

UNSUPPORTED

Key Lessons for Improving Maine's Child Welfare System by Supporting All Stakeholders

Presented by

Walk a Mile in Their Shoes

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walkamilemaine.org

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INTRODUCTION

Over the past several years, the high-profile deaths of children who have had contact with Maine's child welfare system spotlighted how the Department of Health and Human Services (DHHS) is failing to protect Maine's kids. Maine recently had the highest rate of child maltreatment in the nation, and for years Maine's Child Welfare Ombudsman has reported that DHHS repeatedly fails to make proper decisions related to the safety of children. A Maine watchdog agency recently said that it found "errors on top of errors" in its handling of the case of a six-week-old infant who died after being physically abused.

Walk a Mile in Their Shoes (WAMITS), a nonprofit dedicated to raising awareness of shortcomings in Maine's child welfare system, believes that this is unacceptable. We also believe that the people who interact with the child welfare system on a daily basis have important experiences to share, and that by listening to them we can come up with real-world solutions to the problems they identify.

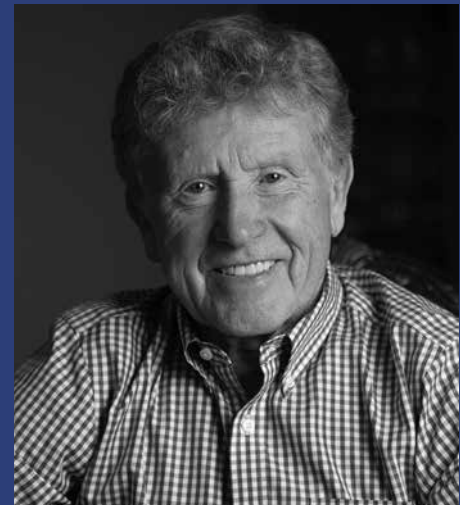
In the past nine months, WAMITS has held listening sessions all over the state, meeting with front line workers within DHHS, including current and former caseworkers, foster parents, childcare providers, educators, law enforcement officials, and others who interact with DHHS on a regular basis. These experts know the system better than anyone else, yet amazingly they have apparently never been asked, especially in an environment free of fear and retaliation, how to fix the system.

We believe that an in-depth research project of this nature has never been conducted in Maine until now. What we learned is that many stakeholders are woefully under-supported by the current system, resulting in multiple problems that ultimately affect the safety and wellbeing of children. These insights offer practical solutions, backed up by real-life experiences, to these problems, which have only gotten worse over the past years.

In many cases, when referring to DHHS, we are referring specifically to the Office of Child and Family Services (OCFS). However, as OCFS is currently housed within DHHS, and as DHHS is a more familiar entity to many, we typically refer to DHHS for simplicity's sake.

It is also important to note that the stories and experiences contained in this report only represent the stories and experiences of those caseworkers, foster parents, and others who we spoke to. In many cases we cannot independently verify individual claims; we simply seek to give a platform for concerned parties to share their experiences and ideas.

We hope that this report will provide more information for lawmakers, the media, the public, and DHHS itself as we all seek to work together to create a child welfare system that protects, serves, and truly puts the safety and wellbeing of Maine's children first and foremost.



Walk a Mile in Their Shoes
founder Bill Diamond





This report is dedicated to Maddox Williams who was murdered by his mother on June 21, 2021 at the age of three years old.

Maddox was a charming little boy whose premature death was a tragedy that shouldn't have happened. Maddox was living with his paternal grandmother, Victoria Vose, in a loving and caring home. Maddox's family was assured by DHHS that Maddox would not be placed back with his mother because of the high risk that would present for him. Despite that commitment, he was returned to his mother and three months later on June 21, 2021 she killed him.

Maddox has become the inspiration for many people who are now committed to fix a broken system that too often fails the children in Maine's care.

ABOUT WALK A MILE IN THEIR SHOES

Walk a Mile in Their Shoes (WAMITS) is a 501(c)(3) nonprofit duly registered with the Maine Secretary of State.

Our mission and purpose are the prevention of child homicides and the abuse of children who are under the supervision or care of the State of Maine or who are or have been associated with the child welfare system in any manner.

WAMITS was founded by former Maine State Senator and former Maine Secretary of State Bill Diamond and guided by a Board of Advisors consisting of experts in the field of child protection, state government agencies and child welfare.

BOARD OF ADVISORS

John Baldacci

Former governor of Maine.

Michael Carpenter

Former member of the Maine House of Representatives and Maine State Senate and former Maine attorney general.

Lou Ann Clifford

Former Maine assistant attorney general assigned to the Department of Health and Human Services/ Office of Child and Family Services.

Joyce Maker

Former member of the Maine House of Representatives and Maine State Senate.

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Former commissioner of the Maine Department of Health and Human Services.

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Emily Small is a licensed master social worker (LMSW).

SECTION ONE: CASEWORKERS

Caseworkers within the Office of Child and Family Services are on the front lines of Maine's child welfare crisis, interacting with kids and their families, mandated reporters, service providers, the judiciary, and other stakeholders in emotionally charged and sometimes dangerous situations. But today, caseworkers share that they often begin their jobs with insufficient training and operate daily with little support or understanding from upper management. By taking an honest look at how it can support these front line workers, DHHS has the opportunity to ensure better outcomes for Maine kids and families.

AREAS OF CONCERN

INSUFFICIENT TRAINING

Caseworkers share that job training provided by DHHS is in many ways insufficient, leaving them unprepared to do their jobs well.

Some caseworkers shared that training focuses on DHHS policy and procedure rather than helping caseworkers understand children or assess when children are in dangerous situations. **One staff person who provides training to new caseworkers said that many times, the point of the training is to check a box,** not to ensure that caseworkers have truly absorbed the training materials and retained what they have learned.

New caseworkers, especially younger caseworkers or those who have less experience with children in their personal lives, may need additional training in order to fully understand what is and is not safe and appropriate for children of different ages. New caseworkers also receive very little field training, which allows them to gain an understanding of the realities of the job and how to best interact with children, families, and other stakeholders. **This problem is compounded in some districts, where new caseworkers are already assigned caseloads while still completing their initial Foundations training.**

Current training also fails to fully take into account many of the current trends or concerns impacting families in Maine, including the opioid crisis.

Caseworkers report that Foundations training is also not trauma-informed. Most of the children who interact with DHHS are likely to have been traumatized in the past or to endure trauma during the course of their case; it's critical that caseworkers be able to recognize, understand, and work with children and their trauma at different developmental levels. Caseworkers must also be able to achieve this with children who have special needs and diagnoses.

Caseworkers also share that additional training, available to them after they start the job, is difficult for them to attend due to their large workloads.

Some have shared that they have taken time off from work to attend a training that they believed would be beneficial to them and the families they serve.

Mentorship relationships between caseworkers are also reportedly insufficient.

New caseworkers benefit from the opportunity to shadow and learn from those who have been in the job longer. Currently, caseworkers interested in mentoring share that they are left to identify and cultivate these relationships on their own, and any job shadowing is done in addition to their regular caseload. Many caseworkers shared the view that the caseworker position should not be considered an entry-level position. Rather, a tiered system where several staff members work together as a team would be more appropriate, allowing new caseworkers on-the-job training as they assist with clerical and other lower-level tasks while more experienced caseworkers take responsibility for higher-level decision making.

