

Merrimack College

**Merrimack ScholarWorks**

---

Criminology Student Work

Criminology

---

Spring 2021

## **An In-Depth Look into a Career as a Social Worker with the Massachusetts Department of Children and Families**

Ryleigh Barrucci

Follow this and additional works at: [https://scholarworks.merrimack.edu/crm\\_studentpub](https://scholarworks.merrimack.edu/crm_studentpub)



Part of the [Social Work Commons](#)

---

**An In-Depth Look into a Career as a Social Worker with the Massachusetts Department of  
Children and Families**

Ryleigh Barrucci

Master of Science in Criminology & Criminal Justice

Merrimack College

May 2021

## **An in-depth look into a Career with the Massachusetts Department of Children and Families**

The Massachusetts Department of Children and Families (DCF) is a state-run agency dedicated to protecting children from abuse and neglect. In order to protect these children, DCF provides services and assistance to families either in their home, if it is safe to do so, or they will provide foster care if the circumstances call for it. While the children are in foster care the parents do have a chance to regain custody of their children, but if this is not possible DCF is able to find a permanent placement for the children. DCF helps these children up until they are eighteen, but they do continue to care for the young adults who are aging out of the programs to ensure they are on the path to success (Commonwealth of Massachusetts, 2021j). The mission statement that the Massachusetts Department of Children and Families stands by is, “to protect children from abuse and neglect and, in partnership with families and communities, ensure children are able to grow and thrive in a safe and nurturing environment” (VolunteerMatch, 2021, p.1). Safety is a key factor in everything that DCF stands for and if they can achieve this in the family home, then that is where they want to focus their attention. They are not in the business of tearing apart families or removing children from houses that just need a little extra support. The overall vision of the Massachusetts DCF is to ensure that all children are able to grow up in a nurturing home, with no abuse or neglect present along with access to food, shelter, clothing, health care, and education (VolunteerMatch, 2021). The general goal of the Massachusetts DCF is to work on ensuring the safety, permanency, and well-being of the children who live in Massachusetts (Commonwealth of Massachusetts, 2021j). This goal is achieved by keeping families together when appropriate and building on their foundation to make the environment more stable. If it is not possible for the children to stay in the house as it is

not safe, DCF achieves this goal by providing temporary housing and alternative care. If everything goes according to plan, the children will be able to rejoin their families, but if this is not the case, the children may be rehomed with a relative, close family friend, or an adoptive parent (Commonwealth of Massachusetts, 2021j).

Massachusetts Department of Children and Families locations span across the entire state. There are around thirty-two locations that are strictly DCF offices (Commonwealth of Massachusetts, 2021n), but there are many other facilities that are available to families in need and others that will refer families directed to DCF offices such as the courts (Commonwealth of Massachusetts, 2021l). The thirty-two offices are located in Boston, Arlington, Pittsfield, Brockton, Burlington, Salem, Hyannis, Braintree, Fall River, Framingham, Chelmsford, Greenfield, Chelsea, Bradford Holyoke, Hyde Park, Roxbury, Lawrence, Lynn, Wakefield, New Bedford, Leominster, Dorchester, Plymouth, Springfield, Whitinsville, Taunton, and Worcester. Some of these cities have multiple office locations (Commonwealth of Massachusetts, 2021m). All of the locations have a specific phone number to ensure that people can contact the correct location easily. DCF also has a hotline for people who need to report child abuse and neglect after normal business hours. This is the Child-at-Risk hotline and the phone number is 800-792-5200 (Commonwealth of Massachusetts, 2021h).

### **Policies, Regulations, and Services**

The Massachusetts Department of Children and Families has various policies and regulations that all of their locations must follow. These policies are broken up into eight different sections to ensure transparency. The eight categories are Administrative Activities, Child and Family Case Practice, Child Health and Well Being, Child Placement and Permanency, Intake, Placement Support, Supervision, and Miscellaneous Forms. The policies listed under

Administrative Activities pertain to court decisions, appeals, hearings, grievances, as well as policies surrounding conflict of interest, research being conducted, travel reimbursement, rental cars, sliding fees, and any workplace violence (Commonwealth of Massachusetts, 2021b). The category Child and Family Case Practice include policies having to do with case closings, case transfers, ongoing casework, foster care, family care, and what to do if a child is missing (Commonwealth of Massachusetts, 2021f). The Child Health and Well Being category includes policies around education, health care, adolescent sex offenders, and supplemental security income. The Child Placement and Permanency category includes policies around funds, the Indian welfare act, placing children permanently in a home, and parents who want to surrender custody of their child (Commonwealth of Massachusetts, 2021f). Intake includes policies around intakes, 51As, what to do if an emergency occurs after hours that a court needs to be involved in, early intervention, help within communities, how to handle medical neglect of an infant, and voluntary intakes (Commonwealth of Massachusetts, 2021i). The category Placement Support includes policies regarding background checks, clothing needs, family resources, as well as compensation of anything lost or damaged (Commonwealth of Massachusetts, 2021o). Lastly, the Supervision category includes policies pertaining to the supervision and safety of the children in their care (Commonwealth of Massachusetts, 2021p). Along with these policies, there are specific regulations that tie into the same categories established by the 15 Trial Court Law Libraries in Massachusetts (Commonwealth of Massachusetts, 2021q).

With these policies and regulations in mind, the Massachusetts Department of Children and Families provides a variety of services to the families in their care. Specifically for the children in DCFs care, services such as discharge support programs, outreach programs, teen living and young parent support groups, and a program called Preparing Adolescents for Young

Adulthood (PAYA) are available to help support them through this difficult time (Commonwealth of Massachusetts, 2021c). For families as a whole, DCF is able to provide services, or give families referrals to outside agencies that will be able to provide the assistance they may need to keep them safe and healthy. These services include, parent aides, family advocates, family nurturing programs, domestic violence services, mental health services, substance abuse services, housing stabilization services, counseling, programs for pregnant teens, early intervention programs, as well as many others (Commonwealth of Massachusetts, 2021d). To ensure that families are as comfortable and cared for as possible, DCF strives to match families with services that have similar cultural backgrounds and in their preferred language, as well as accommodations for those families that are protected by the Americans with Disabilities Act (Commonwealth of Massachusetts, 2021d). DCF also has a Fair Hearing unit which ensures that courts are providing families with fair hearings and based on decisions made in court, may conduct Administrative Appeals (Commonwealth of Massachusetts, 2021j). An outside service that is not necessarily provided to families within the care of DCF, but is available, is the baby safe haven service. This allows for the parents of a newborn, seven days old or younger, to surrender their child to a safe place without criminal prosecution. The safe places include hospitals, police stations, and fire stations (Commonwealth of Massachusetts, 2021e). The DCF website has the number available for mothers to call if they feel this is the path they want to take.

