In March 2020, the COVID-19 global pandemic resulted in the sudden mandated and prolonged closure of businesses, schools, and agencies across the country. Child welfare agencies were among those required to close their offices to protect the health and safety of their workforce. Due to the critical and essential nature of child welfare work, agency leaders had to quickly work out how to deliver uninterrupted services to families, while moving their workforce (more than 30,000 caseworkers nationally; ACYF, 2020b) out of agency settings and into working remotely from their homes in a matter of days.

This extraordinary shift presented immediate challenges, including:

- Lack of disaster planning protocols that provided specific guidance for agencies about how to operate in a global pandemic;
- Lack of clear guidance for designating child welfare workers as essential workers, with wide variability of this designation from state to state;
- Lack of personal protective equipment (PPE), including masks, gloves, and anti-bacterial cleaning products for child welfare professionals and also for families in the beginning months of the pandemic;
- Lack of resources for the workforce to conduct their work virtually, such as laptop computers, broadband internet, and software platforms, as well as staff training to support virtual meetings (i.e., Zoom);
- Lack of knowledge and understanding about how to conduct essential child welfare services in ways that were safe for the workforce and the families they served (essential services include investigations of child abuse and neglect, home visits, facilitating visitation between children and parents, and court hearings).

From the beginning of the pandemic, child welfare agencies across the country mounted an extraordinary response to these challenges. This involved marshalling technology to connect with families, maintaining ongoing communication with staff, advocating for PPE, and updating practice and protocols for working in a virtual/social distancing environment. However, jurisdictions' responses ranged widely across the country. Child welfare agencies in areas impacted early by the pandemic, such as New York, Washington State, and California, had little guidance on how to operate safely during a time of many outbreaks and deaths from COVID-19. Agencies in areas with weak broadband/internet resources or that lacked resources for staff to work remotely also struggled to pivot quickly to a virtual infrastructure.

In response to these uncertainties and to better understand the impact of COVID-19 on the child welfare workforce, the National Child Welfare Workforce Institute (NCWWI) conducted a Coronavirus-19 Workforce Needs Assessment (COVID-19 WNA) in two state and two county public workforce excellence sites in May 2020. These sites currently work with NCWWI on initiatives to improve the health of their workforce. The goal of the COVID-19 WNA was to provide rapid-response feedback to agency leaders on their workforce's needs during this time of unprecedented public health concerns.

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Six months later, the U.S. is still dealing with of height of the COVID-19 pandemic, with over 256,000 COVID-related deaths (Centers for Disease Control and Prevention, 2020). Much of the country has reopened despite rising infections rates, while some regions have reverted back to more stringent restrictions. Similarly, within child welfare, some agencies continue to support a remote workforce, while others have brought some or all of their staff back to working in the office. As infections surge, how to keep staff safe while also providing services to families continues to be a challenge. Therefore, we hope this report can inform current workforce practice and policy changes around responding to COVID-19, as well as future planning, policies, and resource development in the event that child welfare agencies face other such phenomena (i.e., natural disasters, public health threats, or county/state/national emergencies).

Methods

The COVID-19 WNA included survey questions about workforce needs related to the COVID-19 pandemic (e.g., physical environment, supervision, and peer support). Open-ended questions about the workplace physical environment, engagement and work with families, and implications for workplace changes were also included.

The NCWWI Evaluation Team launched the COVID-19 WNA across each of the four public child welfare sites, and it remained opened for approximately one week (May 8-28, 2020). The assessment was distributed via an anonymous link to staff using Qualtrics software from the Qualtrics Research Suite (© 2020). Prospective participants received an information sheet outlining the purpose of the survey, the anonymous nature of participation, and how the results would be reported. Incentives included a random drawing of Amazon.com gift cards after the survey closed.

Table 1 provides information on the four sites' COVID-19 rates from April to June 2020 and serve to provide context for public health concerns related to COVID-19 during this time period.