A DYSFUNCTIONAL COMPUTER SYSTEM

In the course of carrying out their daily duties, caseworkers rely heavily on the computer program Katahdin to manage cases and make decisions about child safety.

Katahdin is meant to be able to accurately assess the risk to a child and make a decision about whether or not a child should remain in, or return to, their biological homes. Caseworkers shared that overriding Katahdin's recommendations is discouraged by DHHS management.

However, the program is only as reliable as the information that is input, meaning the program may be making decisions without the full context of a child's case.

"My district is sitting with too much risk because we simply don't have the time or bandwidth to open a service case on all the families we should."

— DHHS employee

The risk that information is left out of Katahdin is compounded by the staffing shortages within DHHS and overwhelming workloads placed upon caseworkers. There is also the possibility that information is withheld from Katahdin in order to alter a finding. **Leaving decisions about child safety to a computer program without the benefit of professional judgment by human caseworkers leaves cracks that vulnerable children can slip through, especially if the data being entered is incomplete or inaccurate.**

Katahdin is also reportedly not user friendly, making it difficult for caseworkers to pull reports and get a complete view of a child's case. The program is structured around the services a child receives rather than a timeline or a narrative of the child's lived experience and contact with DHHS. **If caseworkers are unable to effectively utilize their own record keeping system, the chance that they make an uninformed decision about a child's safety increases.** The program also complicates the discovery process for guardians ad litem, who represent children in the court of law. In other words, caseworkers shared, the program is simply not helpful to the people who rely on it, consequently making their jobs more difficult and time consuming.

UNREALISTIC EXPECTATIONS

Caseworkers also shared that management places unrealistic expectations on them, giving them too much work to complete in any given workweek and duties that they aren't trained or prepared for.

Caseworkers shared that they are expected to complete legal documents, including, but not limited to, requests for preliminary protection orders detailing why DHHS believes it should take custody of a child and filing for a Termination of Parental Rights. However, caseworkers often do not have the legal training or knowledge to complete these documents. This can be extremely detrimental to a case, as a judge's ultimate decisions are based on the information (accurate and complete or not) that is included in the documents (s)he receives.

"Upper management does not recognize what a typical week looks like for us."

– DHHS employee

Caseworkers shared they are often required to transport children to visits with their parents and to supervise these visits.

Both of these duties should be carried out by third party agencies, but when these services are not available they may fall to the caseworker, leaving them less time to complete their other critical work

Depending on which district the caseworker services and the communities they work in, **caseworkers may be expected to cover huge geographical areas**, with little regard given to how this impacts their schedules and their time to complete work.

As DHHS struggles to hire and retain caseworkers in sufficient quantities, those currently on the job are left to carry heavier workloads. Mandatory overtime puts a huge strain on caseworkers, including new caseworkers whose junior status often means they get assigned the least desirable shifts. **Casework is physically, mentally, and emotionally exhausting, and mandatory overtime leads to even lower morale and less work/life balance for caseworkers.**

Furthermore, some caseworkers report they were lied to during the hiring process, told there is no overtime when the opposite is true.

One caseworker shared that their supervisor, when confronted about this, plainly admitted that filling roles would be more challenging if they told the truth about mandatory overtime and working conditions.

Walk a Mile in Their Shoes

Oftentimes, this overtime consists of supervising children in hotel and emergency rooms before they are placed in foster care, or when no suitable home is available for the child. **Caseworkers shared that some children spend days on end in DHHS offices simply because they have nowhere else to go.** When situations like these arise, caseworkers are expected to spend hours and days caring for children in addition to performing their regular duties.

Sadly, caseworkers shared that their work sometimes places them in situations where their physical safety is jeopardized.

Caseworkers have reported being assaulted by clients, especially during required “hoteling” shifts. While some police agencies make themselves available to support caseworkers during unannounced home visits, this varies widely across the state and not all caseworkers are able to count on police back-up during risky situations.

UNMANAGEABLE CASELOADS

The number of at-risk children in Maine and vacancies within DHHS, caseworkers shared, mean that each caseworker is carrying a high number of cases. **When a caseworker has too many cases to manage, some kids may simply go unseen, or unseen for too long, while going without the services and attention they so desperately need.**

It is the responsibility of a caseworker to determine what services a child and their caregiver(s) may need to be healthy and safe. **Overburdened caseworkers struggle to spend enough quality time with each child and family to adequately assess their needs and to connect them to the appropriate resources.** Some caseworkers report that they simply do not understand the special needs challenges faced by some children and what resources are necessary to assist them. Spending limited time in the home may also prevent caseworkers from observing limits in a parent’s capacity to safely care for a child.

Connecting families with resources is one key element of carrying out a successful safety plan, **but just as important is a caseworker’s ability to monitor and follow up on the plan.** That ability is compromised when caseworkers are stretched too thin. There are several reported instances in recent years of safety plans not being adhered to – such as failed drug tests or skipped visits with a mental health professional – sometimes with devastating consequences.

Furthermore, if caseworkers are unable to fully evaluate a child, they may be unable to determine an appropriate placement for that child.

It is traumatic for a child to be placed in a foster home, so it’s critical that the home be as well-suited to the child as possible. If a caseworker is not familiar enough with a child to know that the child is afraid of dogs, that child may be placed in a foster home with an animal they are afraid of. Caseworkers report they often feel pressured to place children quickly to avoid “hoteling”. This means that sometimes, the first person to answer the request for placement is where the child will land, even if that home isn’t the best fit and won’t last. If caseworkers have more time to obtain placement for a child, they are more likely to find an appropriate, suitable and successful placement for that child.

"The issues need to be addressed at the top, not put the blame further down the chain. I love this job; I love being part of making [DHHS] a better place. I could go on forever about my concerns."
– DHHS employee

High workload also leaves caseworkers struggling to complete their paperwork in an accurate and timely manner.

Proper documentation is key to the integrity of a case and to ensuring that all parties have their rights honored. The decision-making tool DHHS uses to make

determinations about child safety relies on accurate and complete information being entered into the system, but that does not always happen.

The most dire consequence of this casework overload is that risks to children may not be adequately assessed, and even the biggest red flags can be overlooked.

As a result, children are left in situations where they are harmed or even killed. The consequences of overburdening caseworkers are real, and they can be severe.

CHILDREN AND CASEWORKERS SUFFER

As is the case when anything in the child welfare system goes wrong, it is Maine's children who ultimately pay the price.

The concerns outlined here have a direct impact on Maine kids. Children left in unsafe homes face further abuse and neglect. Children removed from their homes experience additional trauma, often without the support needed to process it in a healthy way. Children not evaluated in a timely manner go without the services they are entitled to, and children who are moved from home to home miss appointments, miss school, and experience additional disruptions resulting in even more trauma.

Not only does a broken system negatively impact kids – it is inhumane to caseworkers.