### **First Steps to Obtaining A Career at DCF**

As one can imagine, due to the delicate and serious nature of working in the Massachusetts Department of Children and Families there are many educational requirements, licensures, skills, training, and certifications that a potential employee must acquire before applying for a position. First, most of the job listings do require at least a bachelor's degree in

social science. This can be a degree in social work, psychology, sociology, counseling, counseling education, criminal justice, or a relevant human services degree (Commonwealth of Massachusetts, 2021k). This, in conjunction with being licensed as a Social Work Associate, a Social Worker, a Certified Social Worker, or an Independent Clinical Social Worker issued by the Massachusetts Board of Registration is required for a position in social work (Commonwealth of Massachusetts, 2021k). On top of both of these, in order to become a clinical social worker, two years of supervised training and experience are required (U.S. Bureau of Labor Statistics, 2021a). There are also skills that one must have in order to work with the Massachusetts DCF. The Department of Children and Families requires you to work closely with others both as those whom you serve and those you work with. That being said, people hoping to get a job with DCF must have interpersonal skills, as well as be able to work on a small part of a larger project for the children and families. With this, candidates need to have the skills to reflect on their work and learn from others. Potential employees also need to adhere to strict professionalism to ensure that they are able to keep an appropriate balance between work and home life and not bring one aspect into the other. Other important skills to put into action include good communication, organization, critical thinking, problem-solving, and time management (State of Vermont, 2021).

One aspect of the candidate's resume that can help to boost their chances of getting a job within DCF is including the department's core values in their skills, as well as past work experience or duties. These values include being child-driven, family-centered, strength-based, community-focused, committed to diversity and cultural competence, and being committed to continuous learning (Commonwealth of Massachusetts, 2021k).

### **What to Expect in Regard to Applying/Being Hired As a Social Worker**

One position within the Massachusetts Department of Children and Families that holds a lot of responsibility is a Social Worker. Once a person obtains the educational requirements, skills, training, and certifications, the job search for a DCF Social Worker can be fairly difficult especially in the time of the COVID-19 pandemic. Job listings can be found on usajobs.gov, mass.gov, and various other job search sites. As of May 2019, nationally, there were 713,200 employed Social Workers (U.S. Bureau of Labor Statistics, 2021b). After completing an in-depth search for social work positions within DCF, it appeared as though 15 to 40 new social workers are hired and participate in training every month (The Training Associates, 2020).

This seems amazing in the sense that the number of social workers continues to increase, but it has also been established that the job turnover rate for social workers is extremely high. In a study conducted by Strand and Dore (2007), in New York, there was an up to 50% turnover rate each year for social workers. Once a person applies and their applications are reviewed, a criminal background check is conducted to ensure that the people who are hired to protect the children of Massachusetts are not going to be putting these children in danger (Commonwealth of Massachusetts, 2021k). If everything checks out and DCF feels that a person is a good match for their program, the candidate will be offered the job and put through the appropriate in-job training. This includes both classroom training where employees will learn the way the system works, as well as training in the field where they will get first-hand knowledge on how to conduct themselves on the job. The classroom training is held at the DCF Training and Development Center in Southborough, MA, and lasts about one month (The Training Associates, 2020). The large number of hires per month may be due to the high turnover rates, but it has also been reported that social workers have a high burnout rate as well. Job listings currently appear

to be at a low. Due to the coronavirus, DCF has been closed to in-person visits and local offices until further notice and is conducting check-ins over the phone and online (Commonwealth of Massachusetts, 2021).

If a person is hired within the Massachusetts Department of Children and Families, there are many aspects to look forward to regarding compensation and benefits. The annual salary for a DCF social worker can range from 54,281 to 74,139 (Commonwealth of Massachusetts, 2021k). According to Strand and Dore (2007), the satisfaction reported by employees was significantly above the national average for human service workers. It is important to recognize that this satisfaction was due to their pay and not their ability to “climb the ladder” as this was very difficult to achieve due to a lack of promotions (Yoo, 2002). Over half the people responding to this survey felt that raises happened on rare occasions, but felt they had a fair chance of receiving one (Strand & Dore, 2007). In regard to benefits that DCF provides, these include vacation days, sick days, administrative leave days, paid holidays, health and dental benefits, prescription drug benefits, vision care, retirement plans, life insurance, deferred compensation plan, and paid leave for annual military training (State of New Jersey, 2021).

The work environment within the Department of Children and Families is complicated. Due to the high turnover rates and burnout, fellow co-workers are constantly changing which can be difficult as you may not get to develop strong bonds with your colleagues. This also means that cases are constantly being shifted from one social worker to another making it difficult to get to know families and provide them with the best care.

### **Review of Policy Issues or Challenges Facing DCF Social Workers**

Working as a Massachusetts Department of Children and Families Social worker, there are a number of policy issues and challenges one may face. These issues can have lasting effects

on both the person working in the field, as well as the children and families they serve. It is important that those wanting to go into this field, and those already in it, recognize the issues at hand and are making an effort to find solutions or different ways to address these issues to help ensure the best care for families.

### **Challenge 1: Work Environment and Burnout**

The first challenge that DCF social workers face is high burnout syndrome. Burnout syndrome is defined as “a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job” (Maslach & Leiter, 2016, p.103). When working with children and families to protect against abuse and neglect, it is by no means a quick fix, so there is prolonged exposure for a social worker in these environments which makes each client interaction a demanding interpersonal situation. Emotional exhaustion, depersonalization, and reduced personal accomplishment can accompany these conditions, especially in a social work setting. Burnout syndrome can also lead to a number of other physical and mental health concerns.