Table 1
Confirmed COVID-19 Cases for Four Public Child Welfare Sites

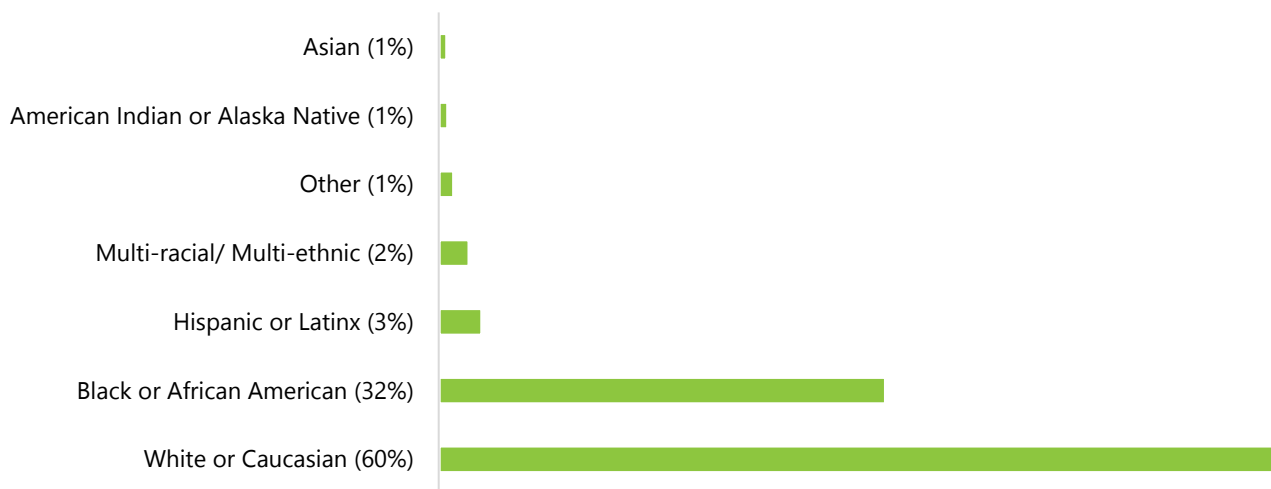
	County WE Site 1	County WE Site 2	State WE Site 3	State WE Site 4
April 1, 2020	53	603	584	4,638
May 1, 2020	1,409	3,472	3,321	27,270
June 1, 2020	1,976	6,118	7,443	47,618
Estimated Population 2018-2019	1.2 million	919,719	3 million	10.6 million

Results of the COVID-19 WNA Survey

The survey was launched between May 8 and May 28, 2020, across the Public WE sites.

Of the 2,631 staff across public WE sites who responded to the COVID-19 WNA survey and provided demographic information, 32% identified as African American, 1% as American Indian or Alaska Native, 1% as Asian, 3% as Hispanic or Latinx, 60% as White, 2% as multiracial/multi-ethnic, and 1% as other (see Figure 1). Most of the staff were women (88%). Most of the participants were frontline staff (47%) followed by support staff (20%), and 10% identified as managers or directors, including senior/executive level directors, district/regional/county directors, and program directors/administrators.

Figure 1 *Respondent's Race/Ethnicity*



Key COVID-19-related workforce status during WNA:

- 98% of staff reported that they were considered essential workforce.
- 63% of staff indicated that their job responsibilities typically required physical interaction with clients (e.g., home visits, transportation, delivery of in-home services).
- 90% of staff reported that they were directed by their child welfare program to work from home/work remotely at least some of the time.

Office Safety

When asked about their physical environment and necessary resources to conduct their work, staff primarily commented on the lack of personal protective equipment (PPE; such as face masks, gloves, and sanitizing materials like gels, disinfectant wipes, and sprays). While staff understood that these resources were initially hard to come by across the country, many staff reported that, despite their status as essential workers, it took about two months before they were provided just a few face masks, which they had to use repeatedly. As one staff person shared, *“Although through our work we are seen as essential, it does not feel so... We are risking our health too, to make certain children are well, fed, and we assess any challenges the child or families may have.”* Many staff whose job involved interacting with children and families felt they were not supplied with adequate PPE and described having to use their own money to purchase PPE or secure donations for themselves or their teams. Staff also noted they were limited in being able to provide these protective resources to children and families. These shortages in PPE contributed to health concerns during physical home visits for both the staff and families. For example, staff shared, *“I’m not happy with access to PPE but do not think this is the fault of [this agency], it is simply in short supply,”* and, *“We need PPE for foster care youth.”*

Staff also expressed the need for office equipment to enable them to effectively work from home, including printers, scanners, and other office supplies, as well as reimbursement for expenses such as ink and paper:

I am using my personal computer, my personal internet, and my personal smart phone to do work remotely. Without these items, I would have had to go into the office every day. I had to purchase a mouse, keyboard, and monitor.