The caseworkers who shared their perspectives for this project did not voice complaints about the pay or the benefits they receive for doing this job. Rather, they shared stories of low morale, high burnout, poor work/life balance, and a deterioration of their mental and physical health. Many shared they love their jobs and their immediate co-workers, but that unrealistic demands can no longer be maintained. It's clear why many caseworkers take the opportunity to look for employment elsewhere as soon as they receive their certification. **The high turnover among caseworkers at DHHS exacerbates the current problems in the system and can leave DHHS unable to safely and adequately staff their offices across the state.**

SOLUTIONS

One approach to lessening the load on caseworkers is to adopt a team approach to casework, where caseworkers are supported by other staff.

DHHS should evaluate and examine the use of, as well as the starting pay for, case aides. **Case aides** are critical team members able to complete some clerical work and obtain medical and educational records. **Legal aides** (or paralegals) on each team could complete, file, and receive any legal paperwork throughout the case. **Clinicians** could help evaluate and address the mental health, medical, and dental needs of a child who comes into care. An **entry-level training position** could be included to introduce newly graduated, inexperienced workers, giving them true on-the-job training for some period of time. This model would also naturally create a tiered system where new hires enter at a base level (case aide or entry-level worker) and move up the ladder to full caseworker, supervisor, and so on as they gain the necessary ground-level experience.

A team approach would result in more workers monitoring cases, each with their own unique experiences and expertise, leaving less opportunity for children to fall through the cracks or for red flags to be overlooked.

It also naturally affords each caseworker a team to back them up as urgent needs arise. Teams that share a caseload should be able to safely maintain a larger pool of cases than any one caseworker alone is able to. This team approach would reduce the caseload and burden on any single worker, improving morale, resulting in better work/life balance, as well as significant benefits to each worker's physical and mental health. Such team approaches are being used and are very effective in managing large caseloads in the medical profession, meaning existing models exist and are available for review by DHHS.

It is also essential that children are assessed and evaluated as soon as appropriate when they come into care.

Often, the needs of children linger unmet for long periods of time, either because the caseworker is busy attending to more urgent matters or because the caseworker does not understand how to find the right services for a complex, special needs, or behaviorally struggling child. Swiftly connecting kids with needed resources is the best way to support them through what is likely one of the hardest times in their lives. Current timetables for evaluating kids are too long and are often not met. Services obtained too late can result in the placement of a child being disrupted, requiring the caseworker to find a new placement for the child, sometimes at just a moment's notice.

DHHS should take full advantage of outside resources that already exist in our communities or that have been proposed by those interested in helping.

This includes the prospect of temporary homes where children can go to clean up, decompress, and be evaluated and connected with needed resources as soon as they enter care and before going to a foster home. These homes would provide a welcoming home setting where a child's immediate needs can be addressed; meanwhile, the caseworker would have time to identify an appropriate, longer-term placement. There are also currently organizations that provide material needs, such as diapers, clothes,

and other needed resources for kids in care. Caseworkers share that they are currently discouraged from taking advantage of these resources by DHHS management.

Upper management within DHHS should also give substantial time and attention to developing strategies and policies that make working conditions better for caseworkers.

Looking to other child welfare systems across the country and to other social work entities in Maine, DHHS should adopt best practices that make caseworker jobs more attractive to current caseworkers and prospective hires. There should also be a significant focus on creating an environment and culture that retains existing workers. The longer a worker stays, the more training and experience they have, making them better equipped to make informed safety decisions and to provide better services to families.

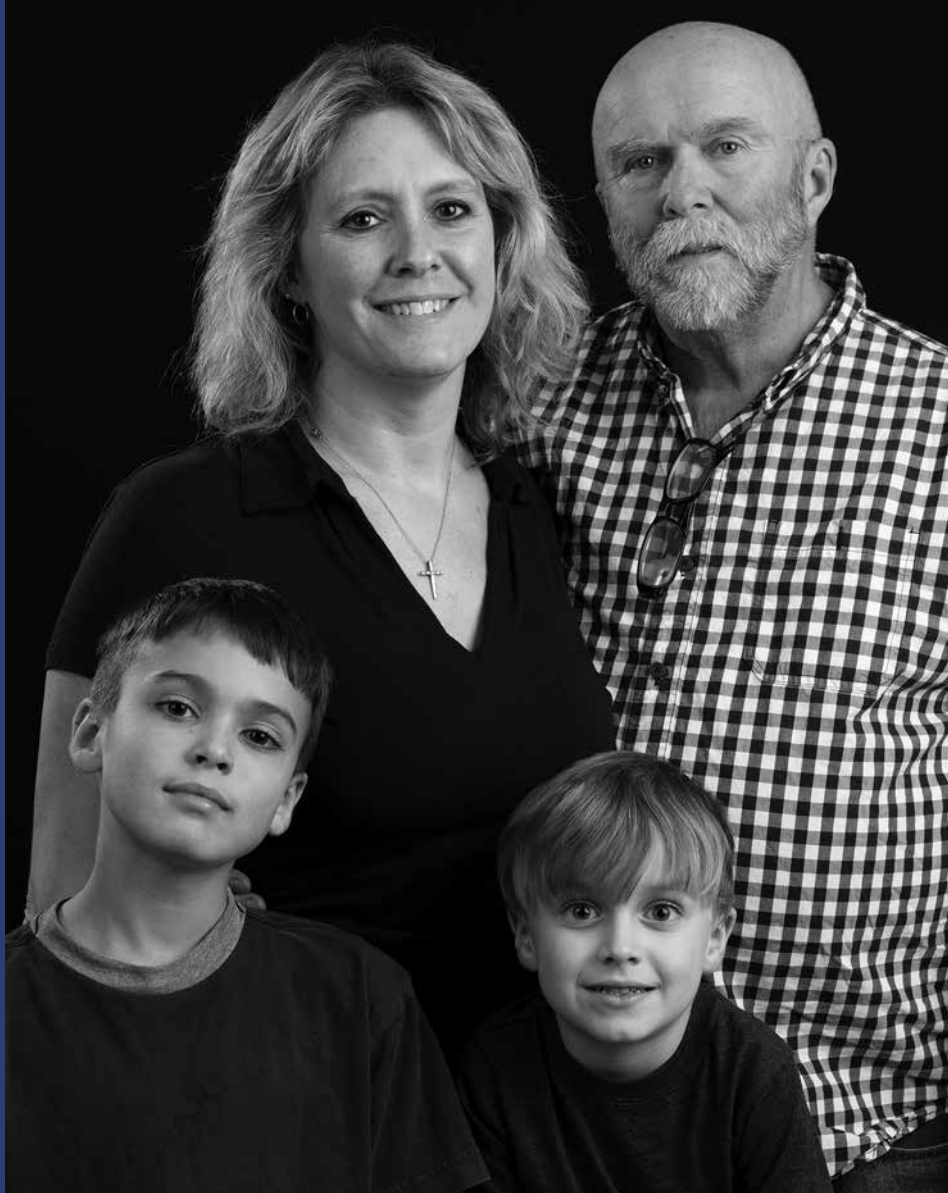
A SYSTEM THAT SERVES EVERYONE

When caseworkers feel supported and appreciated, and when they are able to balance their jobs with their personal lives and health, they are more likely to remain in their jobs and to seek additional professional growth opportunities within DHHS. This results in better job performance and safer outcomes for children.