Research indicates that those in a profession in which they work with people with trauma, themselves, will show signs of psychological distress (Figley, 1995). Unfortunately, the research specifically examining social workers is limited. As social workers work with clients who have been or are being abused and aid the children in dealing with abuse and neglect, they are at risk for developing psychological distress. There are other terms for this, psychological distress, such as secondary traumatic stress, compassion fatigue, or emotional exhaustion, which will be used going forward (Adams, Boscarino, & Figley, 2006). As emotional exhaustion is linked to job burnout (Maslach, Schaufeli, & Leiter, 2001), it is important to assess the likelihood that DCF social workers will experience this psychological distress. Emotional exhaustion can come about

when a social worker feels exhausted or overwhelmed when they think about having to go to work. There are actual physical symptoms of burnout which can include fatigue, irritability, indifference, and poor work performance (Nelson-Gardell & Harris, 2003). Some people are more likely to suffer from emotional exhaustion. These are individuals who have a history of trauma themselves, lower levels of social support in their lives, and an inability to cope with the severity of the job they have taken on (Figley, 1995). Some people going into the social work field do so because they don't want what happened to them when they were younger to happen to others. This means that some of the incoming social workers are predisposed to trauma and may be more inclined to feel emotional exhaustion which can quickly lead to job burnout.

The second aspect of burnout is depersonalization. This often accompanies emotional exhaustion because once a social worker lacks empathy or interest in their client's needs, they tend to have "detached responses to aspects of the job" which is how depersonalization is defined (Kim, 2011, p.359). This can result in non-beneficial help to the clients in need and the inability to collaborate with outside agencies to ensure safety for the children in their care. Depersonalization can also lead social workers to be less committed to their caseload which again can cause decreased motivation. With less motivation, those who work for DCF may feel less inclined to continue their job and can lead to burnout syndrome. Depersonalization does affect different social workers. In a study done by Kim (2011), social workers were divided into different "practice fields" consisting of social workers focused on addiction, adolescents, aging, child welfare/family, medical health, mental health, school social work, and other. The Massachusetts DCF would fall into the child welfare/family as they focus on the safety of children. In this study, the findings showed that social workers who were employed as a part of a public child welfare organization had higher levels of depersonalization than did social workers

in other public organizations. This means that social workers working for DCF would have higher levels of depersonalization and thus would be at higher risk of burning out.

The third aspect of burnout syndrome is a reduced sense of personal accomplishment. This is defined by “feelings of incompetence and a lack of achievement at work” (Kim, 2011, p.359). As a social worker, there is a lot of potential to help the children in your community and feel as though you are making a difference. In terms of personal accomplishment, Kim’s study (2011) found that older social workers and social workers with clinical social work licenses tended to have higher levels of personal accomplishment suggesting that those just starting in the field may fall lower than the former. Also, the findings showed that social workers in public settings had significantly lower levels of personal accomplishment than those in private settings (Kim, 2011). Many social workers may have lower levels of personal accomplishment due to the strict rules and regulations that are expected to be followed. They may feel that these obstacles or, red tape, are something that makes them powerless and as though they cannot adequately care for the families they are assisting due to a lack of resources available to address the problems (Nelson-Gardell & Harris, 2003). This can further lead to little or no feelings of personal accomplishment and in turn, can increase the chances of an individual experiencing burnout syndrome.

All three aspects of burnout syndrome together can and does lead many social workers to leave DCF which increases turnover rates. This is the percentage of individuals working for a company who leave or are fired, and thus need to be replaced in a certain period of time (Heinz, 2020). As mentioned earlier, Strand and Dore (2007) found a 50% turnover rate each year for social workers in New York. This number is extremely high as most organizations aim for about 10% and end up with a turnover rate between 12% and 20% (Stowers, 2020). The high

percentage of turnover becomes a further issue when one looks at the consistency in service at DCF.

Each social worker has a number of cases designated to them and they are in charge of helping the families get the services they need. The high turnover rate and burnout syndrome lead to these cases being passed on from social worker to social worker which can lead to a discrepancy in how consistent and effective the services are. The high burnout and turnover rates lead to an already stressful work environment being even more unstable (Scales & Quincy Brown, 2020) which can put even more pressure on the social workers who are staying at DCF. This can cause the caseloads to become incredibly high and for social workers to be stretched very thin.

### **Solution 1: Organizational Support**

When looking at ways to combat burnout syndrome and in turn turnover rates, it is important to understand that burnout should be looked at as an organizational problem, rather than an individual person's problem (Nelson-Gardell & Harris, 2003). When looked at this way, there are a number of ways the organization can address the issue and make changes to decrease the deteriorating effects burnout can have. Ideally, the organization would want to reduce the risk of burnout syndrome from the start rather than addressing it once it set in. DCF should look at the three aspects of burnout, emotional exhaustion, depersonalization, and reduced personal accomplishment, and try to change policies around these areas specifically. Nelson-Gardell and Harris (2003) suggested rotating work assignments and distributing them among everyone, decreasing workloads and reducing caseloads, as well as encouraging staff to take time off for self-care. These can have positive effects on reducing emotional exhaustion and increasing productivity within the field. Depersonalization can be combatted within DCF by alleviating

emotional exhaustion. Maslach and Jackson (1982, as cited in Kim, 2011) found that once a person experiences emotional exhaustion, they are likely to cope with this through depersonalization. Thus one way to combat depersonalization would be to provide employees with resources to help them cope before they experience emotional exhaustion, in order to alleviate this aspect of burnout and potentially stop it from occurring. Reduced personal accomplishments have been linked to the strict guideline social workers have to follow (Kim, 2011). It is important to note, though, that there is limited literature as to why social workers may feel reduced personal accomplishments. However, as noted previously, promotions rarely occur within the social work profession (Yoo, 2002). This could be another reason as to why social workers feel less accomplished because their work may not be recognized or rewarded making them doubt their accomplishments. All in all, Pooler, Wolfer, and Freeman, (2014) suggest that reflecting on the joy that social workers get from their job regularly can create a sense of motivation to continue their job with a purpose and to stay interested in what they are doing by helping others.