Many were frustrated by the continued need to print, fax, submit, or file documents as this required them to go to the office to accomplish those tasks, further heightening public health and safety concerns. One staff member shared, *“It’s been hard to run back and forth to the office to print or scan documents since we can’t use our own printers.”* Indeed, across sites, 40% of staff reported being dissatisfied with their access to office equipment while working remotely. If remote work continues, staff expressed the desire to be supplied with appropriate equipment such as printers, scanners, and office supplies. Relatedly, the change to remote work highlighted the need to have up-to-date equipment (e.g., computers/software, phones, internet, and a virtual private network) that functions properly when not on the agency’s premise or network.

Overall, staff acknowledged and appreciated their agency’s efforts to keep them safe during this time. Staff also shared how this new opportunity to work from home and the ability to conduct some home visits virtually made them feel safer and more productive.

Communication

Staff reported that they primarily received up-to-date work-related information on COVID-19 (as it related to practice with families or their job function) from all-staff communication (e.g., emails, videos, virtual staff meetings/check-ins; 85%), followed equally by communication from leadership (director, HR, or management; 61%) and communication from a supervisor (61%). Staff's preferred way of receiving work-related COVID-19 information was emails (69%) followed by Zoom/virtual staff meetings/check-ins (15%) and direct communication (e.g., phone call or texts; 15%). Overall, 85% reported that they were satisfied with the frequency of work-related COVID-19 communications from the agency, and 80% were satisfied with the information contained in work-related COVID-19 communications. Despite initial confusion and lack of information around stay-at-home orders, virtual home visits, and remote work, staff generally conveyed that they appreciated their administration's effort to provide ongoing communication around COVID-19 work-related issues.

Professional Support During COVID-19

Generally, peer support during the pandemic was strong across the public WE sites, with staff reporting that they "usually" or "almost always" maintained a connection with their peers (68%), and that they shared work-related stressors (61%) and positive work experiences with each other (64%). Staff also reported that they were "usually" or "almost always" able to participate in virtual work-related social and community events or activities (54%).

Supervisor support was also strong across the public WE sites, with most staff agreeing their supervisor provided options for a flexible work schedule (82%) and trusted them with time management when they were not working in the office (88%). Staff reported that their supervisors were available by phone or email during (89%) and after (83%) business hours. Staff expressed both frustration and appreciation for how their leadership supported staff during this time period, with some expressing leadership was *"unprepared, ill informed, and ill equipped,"* while others expressed leadership did their best to show staff they were valued, *"I appreciate the support that our leadership has provided."*

COVID-19's Impact on the Workforce and the Work with Children and Families

Physical Health, Mental Health, and Financial Well-Being

Staff shared their experiences of how the pandemic has negatively impacted various aspects of their lives as well as the lives of the children and families with whom they work. The survey results revealed that staff experienced a “moderate” or “great” negative impact on their physical health (40%) and mental/emotional health (69%) as a result of the pandemic. Additionally, staff observed that the children and families with whom they worked experienced a “moderate” or “great” negative impact on their physical health (52%), mental/emotional health (84%), and financial well-being (77%) as a result of the pandemic. Indeed, staff shared the following sentiment, *“This has been a traumatic experience for all of us.”*

Family Engagement Opportunities and Challenges in a Virtual Setting

Staff who work directly with children and families were asked how successful they have been in engaging with them since COVID-19 began. Over half expressed they were “very successful,” while 46% reported they were “somewhat successful,” and 3% reported they were “not very successful.” Most expressed that their face-to-face contact with clients decreased (69%), while some reported that this did not change (28%). Not surprisingly, virtual contact with clients increased (76%). Staff shared:

It has been a struggle due to concerns of people having COVID and ... I get nervous at times to go out to homes [for] fear of getting sick... Families are sometimes scared to let me in because they are afraid that I might get their family members sick.

With around 90% of staff being directed to work from home/work remotely at least some of the time, staff shared both opportunities and challenges related to how these orders impacted their work and engagement with families. For example, staff expressed concerns for their own safety when conducting physical home visits with families, as well as how families were hesitant, and many times unwilling, to have physical home visits or in-person meetings due to COVID-19 public health concerns.