DHHS benefits when caseworkers are adequately supported.

Vacancies within DHHS have strained the Department and contributed to a deteriorating public image in recent years. A well-supported and happy workforce is a workforce others will want to join, and more caseworkers means a more manageable workload for those on staff. When caseworkers can complete their work and switch gears to more proactive and less reactive work, DHHS will be able to focus on other pressing issues within Maine.

Most important, when caseworkers are able to give their full attention to each case, it is less likely that children will experience disruptions in their placements, breaks in their education, have medical and dental needs that go unaddressed and mental health and behavioral needs unmet. In fact, they will be more likely to receive all services they are entitled to while experiencing greater consistency and less trauma, leading to better outcomes down the line. It is well-researched and documented that having inconsistent caretakers can, and in too many cases does, result in children developing attachment disorders. This affects the long-term trajectory of a case and negatively affects everyone involved - especially the child. **Critically, better supported caseworkers have more opportunities to notice when children are at risk and living in unsafe situations, sparing children unnecessary suffering and, in the most extreme cases, saving lives.**



Foster, adoptive, and biological parents
Melanie and Gary Blair with their adopted sons.

SECTION TWO: FOSTER PARENTS

Foster parents are critical players in Maine's child welfare system, but many foster parents share that they feel under-supported, taken advantage of, and sometimes even threatened by DHHS. Maine's Foster Parents Bill of Rights broadly outlines the rights and protections foster parents are entitled to in their interactions with Maine's child welfare system. In practice, many foster parents share, their rights are cast aside or fall through the cracks, leaving them feeling like glorified babysitters with no rights of their own, a sentiment shared by many foster parents across the state.

When foster parents from all over Maine shared their stories, what emerged are specific areas of concern that can be addressed by new and existing systems and solutions. It becomes clear that when foster parents are supported, children, biological families, caseworkers and DHHS benefit.

AREAS OF CONCERN

FOSTER PARENTS' RIGHTS ARE DISREGARDED

Foster parents share that DHHS often brings children to their homes with few resources and little information about their history and their needs, leaving foster families to scramble and causing further disruption and trauma to kids.

When children are placed in a foster home, they often arrive with few personal possessions, including little, no, or inappropriate clothing. Some foster families shared stories of babies arriving on their doorstep wearing only diapers. Foster parents shared that children sometimes arrive without supplies of needed medications, putting their health at risk and causing further disruption in their lives.

Critically, many foster families shared that they take in children with little information about that child's behavioral patterns and needs, health records, school records, and service providers - even when DHHS appears to be in possession of this information.

It is in the best interest of children, foster families, and DHHS that foster families are equipped with as much information as possible about the children they take into their homes. When information isn't shared, it is the children who ultimately suffer. They miss appointments, go without needed care, and face additional disruptions to their education and daily lives, ultimately resulting in more trauma.

Foster parents report they are often not reimbursed by DHHS, or are reimbursed very late, causing them to incur unexpected expenses and placing undue hardship on their families.

"Foster parents should not have to subsidize DHHS."

– a Maine foster parent, regarding not receiving reimbursements for purchases

Similarly, foster parents face financial hardship due to Maine's shortage of childcare providers, which is exacerbated by DHHS's reported failure to pay childcare providers in an accurate and timely manner. With fewer providers willing to accept children in state care, foster families who are unable to secure childcare face a difficult choice: give up the ability to work outside of the home or disrupt the placement of a child in their home so they can keep their jobs.

Foster parents shared they are sometimes expected to take on responsibilities outside of their purview, including transporting children to visits with their biological families.

In some parts of the state, contracted agencies are reliably able to provide this transportation. When that isn't the case, however, foster parents may be asked to take on this responsibility. For working foster parents, this situation puts them between a rock and a hard place: miss work or force a confrontation with DHHS. Refusal to accommodate DHHS can result in the child, even those who are strongly attached, being moved to another home.

Requests for respite often go unfulfilled or ignored by DHHS, foster parents shared.

These requests, while important and necessary for foster parents, are often not high on the priority list of a caseworker to coordinate. Foster families sacrifice much to provide safe and stable homes for children. It is critical that DHHS be able to provide periods of respite so that caregivers can decompress or attend to other personal and professional matters.

Requests for travel letters – or permission to take children out of the state – are often refused by biological parents, or requests are responded to too late to be effective.

Foster parents shared that this causes further disruption in their lives and the lives of the children in their care and makes it difficult to plan for the future. It can also result in foster children not being able to participate in an event that is appropriate for them and can make them feel isolated by exclusion.

A lack of timely and complete communications from DHHS in general was a concern voiced time and again by foster parents.

It's crucial that foster parents are given honest and complete information as they consider taking in a placement. When foster parents receive inaccurate or incomplete information, especially when that information is known or should be known by DHHS, it jeopardizes the foster family's ability to keep kids

in their care safe. Foster parents are also best able to support the kids in their care if they are kept abreast of updates in a child's case and are included in family team meetings. At times, foster parents shared, they are invited to these meetings, but are asked to leave early or are prohibited from sharing information or concerns. Communication is a significant problem for foster parents and a major contributing factor in the high turnover rate of foster parents.

Foster parents are often not able to share their perspectives in legal proceedings.

As one foster parent put it, foster parents have “no voice whatsoever” in the legal process. Foster parents are uniquely positioned to know the children in their care and should be able to share their perspectives about permanency and other decisions. While foster parents may be invited to hearings, they are at times asked to leave early or prohibited from sharing information or concerns with the judge.

“We had a trip to Disney planned for months and requested a travel letter far in advance, which we did not get an answer to until just days before [the trip], when we were told we could not bring our four-year-old foster daughter with us. She already knew we were going and was so upset. She was miserable the whole week we were gone, and regressed in her sleep habits in the short amount of time we were gone.”

— Maine foster parent

A FEAR OF RETALIATION

Importantly, many foster parents said that their interactions with DHHS are colored by a fear of retaliation.

Foster parents shared they are afraid to voice opinions that are at odds with DHHS or push back against unreasonable expectations placed upon them for fear that their current placements will be disrupted or they will be “blacklisted” and have fewer placements in the future. In other cases, foster families fear losing their licenses for challenging DHHS or speaking out about the ways they have been unsupported.

For example, some foster parents shared they felt bullied into taking on additional responsibilities, including transporting children to parental visits, lest they be seen as hostile to the reunification

“There is a culture of intimidation toward foster parents... all parties need to be treated with respect.”

— a seasoned Maine foster parent

process. In voicing concerns to caseworkers or supervisors, foster parents share that they are often treated as opposing parties rather than partners working for the same outcome: the health and wellbeing of the children they serve. Instead, foster parents are sometimes told that if they cannot accommodate, they are not in support of reunification and consequently, the child will need to be removed from their home – even if the child has been in their home for years.

CONSEQUENCES FOR CHILDREN AND FOSTER FAMILIES

When foster parents are left unsupported, everyone suffers, and the impact these issues have on children is obvious.

Being removed from the home they know and then placed with a foster family is traumatic for every child, even when the foster home they are entering is adequately supported and resourced by the State. Children suffer additional and unnecessary trauma when foster families do not have all the resources and information they need to properly care for them.