As burnout is an ongoing issue, the Department of Children and Families is going to have to address the burnout syndrome that already exists within the department. This can be done by distributing a 30-item Compassion Fatigue Scale-Revised previously used in Adams, Boscarino, and Figley's research (2006) which was designed to assess job burnout. Following the distribution of this questionnaire, the department can assess the results and make changes accordingly. Burnout can also be addressed by boosting morale in the workplace. Research shows that morale has previously and continues to decrease in regard to social worker's environments (Scales & Quincy Brown, 2020). By boosting morale, DCF can encourage people to want to go to work every day despite the difficult work they must deal with on a daily basis.

Morale can be boosted by increasing promotions or raises to allow workers to have something to work toward and providing counseling services (Scales & Quincy Brown, 2020).

Burnout, as previously shown, can lead to social workers leaving DCF, which contributes to high turnover rates, inconsistency and ineffectiveness of service, increased caseloads, and a more unstable work environment which can then loop back around to cause those who stayed to burn out and the cycle continues. By addressing burnout and recognizing that it is an organizational problem, DCF may be able to limit burnout syndrome and increase retention.

### **Challenge 2: Work-Life Balance**

A second challenge that DCF social workers face is trying to find the appropriate balance between their work life and their personal life. To start, it is important to recognize that the constant stress of the job is not left behind when they return home for the night or the weekend. Becoming a social worker comes with many different aspects that can potentially cause stress to transfer from their work life to their personal life. These aspects can include emotional trauma, inability to separate work and personal life, and the fact that some social workers are employed within the community in which they live.

Due to the delicate nature of working with children and families with trauma, there's a chance that there can be a literal transfer of trauma from the client to the social worker. This specific emotional trauma that social workers may deal with during their career is called secondary traumatic stress (Figley, 1995). This can happen as a result of working with and constantly being around children who have experienced and are discussing their trauma and can cause the social worker to be a secondary victim to that trauma. Secondary traumatic stress can have similar symptoms to those that accompany primary traumatic stress, such as increased arousal, avoidance, and intrusion (Salloum, Choi, & Stover, 2019).

These symptoms can have lasting effects on a social worker's mental health which, in turn, can cause their personal lives to be impacted. Some examples of increased arousal causing issues may be a sense of always being alert and focused. The increased arousal may also cause social workers to question their own parenting methods due to the emotional, personal, or physical problems that accompany the stress (O'Reilly, Wilkes, Luck, & Jackson, 2014). Being hyper-vigilant around your family is not necessarily a bad thing, but it likely should not be occurring all the time. This can cause social workers to not spend as much time with their family and, if they do, it may not be as meaningful as their attention will be elsewhere. Questioning their own parenting can create an internal strain with the social worker and may cause them to change their behavior around their families or loved ones. This may result in them having conflicting rules for their children or contradicting reasons as to why they can or cannot participate in social gatherings. Increased arousal may also cause social workers to see the world differently and may always be questioning if the kids around them, even if not their own, are being properly cared for or if they are going to be added to their caseload.

Avoidance becomes a critical factor in how emotional stress can cause impairments in a person's personal life. Avoidance is a response a person may have in order to try and prevent themselves from remembering the trauma or numbing the feelings associated with it (Hatcher, Bride, Oh, King, & Catrett, 2011). This can be mental avoidance where the social worker tries to suppress thoughts and feelings or physical avoidance where they avoid conversations, activities, places, and even people (Hatcher et al., 2011). These avoidance responses may cause social workers to suffer more mental health troubles, such as loss of interest or participation in activities even if they may be important in their personal lives, detachment from loved ones, and a negative outlook on the future (Hatcher et al., 2011).

The third aspect of secondary post-traumatic stress is intrusion. This can again manifest itself as mental or internal thoughts or as physical unconscious behaviors. These thoughts and actions can cause family conflicts to arise, as well as other conflicts within their personal lives. Examples of the mental or internal thoughts a social worker may experience are distressing dreams, illusions, hallucinations, and flashbacks (Hatcher et al., 2011). Examples of the physical unconscious behaviors may be acting as though the traumatic event that was discussed were happening again as a result of internal or external triggers which can cause panic symptoms (Hatcher et al., 2011). The intrusive thoughts may center around stories they heard during work that they are now transferring onto their own children or friends causing them to be distressed while they are supposed to be relaxing and decompressing. The emotional trauma that comes along with being a social worker can be incredibly difficult to deal with, especially when the work environment has stressors that transfer into people's safe spaces such as their home.

An inability to separate work and personal life stem from the demand of the job, which some people seeking this position may not know about or may not know how it will affect them specifically. The demands of the job include long work hours and high organizational time demand, lack of worker autonomy, and very little workplace flexibility (O'Reilly, Wilkes, Luck, & Jackson, 2014). The long work hours may interfere with social workers' ability to have a personal life and interact with people outside of their work simply due to time. There are only 24 hours in a day and with most of their time being dedicated to work and sleep there is little left over for themselves. The high organizational time demand is another way of saying that being a social worker comes with an expectation that employees prioritize their work over their personal lives (Beauregard, 2010). This is almost the definition of an imbalance and they are expecting it of social workers before they even start. The lack of worker autonomy and very little workplace

flexibility does not allow for employees to take appropriate breaks that may be given at the beginning of their job in order to attend personal events that may be important to their friends and families. Also taking time off can be an issue as a social worker's job requires them to build relationships with their clients and it is not as though a substitute can take their place if they take time off. Finding a balance in a social worker's personal and social life can be incredibly difficult due to the intense demands of the job.