One staff person shared:

I have been able to conduct home visits. However, this has created a great deal of anxiety for me. Going into others' home during this time has been very difficult knowing that we do not know much about this virus.

Indeed, establishing relationships with new clients was particularly challenging at times because clients could refuse home entry due to public health concerns. As this was understandable, staff found creative ways to communicate and connect with families, such as virtual home visits (e.g., video conferencing or phone calls) or visits on the porch or backyard areas while maintaining social distancing. In fact, staff reported that families were more receptive and sometimes preferred virtual home visits and meetings. One staff person noted, *“No family ever called and canceled a virtual meeting with me, the caseworker. All cases are always up to date.”* Many staff who work directly with families found it easier to connect with families during this time and felt the new way of working (e.g., conducting virtual visits) brought them closer to the families. Some staff perceived an increase in client engagement and accessibility through virtual home visits and virtual case planning meetings. Indeed, many shared the following sentiment, *“The majority of families have been engaging more with workers. The frequency of visits and virtual nature of visits allowed for more meaningful engagement and the ability to form better relationships.”*

Similarly, some staff found children enjoyed talking with them through video and were more engaged during these virtual visits. Staff also observed that families wanted to meet more often and perceived virtual visits as less of an invasion of privacy. Staff discussed how they had more time to spend with families and focus on the family since they did not have to spend time driving to home visits. Moreover, for WE sites that cover large geographical areas, virtual visits enabled them to better connect and spend time with children and families who lived hours or hundreds of miles away. Overall, staff reported they experienced greater family participation due to virtual meetings, attributing this to the reduction of barriers such as transportation issues or the anxiety of having to meet with a large team of people in the home or office.

“ A lot of families have been very cooperative. I have not struggled with trying to build rapport with families. I believe with some families it has made it easier to build rapport because we are all going through the same thing no matter what.”

Staff who thought the move from in-person visits to virtual contact had a negative impact on family engagement cited challenges that included damage to rapport and communication, decreased consistency of contact and services, inability to drug screen, and limited ability to effectively assess for child safety. Staff found it particularly challenging to engage young children via video, build rapport with new clients, or communicate with clients who spoke a different language as case managers had to rely heavily on interpreters. Staff also described struggling to connect with families who were not *“tech savvy”* or did not have good phone or internet access, causing missed connections or poor connections or situations where they had to continually ask the client to repeat themselves. For example, staff shared, *“It’s also been hard to get Facetime/Zoom visits*

scheduled because some people aren't comfortable with it.” The technology challenges were particularly pronounced in rural areas, likely due to poorer internet and cell phone coverage. Additionally, a key practice-related concern was that virtual visits were seen by many as a barrier to thorough safety assessments, including hindering staff’s ability to ensure their conversations with children were actually private (e.g., staff could not ascertain if a parent/caregiver was listening in on the call). The following sentiment reflects some of the concerns around virtual home visits, *“Home visits are a lot harder to perform unannounced over video chat. It’s harder to get an accurate picture of home life over video chat when the visit is scheduled.”*

In summary, most staff found that virtual visits were conducive to family engagement. However, staff indicated virtual visits work better with some families (those who were already making progress and had services set up) than with new families or those who require more in-person attention. Virtual visits also worked best in certain situations such as those with computers and internet access, older children, foster families, foster kids in long-distance placements, and follow-up visits. However, virtual visits did not work as well for other situations such as initial investigations or visits with new clients; conducting thorough assessments; families without computers, smartphones, or internet access; unwilling clients; and young children.

“

My biggest hurdle was having unreliable internet access. I live in a rural area with satellite internet and poor cell phone reception, so conducting visits/staffings /meetings through video apps has been difficult from home.”

What Next? Practice Change Implications

Workplace Safety

Staff expressed additional cleanliness and health and safety concerns for when the agency moves forward with staff returning to their offices or resuming physical home visits. In particular, those staff who have been permitted to continue working in the office shared that they have not seen significant changes in the office cleaning processes nor any increase in cleaning services. Staff expressed concern that cleaning services may not be adequate as more staff return to their offices and worried that the necessary sanitizing procedures and cleaning services will not be maintained to ensure ongoing safe office environments. For example, staff shared how:

[M]ore focus should be devoted to how the...offices are going to function when/if we return to the office. Are there plans in place to ensure that all staff are provided with protective equipment and cleaning supplies to keep the office space clean and safe? Until concrete plans are reached regarding this matter, I would not feel comfortable or safe returning to the office.