When children enter state custody, they should face as few disruptions as possible in the services they receive, in their education, and in the homes they are placed in. The challenges facing foster parents today make it more difficult for them to maintain continuity in the care they provide foster children and to offer them as much stability as possible. Foster families also feel limited in advocating for the best for themselves and the children they care for when they fear retaliation from DHHS.

Ultimately, low morale causes foster families to remove themselves from the system, leaving fewer homes for children in need. Placing children in an appropriate home is difficult enough as it is; Maine cannot afford to lose more foster homes.

SOLUTIONS

Foster parents need an organizing structure that will allow them to advocate for their needs and the needs of the children they serve.

States across the country have experimented with different organizational structures to give foster parents a stronger voice and more support. **In Maine, a non-profit headed up by an Executive Director and governed by a Board of Directors would allow foster parents to find support and community, to develop professionally, and to advocate for themselves and the children they serve.**

"I wish that we (DHHS) would treat our foster families better. We are losing way too many good homes because of the way [foster parents] are treated."

— a current DHHS caseworker

A formal structure will allow foster parents to come together on the district and state level to network, share information, ask questions, and gain additional training to make them better foster parents. **Perhaps most important, this organization would give foster parents a space to share information and voice concerns without fear of reprisal from DHHS.**

This document aims to summarize some of the most pressing concerns foster parents are facing today, in the hopes that concisely identifying these concerns is the first step in addressing them. **This new organization would allow foster parents the opportunity to do this on an ongoing basis, to propose concrete solutions to policymakers and DHHS, and to share their concerns, ideas, and experiences with the public.**

This new entity would also be uniquely positioned to aggregate data on Maine's foster parents and to collect information about why foster parents choose to leave the system. These "exit interviews" would likely provide additional key insights into how the system can be improved and how foster parents can be retained.

"Foster parents need a system we can go to have complaints mediated fairly without jeopardizing a current placement."

— a Maine foster parent

Walk a Mile in Their Shoes is prepared to help launch this new project and to conceptualize the structure and funding options to make this new entity a success.

WHEN FOSTER PARENTS SUCCEED, EVERYONE SUCCEEDS

When foster parents are adequately supported and given space to air grievances and get answers without the fear of reprisal from DHHS, all parties benefit. More foster families will be willing to remain in - and perhaps join - the system, making more homes available to children in need.

Successful and supported foster parents make better partners for the caseworkers they work with, leading to stable working relationships and less turnover. Caseworkers face many challenges in their daily work; good partners are critical to their success.

Foster parents who are supported by the system can provide stability, structure, and safety for children who are in crisis.

This leads to less exposure to trauma for children - resulting in better outcomes for them down the road - and more positive, healthy relationships with adults in their lives at a time when they need it most.

Creating the nonprofit concept proposed here represents an opportunity for increased dialogue between Maine's foster parents and DHHS. Better understanding the needs of all parties is key to DHHS's goal of protecting Maine's children. It's a goal shared by foster parents and all who choose to engage with Maine's child welfare system.



Victoria Vose, grandmother of Maddox Williams
who was killed by his biological mother.

SECTION THREE: CHILDREN

The ultimate goal of the child welfare system is to ensure that Maine's children are safe and cared for in their homes. While many of the individuals who constitute this system are caring and attentive, the system as a whole is failing to protect children from abuse and neglect and to connect them with resources that ensure the best possible outcomes for them.

By listening to foster parents, caseworkers, childcare providers, educators and others who regularly interact with DHHS and children in care, what comes together is a picture of how DHHS is currently failing to support the children in its care, and what can be done to improve the system.

AREAS OF CONCERN

CASEWORK

A lack of support for caseworkers often directly manifests as a lack of support for children.

Caseworkers who have not undergone sufficient training may not be equipped to recognize signs of abuse or neglect. A heavy caseload also means that caseworkers are less able to spend quality time with children and families. This can lead to signs of abuse and neglect being overlooked. Overburdened caseworkers also struggle to complete documentation, which can affect the outcomes of a case.

Safety plans meant to protect children are often incomplete, leaving some needs unaddressed.

Stakeholders reported incidents where an unsafe person was able to remain in the home with the child because another, safe adult identified by DHHS agreed to take responsibility for that child's care and safety. This leaves children vulnerable to bad actors and unnecessary risks. Safety plans also may not identify or remedy ongoing safety concerns, such as drug use.

Safety plans are sometimes not closely monitored or appropriately followed up on.

This gives parents and caregivers the opportunity to stop required treatments or services without fear of being detected by DHHS. This includes timely access to mental health services and drug testing. Ongoing contact with families is key to ensuring that risks to children are actually being mitigated.

Decisions about whether or not a child is safe in their home, or whether or not it's safe for that child to return to their home, are predominantly made by computers rather than humans.

As outlined in the “Caseworkers” section of this document, this means that critical information and context may be excluded by the computer program making safety decisions. Incomplete or inaccurate documentation increases the risk that the program will arrive at an unsafe decision.

Children in contact with DHHS are often not being evaluated in a timely manner, delaying their access to necessary services that support their mental, emotional, and physical health and developmental needs.

Caseworkers completing evaluations may not possess the knowledge to accurately assess what services a child needs, especially if a child's needs are made more complex by trauma, disabilities or developmental delays, or behavioral challenges. When children are evaluated, it is often difficult to connect them with services if there are too few providers in their area, leaving them to languish on wait lists. This problem is exacerbated when children are on Medicare or MaineCare, as not all providers accept these forms of insurance.

“[DHHS] is spending so much money on bio-parents and the children are suffering and behaviors are becoming increasingly worse due to the lack of services for them.”

– DHHS employee

Furthermore, it often seems that ensuring access to services for parents, not their children, is the priority for DHHS.

While services for parents are critical, children should be the focus of the child welfare system. Prioritizing services for parents over their kids is symptomatic of larger problems within DHHS.

EXCESSIVE FOCUS ON FAMILY REUNIFICATION

DHHS appears to place an excessive focus on reunifying children with their biological families, an ideology that can come at the expense of the child.

While reunification is an understandable goal when it can be done safely and in a timely manner, by overemphasizing reunification DHHS appears to often violate its own policies when it comes to terminating parental rights and acting in the best interest of children. This approach can be traced to federal funding. Reunification can be a good outcome for some families, but if other permanency solutions better serve the child, then those solutions should be prioritized.

It appears that DHHS often overlooks parental shortcomings and histories in order to continue pursuing reunification as a primary goal.

Many parents with open child welfare cases have had contact with the child welfare system in the past, but it seems this history is not taken into consideration when a new case is opened. Rather than taking a holistic view of the parent and their history, DHHS seems to view each incident and accusation in isolation. This leaves out important context that leaves children at risk.

DHHS does consider if a parent has previously had their parental rights terminated involuntarily when making determinations on new cases. However, many parents opt to voluntarily terminate their rights after being threatened with involuntary termination; as a result, their past termination of rights is not taken into consideration when a new case is opened for a different child in the future. This exacerbates caseloads by adding new cases for parents who have had a number of children they have previously lost custody of. **DHHS does not pursue involuntary terminations of parental rights in all cases where they are able to, making it more difficult to protect children should that parent have additional cases in the future.** DHHS also fails to utilize available aggravating factors to file for termination in a timely manner.