Additionally, many social workers are employed in the same communities that they live in. This in and of itself is not an issue, but where it becomes tricky is regarding employee's personal lives. As noted before, social workers need to create trust and bonds with the families they serve, so there is a level of confidentiality and professionalism that needs to be established. This can become an issue when living in the same community because there are likely times that social workers will run into their clients at the grocery store or department store. In these situations, similar to many therapists, social workers should not address their clients unless the client initiates the conversation. The level of professionalism can get tricky. As a social worker, with the little free time that they do have may make friends within the community. This may become an issue down the road if one of their friends is reported. There is a clear conflict of interest in this case. Once it is known that someone has been involved with child abuse or neglect there is no way the DCF worker can look past that and they may lose friends due to this.

### **Solution 2: Self-Care**

There is no cut and dry answer about how to fix the lack of balance between social workers' work lives and personal lives, but there are suggestions that research has shown to impact the balance and reduce stress. Much of the research addresses each point identified in *challenge 2*, emotional trauma, inability to separate work and personal life, and working within

the community they live in, simultaneously, but there are some studies that address certain challenges independently..

Previous research on emotional trauma suggests that trauma-informed self-care (TISC) is an important practice to implement within agencies where employees are at risk of second hand trauma. TISC encourages companies to have their employees participate in various training on the impact of the constant trauma they are around, the encouragement of seeking professional support through their employment, and personal stress management and coping strategies (Salloum et al., 2018). Finding ways of dealing with the trauma, that employees inevitably bring home with them, can be a key factor in their decisions to stay with their employer or switch to a different career.

Previous research on the inability to separate personal and professional life suggest ways of addressing these issues. One study that looked into work-life verse personal life was a survey conducted by Smith (2005). This study suggested those child welfare organizations, such as DCF, should help their employees recognize the difficulties they face and help them to facilitate a balance. The results of this study showed that this made it more likely for the agency to retain its employees (Smith, 2005). Another aspect that impacts the work and personal life balance is morale. By DCF agencies boosting morale among their employees, burnout rates may decrease because employees may connect more with their work, feel work is a part of their identity, and feel less of a divide between their work and personal life. To increase morale, studies have suggested that the agencies provide additional counseling services for employees (Scales & Quincy Brown, 2020).

As for the third aspect, difficulty working within the community that you live in, there is not much research on how to address this issue. When a current DCF social worker was asked

what it was like to serve the community they live in, they emphasized how important it is to “use your discretion and not your emotions.” This was important to them as the children’s safety is their “number one priority” and they need to be professional to ensure this safety.

The overall findings of various types of research suggest that self-care strategies and reflecting on oneself have lasting impacts and reduce burnout for professionals working in fields in which the line between work and personal is fairly blurred (Salloum, Choi, & Stover, 2019; Smith, 2005; O'Reilly et al., 2014).

### **Challenge 3: Challenges associated with COVID-19**

As of early 2020, the whole world had to make a shift in how they operate due to the COVID-19 pandemic. For the state of Massachusetts, a stay-at-home order was implemented on March 23rd, 2020 (Time and Date AS, 2020), but the Massachusetts Department of Children and Families started taking precautions on March 13th (Department of Children and Families, 2020). The COVID-19 pandemic can and has created larger issues with how DCF operates. For example, there have been decreases in the number of reports coming in, and concerns regarding the isolation of families and the followthrough on the other end of the system.

Due to the severity of the CoronaVirus, different stay-at-home orders have been implemented and CDC guidelines on how to stop the spread have been constantly changing. As per most businesses, many of the employees at DCF are working from home, over the phone, and doing virtual check-ins with their clients (Department of Children and Families, 2020). The employees who do need to be in the office are a select few in the Central, Regional, or Area Offices and before they are able to enter the buildings they are required to fill out screening questionnaires to help reduce the spread of the virus (Department of Children and Families, 2020). Due to the fact that everyone is staying home, the number of mandated reporters or adults

who are interacting with children on a daily basis has severely decreased. This is a major issue because 80 percent of the reports that DCF receives are a result of a mandated reporter speaking up (Betancourt, 2020). With everything being online, mandated reporters are no longer face-to-face with children and if they are meeting with children virtually, it can be very difficult to see the signs of abuse or neglect that would be apparent if they were to meet in person. During an interview with a current DCF social worker, they reflected on the fact that they would “rather be in person at my home visits with my families. It is so difficult to pick up on abuse and neglect virtually.”

The lighting in the houses may make it difficult to see bruising, the scope of a computer camera often only shows the waist up reducing the ability to see maltreatment below this level, cameras may not even be turned on during meetings, and many other factors may play into why it is so difficult to recognize abuse and neglect. On top of the lack of reporting, the quality of care for families who are involved in DCF is also in jeopardy. As businesses are closed down there are limited referrals that are able to be made to outside agencies which may have added additional support the families may have needed. Also, if a report is able to be made, when DCF starts an investigation, not being able to do a home visit can be especially difficult to see what further steps need to be taken (Welch & Haskins, 2020). As the vaccine for COVID-19 is being administered, there is still hope for things to get back to “normal” at some point in the future and in-person meetings may become more accepted and safe.

Another problem COVID-19 has brought to the surface has to do with the stay-at-home order. Many of the referrals made to DCF are a result of what is going on within the children’s homes. With the stay-at-home order, these children are forced to be in the very environment that is causing them harm whether it is abuse or neglect. The children no longer have an escape from

their environment that they previously had at school or different after-school activities. This could be a reason the neglect or abuse continues, but it can also be a reason as to why the abuse is enhanced and gets worse. For example, if parents are not providing their children with adequate food, and the child is not able to go to school and receive a hot lunch, the child may be further malnourished. If a child's guardian refuses to let them outside, by the child not being able to go to school or an after-school activity, they may not get the necessary exercise needed to stay healthy.

One of the primary issues with the stay-at-home order is that students may not be receiving the necessary education. Schools are meeting online, but issues with an internet connection could prevent these meetings or a lack of electronic devices will make it impossible to join the class. The stay-at-home order also creates a brand new environment for parents. They are now having to work from home and simultaneously take care of their children which can cause a lot of stress and may cause them to act out in violent or inappropriate ways. COVID-19 has also led to many businesses closing their doors or needing to lay off employees. Parents of guardians may have lost their jobs which leads to further neglect or abuse which may go unreported for a longer time as a result of not being able to leave their homes.