Staff also discussed the need for leadership to have a thoughtful and clear return-to-office plan and protocols that address concerns around availability of PPE and sanitizing materials (in the office and in physical interaction with families and community partners), testing and temperature checks, social distancing and proximity of workspaces/cubicles, and ongoing office cleaning services that adhere to stringent sanitizing procedures.

“

It is my opinion that these items such as gloves, masks, sanitizer, wipes and sprays should be on hand and available for all...staff. Our staff goes in the field 'boots on the ground' to ensure the safety and well-being of children and families.”

Remote Work and Virtual Platform Options

Overwhelmingly, the majority of staff expressed a desire for remote work/work-from-home options to continue in the future, even if in a limited capacity (e.g., one to two days a week). For example, staff shared how the *“opportunity to work remotely has made a significant impact on my overall satisfaction with my job and work related duties.”* Staff described how working from home was a

productive experience that allowed for increased client engagement, schedule flexibility, a decrease in driving time and travel-related stress, better concentration due to the lack of office distractions (such as noise or interruptions from co-workers), and increased work-life balance. Staff discussed how ongoing options for working from home will help improve work efficiency and effectiveness in both administrative tasks and work with families. Staff also suggested continuing options for virtual supervision, staffing, trainings, and meetings to reduce travel time and expenses. The following sentiment was broadly shared by staff:

“Working remotely has been amazing for my mental health. My stress level has been way down and my productivity way up... and [I] feel much more rested and energized throughout the day. No one is coming in and out of my work space. If someone wants something and tries to call me, I can send the call to voicemail, finish what I am doing, and call them back.”

The pandemic has shown we do not need brick and mortar buildings to get our essential work done. Meetings have been successfully held in an efficient manner with no associated travel expenses via... Zoom. There seems to be little need to hold a meeting in any other manner moving forward.

Virtual Platforms for Clients and Staff

Staff described how attending/conducting meetings for agency and client-related meetings (court hearings, teaming meetings, home visits) through virtual videoconferencing platforms (like Microsoft Teams and Zoom) allows for better attendance and engagement for all parties involved. For example, staff considered a range of instances where this technology could be helpful, including follow-up contact after initial visits, case-closing conferences and service plan reviews, and virtual visits for parents who live far away. In these scenarios, families would not have to deal with transportation issues or have to find childcare to attend these meetings. Staff could also use the time they would have been traveling to meetings to catch up on their work or increase family engagement. One major practice change called for by staff is developing a virtual platform for engaging with the courts, both for families and staff. Staff shared how having video court conferencing for children and families could help families consistently show up to court, reduce barriers around childcare, and also *“make them feel more comfortable [and] make the waiting process less of a stressor for children.”* For staff, they shared how virtual court hearings could reduce the time they wait for their case to be heard. In sum, staff shared that creating long-term

practice alternatives such as working from home, virtual home visits, and virtual staff- and court-related meetings may hold benefits for families and staff.

“

[Continuing virtual] court hearings [will] save money on parking, travel time, and cost, and utilizes time more effectively while waiting for [the] hearing.”

Summary and Implications

Child welfare workers play a critical role in how child welfare agencies contend with the impact of the COVID-19 pandemic. Like that of many other professions (Sinclair et al., 2020), providing essential services during COVID-19 means workers coping with concerns around their own health and well-being as well as attending to the needs of vulnerable children and families they serve. Child welfare workers shared that, although working through a pandemic was stressful, staff remained adaptable to the many changes implemented during the COVID-19 stay-at-home/remote-work orders. Examples of the resiliency and flexibility of the child welfare workforce were evident in the innovative ways in which they worked with families (e.g., conducting virtual home visits and court hearings) and adapted to different work environments (e.g., working from home and virtual supervision; juggling demands of work, children, and families).

Overall, results of the COVID-19 WNA conducted among over 2,000 public child welfare workers indicated that they appreciated the communication they received from their agencies, felt generally supported by their supervisors, connected regularly with co-workers, and were able to find creative ways to engage with families. To continue to function effectively in their roles, staff desire to have the necessary PPE to support health and safety needs and resources to help build and maintain relationships with children and families.