"It's not about what's in the best interest of the child, it's about what the parent needs to reunify with the child."

– DHHS employee

Reunification plans, intended to make it possible for the child to return to their parents' care safely, may require parents to receive services, comply with drug testing, and to regularly have contact with their child while their child is in state custody, all within an established time frame. **However, it appears that DHHS routinely continues to pursue reunification even when parents demonstrate a lack of cooperation with reunification plans.** DHHS extends reunification timelines and gives parents additional chances to comply, even when parents refuse or fail drug tests, miss appointments for mental health counseling, or fail to appear at a scheduled visit with their child.

In some cases, stakeholders report, DHHS continues to push for reunification in cases where parents openly state their refusal to comply with reunification plans or voice their desire to have their parental rights terminated.

Indefinitely extending reunification timelines and pursuing reunification when the parent is clearly not serious about regaining custody of their child is not in the best interest of the child. It leaves the child in a state of uncertainty, causes them further trauma, and delays the procurement of other permanency arrangements.

This focus on reunification can also result in placement disruption(s) for the child in DHHS custody. Being moved from one home to another is traumatizing for a child, and care should be taken to ensure there are as few disruptions as possible. **However, foster parents report that DHHS will remove, or threaten to remove, children from foster homes if it is perceived that foster parents are hostile to the reunification process.**

Foster parents share that reporting their observations about a poor interaction between a child and their biological parent, for example, can be perceived by DHHS as the foster parent undermining the reunification process. Threats of removal are also reportedly used to coerce foster parents into taking on additional responsibilities, such as transporting children to parental visits, for fear that the foster parent will be seen as hostile to reunification. These threats may come even if the child has been successfully placed in the foster home for months or years. **Removing a child from a safe and appropriate foster home should not be taken lightly or used as a threat.**

Some children are placed in their parents' care for a trial placement, only to have that trial fail and the child returned to foster care - oftentimes repeatedly.

This back and forth is extremely traumatizing and damaging for children. As a result, they may experience disruptions to their education, breaks in services, and inconsistent relationships with the adults in their lives - all of which increases the likelihood of poor outcomes later in life.

Finally, it should be taken into consideration that for some children, their foster families are the only families they have ever known.

Foster parents shared stories of children who lived in foster homes from birth until age three, four, or five. It may well be the case that in these instances, returning the child to their biological parents is not in their best interest, and reunification goals should be adjusted accordingly.

PERMANENCY NOT PRIORITIZED

The system does not appear to be prioritizing permanent placement for children.

Moving from one home to another is traumatizing for a child, as is living in a state of uncertainty. When children are repeatedly uprooted from their homes, they incur additional layers of trauma. Maine has consistently failed to achieve the national standard set by the federal government for children to obtain permanency within twelve months of entering care. Their relationships are also disrupted; kids rely on healthy, consistent adult presences in their lives, and a lack of permanency makes these relationships difficult to maintain. It's also more likely that children will face a disruption in the services they receive. Maintaining a continuum of care for these children must be a priority, but the current system makes this very difficult.

One way DHHS delays permanency is by failing to file requests for Termination of Parental Rights when appropriate and when allowed by statute.

At best, this leaves kids and families in a state of limbo as they await permanency. At worst, kids can be sent back to homes where their parents are abusive and neglectful because DHHS failed to file a Termination of Parental Rights in a timely manner.

The legal process of adoption is also lengthy, further delaying the peace of mind and safety that comes with permanency.

When it is clear that a child is not returning to their biological family, and a safe, appropriate, permanent placement has been found, expediting adoption is in the best interest of the child and their family.

KINSHIP PLACEMENTS

Kinship placements are often seen as preferable to placement in foster care for children who are removed from their parents' care. However, kinship placements often appear to be given less scrutiny and less caseworker oversight than traditional foster homes. **DHHS demonstrates an implicit trust in kinship placements that can result in red flags being overlooked, leaving children at risk.** For example, unsafe adults, including the parents who have perpetrated abuse or neglect, may still be in the home.

Those providing kinship care do not go through the same level of training as foster parents and are not compensated the same as foster parents are. **This leaves both kinship providers and the children in their care with fewer resources.**

It's also critical that the home a child is placed in – be it a foster home or a kinship placement – be as appropriate and well-suited to that particular child as possible.

Caretakers must be able to meet a child's physical, mental, emotional, and developmental needs. DHHS should consider if an elderly relative is the appropriate caretaker for an active toddler. Cultural fit should also be considered in order to increase the chance that a placement is successful. For example, LGBT children placed in homes that hold anti-LGBT beliefs are unlikely to be safe and happy in these homes.

TRAUMATIZED CHILDREN, POOR OUTCOMES

The various ways that the system leaves children unsupported and unprotected can have wide ranging consequences.

Children who come into contact with the child welfare system are likely in need of a wide range of services and interventions.

Connecting these children with those resources as soon as possible is imperative. Delays in obtaining care can result in developmental delays and worsening mental and physical health, and children in need of more specialized care may suffer further if their caseworker fails to identify and connect them to these services.

Being moved from foster home to foster home, or from foster home to parents' home and back again, disrupts the relationships a child is building with adults in their lives. Consistent, healthy relationships with adults is necessary for the development of children. Disrupted placements are also highly likely to cause breaks in a child's education, dental and medical care.

While some negative effects are obvious in the short-term, some are more insidious and may not appear for months or years.

Children who have contact with the child welfare system are at a high risk for bad outcomes; the chance that children experience these bad outcomes is higher when the system is not set up to adequately support them.

At their most severe, this includes murder and manslaughter as has been seen in high-profile cases in recent years. **However, for every child who is killed there are dozens who suffer horrific physical, mental, emotional, and sexual abuse.** Just as horrific as abuse can be the effects of physical, emotional, educational, and medical neglect that set children up for lifetimes of hardship. Vulnerable children are also more likely to fall victims to various forms of exploitation, including sex trafficking.

Traumatized kids are also more likely to self-harm and to face issues with addiction.

Left untreated, these issues can result in deaths by overdose and by suicide. Traumatized children not only harm themselves; they can harm others. Older children and teens have the capacity to hurt other people and to fall into patterns of criminality without adequate intervention.

Teens are generally overlooked by the system and by the media when reporting on this issue.

Though small children have fewer resources to protect themselves, this leaves older children unprioritized and underserved. Teens who repeatedly run away from home or from foster placements are often written off by the system; if they run away often enough, eventually people stop looking. This leaves teens vulnerable to all the bad outcomes outlined above.

SOLUTIONS

The safety of a child, along with timely and appropriate permanency for that child, must be treated as the highest priority.

Once it is determined that a child is in jeopardy, parental rights must be treated as of secondary importance. DHHS does not currently file requests for Terminations of Parental Rights (TPRs) in all cases where it is appropriate. Current policies allow DHHS to file for a TPR, for example, when two placements with the same parent have failed and the child is returned to DHHS custody - yet this is not always done.