In a paper by Schneider, Waldfogel, and Brooks-Gunn (2017), the Great Recession was analyzed in connection with the risk for maternal child abuse and neglect. The Great Recession was explained as "the largest economic downturn in the United States since the Great Depression" (Schneider et al., 2017). Similarly, COVID-19 has led to another incredible increase in unemployment. The unemployment rate during the great recession peaked at 10% and the unemployment rate during 2020 peaked at 14.8% (Falk, Carter, Nicchitta, Nyhof, & Romero, 2021). The findings from Schneider and colleagues (2017) showed evidence for a risk of child

abuse, but some mixed evidence for neglect. Other research cited in this study showed that economic hardship was associated with child abuse and neglect (Slack, Holl, McDaniel, Yoo, & Bolger, 2004). As these two time periods resulted in economic hardships for the families, it is possible that maltreatment within homes is increasing in response to the COVID-19 pandemic.

Although the above challenges are at play, there are still reports coming into the Department of Children and Families and social workers are still required to do their jobs. If and when evidence is sufficient enough for a case, a referral needs to be made to courts or other agencies for more legal involvement to ensure the safety of the children. That being said, many of these agencies are affected in similar ways as DCF which can further slow down the process and potentially reduce the appropriate care.

### **Solution 3: Government Assistance**

The COVID-19 pandemic is an unprecedented event and because of this, there is no “by the book” solution to this problem. Since the pandemic began, the United States has shown gradual changes in how they operate. As of recently, businesses are beginning to reopen and the stay-at-home orders are being modified as public health data trends show it is safe to do so (Reopening Advisory Board, 2020). Since the beginning of the COVID-19 pandemic, there have been multiple federal response bills to help to try and lessen the burden of families and allow them to take care of themselves. The bills included the Families First Coronavirus Response Act on March 18th, 2020, the CARES Act on March 27th, 2020, the Paycheck Protection Program and Health Care Enhancement Act on April 24, 2020, the Consolidated Appropriations Act, 2021 on December 27, 2020, and the American Rescue Plan on March 11, 2021 (Peter G. Peterson Foundation, 2021). These all aim at supporting Americans in these difficult times and will continue to do so until the pandemic is safely contained. Also, another solution that is in place is

the distribution of the COVID-19 vaccines. President Joe Biden has advised that adults in all states, tribes, and territories of the United States will be eligible to receive the vaccine by May 1st, 2021 (The White House, 2021). This is an amazing statement and would be a huge step toward a solution to the problem that COVID-19 has caused. With this, it is important that all those who are eligible to receive the vaccine do so to ensure that the virus is combatted and under control. This will help to create a new environment where the Massachusetts DCF can go back to in-person work, children can resume their in-person classes, mandated reporters can more accurately see and report signs of abuse and neglect, and the followthrough after investigations can be encouraged and be able to continue in order to appropriately care for families in need of DCF's services.

### **Discussion**

#### **How this knowledge will help in the future**

Upon the start of my research, I was set on the idea that I would pursue a career around social work within the Massachusetts Department of Children and Families. After a deep dive into what steps I needed to obtain this career such as the hiring process, educational requirements, skills, and additional training or certifications, I had a solid understanding of what was needed and expected of me in this field. I have a Bachelor's degree in psychology and criminal justice which is required, and a Master of Science in Criminology & Criminal Justice, but I do not have a license as a Social Work Associate, a Social Worker, a Certified Social Worker, or an Independent Clinical Social Worker issued by the Massachusetts Board of Registration. This was a concern of mine, but after talking with a current Department of Children and Families social worker, they informed me that I would have 9 months after being hired to complete this licensure which made me more confident in pursuing this job. I also have a lot of

experience working closely with others and I have very strong interpersonal skills, as well as the ability to work on small parts of larger projects successfully which a job as a social worker requires.

When my research began to dig deeper into what to expect when applying and after being hired, I was slightly put off. The application and hiring processes were typical of a state job where background checks were required, job openings were listed on various websites, and there were multiple positions within DCF. Once a person is hired, however, there were some major concerns I had. The yearly salary was listed from 54,281 to 74,139 (Commonwealth of Massachusetts, 2021k). This could be a fair starting point, but in my opinion would not be enough to take care of myself and the family I want in the future. Another redflag that showed up in my research was the lack of promotions and raises DCF provides to their employees (Yoo, 2002; Strand & Dore, 2007). Due to this fact and the lower starting salary, I began to have second thoughts of pursuing a social work career. The benefits a social worker has while working for the state are a good selling point, but in my opinion, they did not outweigh the lack of money a person is able to earn yearly. That being said, I did try to keep an open mind as to becoming a social worker when looking more into the issues or challenges that I may face in the field of social work and the solutions that accompany them.

Through deeper research into different policy issues and challenges facing a DCF social worker, I really came to the conclusion that this is not an appropriate job for me specifically. As described above, there were apparent issues with the work environment and burnout syndrome, work-life balance, and challenges associated with COVID-19. Personally, I do tend to get over immersed in any job or project I am working on as I want to put my best work forward and have a lasting impression on those around me. When looking into the burnout rates of social workers,

and the emotional exhaustion and depersonalization that accompanies it, I believe I would be greatly affected by these specific outcomes. I also thrive on constructive criticism, as well as feeling as though I have made a difference with the work that I am doing and the reduced personal accomplishment that many social workers feel would not keep me motivated to do my job to the best of my ability. On top of these personal reasons, I do not believe it would be fair of me to obtain a career in DCF as a social worker as my possible leaving could impact the families I am trying to help in a significantly negative way. This could result in them needing a new social worker who would not know as much about their case as I did and the new social worker may have to start from scratch and rebuild rapport.