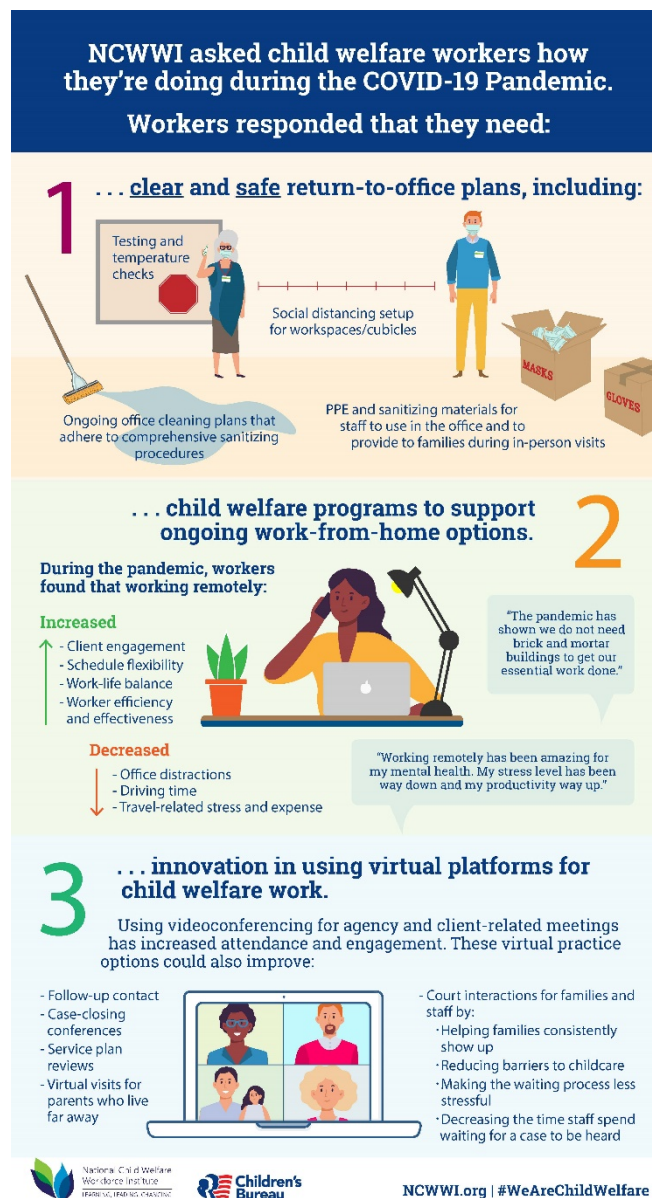
Notably, the pandemic demonstrated that, when responding to the circumstances of a natural disaster, pivotal change can happen quickly and effectively, even for large complex systems like child welfare. Indeed, long-term practice changes recommended by these workers can perhaps be aligned with efforts around [reimagining](#) the child welfare system. For example, staff suggested developing permanent practice changes around using **virtual platforms** to conduct their work. To support service delivery for children and families, this could mean developing guidelines that identify appropriate and permissible situations for virtual home visits or virtual visits between children and their parents. Within the work environment, this could mean conducting virtual staffing, team, and supervisory meetings and virtual court hearings. COVID-19 WNA findings suggest that using these virtual platforms to conduct child welfare work could have implications around reducing time spent driving to visits and meetings and giving workers more time to do the important work of family engagement and advocacy. Moreover, a recent NCWWI organizational health assessment of over 4,000 child welfare workers found that caseworkers spent over 50% of their time on administrative work or driving to/from family visits as compared to 29% spent on direct contact with children and families (He et al., 2020).

Staff also shared that having flexibility to do **remote work**/work from home allowed for better work-life balance. Given the high rate of burnout and the ongoing challenges of worker turnover

and retention in child welfare, having options for remote work could serve to increase worker well-being and alleviate factors that contribute to burnout and turnover.

In sum, through the COVID-19 WNA, we learned that virtual platforms and remote work options can be effective in engaging with families and doing the day-to-day work of child welfare. Given the calls for a spectrum of changes and ways to reimagine the child welfare system, investing in resources and creating long-term practice alternatives such as virtual home visits and remote work options have strong implications for improving the well-being and retention of the child welfare workforce.

The following infographic further summarizes the findings in this report. The full-sized document is accessible on the [NCWWI website](#).



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