In general, existing laws and policies must be more closely adhered to. Safety plans must be complete, and compliance must be monitored more closely. The same is true for reunification plans. DHHS should consider truncating reunification timelines for parents who refuse to adhere to the plan, and other permanency arrangements for the child should be expedited.

Importantly, drug testing procedures for parents seeking to regain custody of their children must be revisited.

Drug tests should be given with no prior warning, and refusal to drug test should be treated the same as a failed drug test. Drug testing policies must also evolve based on current trends and science.

DHHS should examine children's best interest standards, guiding principles, and policies as it relates to reunification decisions when aggravating factors are in play.

The aggravating factors laid out in statute, including prior involuntary terminations of parental rights, give critical insight into how a parent may struggle to safely care for a child. DHHS should look closely at whether it is wise to continue pursuing reunification when there is an aggravating factor present in a case.

Guardians ad litem, charged with representing the child's interest in court, should have regular contact with their clients.

While many guardians ad litem do, this is inconsistent and leaves some children with less than adequate representation. When guardians ad litem are able to present complete and accurate information to the judge, it's more likely that the judge will make a ruling that is aligned with the best interest of the child.

The standards placed upon kinship care arrangements should more closely mirror traditional foster placements in terms of training and services provided, monetary compensation, and scrutiny by DHHS. Kinship care can be appropriate for some children and some families, but it's critical that kinship placements be treated as the serious and high-stakes arrangements that they are. This gives children more protection and makes it more likely that appropriate kinship placements will succeed.

More resources must be dedicated to supporting teenagers, and the body of knowledge about how teens fare in the current system and how they can be better supported must be expanded.

Teenagers are often overlooked by the system, and more attention must be given to this important group.

While caseworkers, foster parents, and other stakeholders shared many concerns that resonated throughout the state, some shared concerns that were particular to their district. **It's critical that DHHS policies are consistently applied and followed across all geographical districts** to ensure that no matter where in Maine a child lives, their case is handled appropriately.

A SUCCESSFUL SYSTEM SUPPORTS ALL CHILDREN

When the system adequately supports children, children are protected from abuse and neglect, supported by healthy and consistent relationships with adults, and connected with the resources they need in a timely manner. **When children are given adequate support and access to resources as early as possible, it becomes less likely that they will need more serious interventions down the line, benefiting them and the system as a whole.** Less trauma inflicted by a dysfunctional system gives children a better chance at avoiding negative outcomes and going on to live healthy and successful lives.

When children are supported, foster parents and caseworkers are better able to provide for the children in their care. Children who receive the support and services they are entitled to, including mental health treatment and behavioral interventions, are more likely to succeed in a foster home and less likely to need additional placements. This lessens the load on caseworkers and allows them to work more efficiently. Both groups benefit from higher morale and job satisfaction, bolstering their desire to continue serving children in their respective capacities.

A system that better supports all stakeholders is a system that functions better, allowing DHHS to retain staff and to fulfill their ultimate mission of protecting children.

When safety and permanency are treated as the highest priorities, DHHS should be able to function more efficiently, as fewer kids remain in the system for long periods of time or return to the system when new cases are opened.

SECTION FOUR: OTHER STAKEHOLDERS

Beyond caseworkers, foster parents, and children themselves, there are many stakeholders who interact with the child welfare system over the course of a case. The following observations and recommendations come from stakeholders within these groups or those who regularly interact with these groups.

MANDATED REPORTERS

School staff, childcare providers, clinicians, and other mandated reporters are often in the best positions to notice when a child is showing signs of abuse or neglect. **However, many mandated reporters share that the process of fulfilling their responsibilities is made frustrating by DHHS.** They report long waits on hold when calling in or no response when submitting a report, leaving them to wonder whether their report has been received. Those reporting suspected abuse or neglect are often frustrated with the apparent lack of follow up to their report by DHHS, especially if it appears that the abuse or neglect is ongoing. **DHHS should take care to communicate as openly as possible with those who report suspected abuse or neglect, to reassure them that their accusations are being taken seriously.**

Some mandated reporters also shared incidents when they felt that the families they reported were aware of who made the report. If a parent knows that it was their child's teacher, for example, who contacted DHHS with concerns, this can seriously damage the working relationship between the educator and the family. This disadvantages the child and, in some cases, means that families may work harder to conceal abuse or neglect from others for fear that they will be reported. In some cases, it may also jeopardize the safety of the person who made the report. **It's imperative that DHHS work to maintain as much privacy and anonymity as possible for mandated reporters, for the safety of the reporter and the child.**

EDUCATORS

Schools are meant to provide children with an education and an opportunity to socialize with their peers, but **oftentimes schools are also expected to provide other services that children should be obtaining through DHHS.** This includes counseling, coaching on social skills, and behavioral interventions. DHHS-involved children who have endured trauma often struggle with behavioral and mental health issues that they need additional support to cope with. However, if they can only receive these services during the school day, this leaves less time for them to obtain an education.

Children should be able to arrive at school ready to learn and engage in the classroom, but many educators share that this is often not the case for kids involved with DHHS, who struggle to function in classrooms for a multitude of reasons. **If more services are made available to children outside of school hours, children can focus on their learning during school time, benefiting them, their teachers, and their classmates.**

Educators also report that a high percentage of children receiving special education services are involved with DHHS or have had previous involvement with DHHS. These children often have no formal diagnosis other than emotional disturbance (ED), caused or compounded by abuse, neglect, trauma, and instability in their home lives. A more functional child welfare system can support children with ED and prevent more cases of ED in the future by prioritizing safe, stable homes for children.

CHILDCARE PROVIDERS

The concerns shared by childcare providers in many ways mirror the concerns shared by foster parents. **One recurring concern voiced by childcare providers was delays in payments or incomplete payments made by DHHS for the care of a child in DHHS custody.** Childcare businesses rely on timely and complete payments to keep their doors open. In the worst cases, DHHS's failure to pay childcare providers on time can lead to the closure of childcare centers, leaving workers without jobs and less childcare available for all children.

Some childcare providers reported negative working relationships with DHHS, including a lack of respect and poor communication. Since DHHS is also responsible for licensing childcare centers, some providers shared that they fear retaliation from DHHS for chasing late payments or reporting other issues.

Childcare providers can also find themselves caught in the middle of challenging dynamics when DHHS modifies placements or custody of a child while that child is in their care.

For example, a foster parent may drop off the child at daycare in the morning and a biological parent may pick up the child in the afternoon if placement changes during the course of the day. At times, these changes in plans are not properly communicated with childcare providers and foster parents, leaving them uncertain of where the child is or who they should be going home with. This situation is also traumatizing for the child. Ensuring that childcare providers are updated of developments in a child's case in a timely manner is key.

CLINICIANS

Clinicians, including doctors, physical and occupational therapists, and mental and behavioral health providers can provide unique and expert insights into a child's health and wellbeing. **However, some clinicians share that they are not fully utilized by DHHS and that their perspectives go unheard.** Clinicians are excluded from family team meetings, where they may be able to share unique perspectives on what risks a child faces or what is in the child's best interest as a plan is developed. DHHS also fails to use clinicians to their fullest potential in reviewing active cases on an ongoing basis. **Clinicians can recommend what services and interventions a child or a family need to be successful, and they should be encouraged and frequently called upon to do so.**

At times, DHHS ignores the recommendations of a clinician about the impact of a parental visit with a child, including mandated visits with abusers. **Clinicians are also able to understand the science and signs of distress exhibited by preverbal or nonverbal children - signs that DHHS personnel may not be able to recognize or correctly interpret.** In almost all instances, a clinician's recommendation should stand when determining whether or not it is safe for a child to visit with a parent.