Additionally, social workers have challenges regarding a balance between their work and social lives. That in the future would become a big issue for me. I personally want to have a large family which through my research did not appear to be an appropriate dream for a social worker. In my case, I could potentially internalize the emotional trauma that the families I am working with express to me which would cause me to act extremely differently in my everyday life and may lead me to leading therapy which would further reduce the time I would be able to spend with my family. Additionally, I already have an anxiety disorder that causes me to have increased arousal in situations, leads me to avoid people or events that may overstimulate my brain, and causes me to have intrusive thoughts. I am able to keep these under control, but with the chance of these aspects being exacerbated and possibly increased, it is apparent that this would not be a safe fit for my mental health. Personally, I do not think I would have a problem being employed within the community I live in, however, the other issues with becoming a social worker have made it difficult to identify the positives associated with this career. As COVID-19 provides

challenges to various aspects of everyone's lives, this challenge had little to no effect on my decision to not pursue a career within DCF as a social worker.

It is encouraging that there are solutions that the Massachusetts DCF could implement to mitigate the issues from manifesting, such as providing organizational support, encouraging self care, and providing counseling services to employees. Unfortunately, at the moment these are not an everyday or typical practice of the Massachusetts DCF. With this being said, I do not believe this is the appropriate career path for me to pursue after graduating from Merrimack College.

### References

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103-108. doi:10.1037/0002-9432.76.1.103
- Beauregard, T. A. (2010). Direct and indirect links between organizational work-home culture and employee well-being. *British Journal of Management*, 22(2), 218-237. doi:10.1111/j.1467-8551.2010.00723.x
- Betancourt, S. (2020, June 04). Big drop in child abuse reports is cause for concern. Retrieved April 01, 2021, from <https://commonwealthmagazine.org/education/big-drop-in-child-abuse-reports-is-cause-for-concern/#:~:text=The%20state's%20Department%20of%20Children,suffering%20from%20neglect%20or%20abuse.>
- Commonwealth of Massachusetts. (2021a). About the Volunteer case review program. Retrieved February 25, 2021, from <https://www.mass.gov/guides/about-the-volunteer-case-review-program>
- Commonwealth of Massachusetts. (2021b). Administrative Activities. Retrieved February 25, 2021, from <https://www.mass.gov/lists/review-dcf-policies#administrative-activities->
- Commonwealth of Massachusetts. (2021c). Adolescent support programs. Retrieved February 25, 2021, from <https://www.mass.gov/service-details/adolescent-support-programs>
- Commonwealth of Massachusetts. (2021d). *A Family's Guide to Protective Services for Children* [Pamphlet]. Boston, Massachusetts: Massachusetts Department Of Children & Families.

Commonwealth of Massachusetts. (2021e). Baby safe haven. Retrieved February 25, 2021, from <https://www.mass.gov/baby-safe-haven#:~:text=866%2D814%2DSAFE,station%20with%20facing%20criminal%20prosecution>

Commonwealth of Massachusetts. (2021f). Child and Family Case Practice. Retrieved February 25, 2021, from <https://www.mass.gov/lists/review-dcf-policies#child-and-family-case-practice->

Commonwealth of Massachusetts. (2021f). Child Placement and Permanency. Retrieved February 25, 2021, from <https://www.mass.gov/lists/review-dcf-policies#child-placement-and-permanency->

Commonwealth of Massachusetts. (2021h). DCF COVID-19 resources and support. Retrieved March 10, 2021, from <https://www.mass.gov/info-details/dcf-covid-19-resources-and-support>

Commonwealth of Massachusetts. (2021i). Department of children and families (dcf). Retrieved February 25, 2021, from <https://www.mass.gov/service-details/department-of-children-and-families-dcf>

Commonwealth of Massachusetts. (2021i). Intake. Retrieved February 25, 2021, from <https://www.mass.gov/lists/review-dcf-policies#intake->

Commonwealth of Massachusetts. (2021j). Massachusetts department of children & families. Retrieved February 25, 2021, from <https://www.mass.gov/orgs/massachusetts-department-of-children-families>

Commonwealth of Massachusetts. (2021k). MassCareers Job Opportunities. Retrieved

February 25, 2021, from

[https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=192960#:~:text=Applicants%20must%20have%20\(A\)%20a,Licensed%20Certified%20Social%20Worker%20or](https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=192960#:~:text=Applicants%20must%20have%20(A)%20a,Licensed%20Certified%20Social%20Worker%20or)

Commonwealth of Massachusetts. (2021m). Massachusetts department of children & families

Locations. Retrieved February 25, 2021, from

[https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?\\_page=4&page=1&location=green+field&tags=](https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?_page=4&page=1&location=green+field&tags=)

Commonwealth of Massachusetts. (2021n). Massachusetts department of children & families

Locations. Retrieved February 25, 2021, from

[https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?\\_page=1](https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?_page=1)

Commonwealth of Massachusetts. (2021o). Placement Support. Retrieved February 25, 2021,

from

<https://www.mass.gov/lists/review-dcf-policies#placement-support->

Commonwealth of Massachusetts. (2021p). Supervision. Retrieved February 25, 2021, from

<https://www.mass.gov/lists/review-dcf-policies#supervision->

Commonwealth of Massachusetts. (2021q). Trial court law libraries. Retrieved February 25,

2021, from

<https://www.mass.gov/orgs/trial-court-law-libraries>

Department of Children and Families (DCF) (2020). *COVID-19 Protocol for Worker and Office*

*Safety*. [Massachusetts Department of Children and Families].

Falk, G., Carter, J. A., Nicchitta, I. A., Nyhof, E. C., & Romero, P. D. (2021). *Unemployment*

- Rates During the COVID-19 Pandemic: In Brief* (pp. 1-13, Rep. No. R46554).  
Congressional Research Service.  
doi:<https://crsreports.congress.gov/product/pdf/R/R46554/9>
- Figley, C. R. (Ed.). (1995). *Brunner/Mazel psychological stress series, No. 23. Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
- Hatcher, S. S., Bride, B. E., Oh, H., King, D. M., & Catrett, J. F. (2011). An assessment of secondary traumatic stress in juvenile justice education workers. *Journal of Correctional Health Care, 17*(3), 208-217. doi:10.1177/1078345811401509
- Heinz, K. (2020, February 10). How to calculate turnover rate and what it means. Retrieved March 23, 2021, from <https://builtin.com/recruiting/turnover-rate>
- Kim, H. (2011). Job conditions, unmet expectations, and burnout in public child welfare workers: How different from other social workers? *Children and Youth Services Review, 33*(2), 358-367. doi:10.1016/j.childyouth.2010.10.001
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103-111. doi:10.1002/wps.20311
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397-422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Nelson-Gardell, D., & Harris, D. (2003). Childhood Abuse History, Secondary Traumatic Stress, and Child Welfare Workers. *Child Welfare: Journal of Policy, Practice, and Program, 82*(1), 5-26.
- O'Reilly, R., Wilkes, L., Luck, L., & Jackson, D. (2014). Being parents and workers:

- Qualitative insights from child protection workers. *Child Abuse Review*, 23(5), 311-323.  
doi:10.1002/car.2254
- Peter G. Peterson Foundation. (2021). Here's everything the federal government has done to respond to the coronavirus so far. Retrieved April 05, 2021, from <https://www.pgpf.org/blog/2021/03/heres-everything-congress-has-done-to-respond-to-the-coronavirus-so-far>
- Pooler, D. K., Wolfer, T., & Freeman, M. (2014). Finding joy in social work II: Intrapersonal Sources. *Social Work*, 59(3), 213-221. doi:10.1093/sw/swu020
- Reopening Advisory Board. (2020, May 18). *Reopening Massachusetts* [PowerPoint slides]. <https://www.mass.gov/doc/reopening-massachusetts-may-18-2020/download>
- Rycraft, J. R. (1994). The Party Isn't Over: The Agency Role in the Retention of Public Child Welfare Caseworkers. *Social Work*, 39(1), 75-80.
- Salloum, A., Choi, M. J., & Stover, C. S. (2019). Exploratory study on the role of trauma-informed self-care on child welfare workers' mental health. *Children and Youth Services Review*, 101, 299-306. doi:10.1016/j.chilyouth.2019.04.013
- Scales, A. N., & Quincy Brown, H. (2020). The effects of organizational commitment and harmonious passion on voluntary turnover among social workers: A mixed methods study. *Children and Youth Services Review*, 110, 1-10.  
doi:10.1016/j.chilyouth.2020.104782
- Schneider, W., Waldfogel, J., & Brooks-Gunn, J. (2017). The Great Recession and risk for child abuse and neglect. *Children and youth services review*, 72, 71–81.  
<https://doi.org/10.1016/j.chilyouth.2016.10.016>
- Slack, K. S., Holl, J. L., McDaniel, M., Yoo, J., & Bolger, K. (2004). Understanding the Risks of

- Child Neglect: An Exploration of Poverty and Parenting Characteristics. *Child Maltreatment*, 9(4), 395–408. <https://doi.org/10.1177/1077559504269193>
- Smith, B. D. (2005). Job retention in child welfare: Effects of perceived organizational support, supervisor support, and intrinsic job value. *Children and Youth Services Review*, 27(2), 153–169. <https://doi.org/10.1016/j.childyouth.2004.08.013>
- State of New Jersey. (2021). DCF: Cp&p employment. Retrieved March 10, 2021, from <https://www.nj.gov/dcf/about/employment/dcpp/>
- State of Vermont. (2021). Characteristics of a successful child welfare social worker. Retrieved February 25, 2021, from <https://dcf.vermont.gov/fsd/career/characteristics#:~:text=Good%20communication%2C%20organization%2C%20critical%20thinking,the%20challenges%20of%20the%20wor>
- Stowers, J. (2020, July 23). Employee Retention: What Does Your Turnover Rate Tell You? Retrieved March 22, 2021, from <https://www.business.com/articles/employee-turnover-rate/#:~:text=The%20SHRM%20Human%20Capital%20Benchmarking,of%2012%25%20to%2020%25>.
- Strand, V., & Dore, M. (2007). CT DCF Job Satisfaction Survey Findings and Implications for Training. Retrieved March 10, 2021, from <https://www.childwelfare.gov/pubPDFs/fordham1.pdf>
- Time and Date AS. (2020). First day of stay at Home order in the United States. Retrieved April 01, 2021, from <https://www.timeanddate.com/holidays/us/lockdown-day-1>
- The Training Associates. (2020, February 20). Citgo case study - TAA (known as the Training Associates). Retrieved March 10, 2021, from <https://thetrainingassociates.com/MA-Department-Children-Families>

- The White House. (2021, March 11). Fact sheet: President Biden to announce all Americans to be eligible for Vaccinations by May 1, puts the nation on a path to get closer to normal by July 4th. Retrieved April 05, 2021, from <https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/11/fact-sheet-president-biden-to-announce-all-americans-to-be-eligible-for-vaccinations-by-may-1-puts-the-nation-on-a-path-to-get-closer-to-normal-by-july-4th/>
- Tziner, A. E., & Vardi, Y. (1984). Work satisfaction and absenteeism among social workers: The role of altruistic values. *Work and Occupations*, 11(4), 461–470.  
<https://doi.org/10.1177/0730888484011004005>
- U.S. Bureau of Labor Statistics. (2021a, February 17). Social workers: Occupational Outlook Handbook. Retrieved March 09, 2021, from <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-4>
- U.S. Bureau of Labor Statistics. (2021b, February 17). Social workers: Occupational Outlook Handbook. Retrieved March 09, 2021, from <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-1>
- VolunteerMatch. (1998-2021). Department of children and families volunteer opportunities. Retrieved February 25, 2021, from [https://www.volunteermatch.org/search/org943644.jsp#more\\_info\\_tab](https://www.volunteermatch.org/search/org943644.jsp#more_info_tab)
- Welch, M., & Haskins, R. (2020, April 30). What COVID-19 means for AMERICA'S child welfare system. Retrieved April 05, 2021, from <https://www.brookings.edu/research/what-covid-19-means-for-americas-child-welfare-system/>
- Yoo, J. (2002). The relationship between organizational variables and client outcomes.

*Administration in Social Work*, 26(2), 39-61. doi:10.1300/j147v26n02\_03