As clinicians work with children and families, it is important that they be equipped with as much information as possible about that child, family, and case. Importantly, **clinicians must understand all elements of safety and reunification plans**. If a child reports that their parent is engaging in a behavior that runs contrary to the reunification plan, for example, it is important that the clinician be able to flag this for DHHS.

Finally, payment for services is also a concern for some clinicians. Mandated requirements can prevent some clinicians from being compensated for all their time and work. Similarly, clinicians may only be paid for specific MaineCare-approved services, which ignores the other work they engage in to fully provide for their clients. This includes filling out paperwork and testifying in court. **Any adjustments that can be made to ensure that clinicians are not suffering financially for having participated in the care and protection of a child are important, lest clinicians seek other types of work and leave even fewer providers to fill these vital roles.**

LAW ENFORCEMENT

Law enforcement is not present in every child welfare case, but when they are involved, it is often because the case is of a particularly dangerous or dire nature. It's critical that these cases be treated with care and that law enforcement and DHHS be prepared to work together to handle matters quickly and safely. Law enforcement often has unique insight into their regions and may have much more information than a caseworker would have. Some have reported that DHHS fails to utilize their knowledge to their fullest ability.

By creating a local network of professionals – including law enforcement officers, DHHS staff, clinicians and others – each county across Maine can increase its capacity to deal with emergency child welfare cases, while understanding the local context in which they operate. This provides a safety net for children who are in crisis and would allow stronger relationships to form between individuals and agencies servicing the same communities. Law enforcement professionals have also expressed concerns about having somewhere more appropriate to bring children in late night emergency hours.



Chelsea Merry is a former law enforcement officer who also worked in schools.

THE JUDICIARY

DHHS is unable to take custody of a child, terminate a parent's rights, or allow an adoption without a court order. This makes it critically important that judges have all the information they need to make the appropriate decision in any given case. Foster parents and clinicians shared that they are often unable to share their perspectives in court, unless their perspective is shared by DHHS. **Creating an official avenue for these other stakeholders, who may have different points of view on what is best for the child, to share their perspectives and expertise gives judges more information to consider when making decisions.**

It is also important to ensure that judges are receiving thorough and up-to-date training on child welfare issues.

Judges must be able to accurately understand and assess the risk a child may face in any given home. Judges who lack an understanding of what may cause trauma to a child and what the many lasting effects of trauma may be risk making uninformed and dangerous decisions.

Finally, the lengthy process of adoption is detrimental to kids and their families as they await the permanency and stability of an adoption ruling. **The judiciary and DHHS should work together to streamline and expedite this process as much as possible.**

"I sat in the court Zoom waiting room for two hours and was never let in."

— a foster parent on feeling left out and unimportant

DOMESTIC VIOLENCE VICTIMS

Domestic violence between adults is a complicating factor present in some child welfare cases, and it's important that adult domestic violence victims be supported by the system as they seek to leave dangerous situations. Many domestic violence victims struggle with a lack of support after leaving their abuser, especially if they relied on their abuser for shelter and financial security. Access to financial resources, counseling and medical attention, career coaching, and other services gives victims the chance to build stable, independent lives after leaving their abusers. **This is especially important if the victim has custody or is working to regain custody of any children.** Children are better supported when their parents are better supported.



Julie Hausman is an advocate for domestic abuse survivors and families in crisis.

In some cases, however, it is the abuser and not the victim who is awarded custody of any children. This may be because the victim has had a child welfare case opened against them or because the victim's accusations are not being taken seriously. **DHHS should examine policies for handling the intersection of child welfare cases with adult domestic violence cases to ensure that children are being placed in safe homes, away from abusers.**

GUARDIANS AD LITEM

Guardians ad litem (GALs) have the enormous responsibility of representing the child's best interest and desires during legal proceedings. However, **GALs share that the information they receive from DHHS during discovery is often not provided in a user-friendly format or in a timely manner.** The Katahdin case management program used by DHHS does not provide narrative structures of cases and does not produce data in a usable format for GALs. This impedes a GAL's ability to fully understand the case they are working on and the child they represent, making it more difficult for them to competently represent the child's best interest in court. **It's critical that DHHS work to ensure that GALs have complete information, provided in a timely manner, so that a child is adequately represented in court.**

Some GALs also have difficulty completing regular visits with their clients as required by law. Facetime with the children they represent is extremely important to a GAL's understanding of a case and their ability to do their jobs. **Some GALs struggle to complete these visits because they are overwhelmed by their caseload.** Efforts must be undertaken to attract and retain more GALs in order to lessen the caseload on GALs who are trying to complete their duties but are simply unable to.

COMMUNITY RESOURCES

Throughout the state, there are nonprofits and individual community members interested in supporting children in DHHS custody. **This includes organizations that provide material goods like clothing, toys, formula, and diapers, as well as organizations that are interested in opening interim homes for children who have just entered DHHS custody.**

These interim homes would provide a safe place for children to go before they are placed in foster care. Children would be able to get cleaned up, put on clean clothes, decompress, and be evaluated by DHHS staff or clinicians while DHHS finds a suitable foster placement. This would help ease the pressure many caseworkers report they are under to place a child in a foster home immediately, even when that foster home is not well-suited to the child's needs. These homes also have the benefit of providing a comfortable home setting for children to obtain these services; right now, children are showering, being treated for lice, and evaluated in hotel rooms and DHHS offices.

However, some of these community resources share that they are not fully utilized by DHHS - a concern reinforced by some caseworkers, who say that DHHS management discourages them from taking advantage of these resources. **DHHS should examine its policies and practices when it comes to accepting help from outside agencies** to ensure that caseworkers and children are benefiting from all available help.

ACKNOWLEDGMENTS

Walk a Mile in Their Shoes would like to thank everyone who came forward to share their experiences with Maine's child welfare system, as well as their ideas for the future. We recognize that many who chose to speak out did so in the face of fear of retribution, and we appreciate their bravery.



Deb McFarland volunteers with Walk a Mile in Their Shoes.

We would also like to thank the loved ones of children who have suffered or died while in state custody or while otherwise having contact with Maine's child welfare system. Speaking about these experiences can be incredibly painful, and we appreciate your dedication to improving the system for the benefit of other children.

Thank you to the lawmakers, including the members of the Legislature's Government Oversight Committee, who have committed to evaluating Maine's child welfare system on an ongoing basis. It is our sincere hope that this document provides some ideas for practical solutions that can be implemented to better protect Maine's kids.

Thank you to the many dedicated staff within DHHS and across state government, as well as the foster parents, childcare providers, clinicians, guardians ad litem, law enforcement officers, and community members who are dedicated to protecting Maine's kids. Your work is critically important, though it is often thankless.

Finally, thank you to our Board of Advisors, volunteers, and all others who made this report possible. We hope it serves its purpose.





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