The Study of Workload in Child Protective and Child Welfare Services
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American Humane and the Consortium on Workload present

**Time and Effort: Perspectives on Workload**

Roundtable

December 3-5, 2008
La Fonda Hotel
Santa Fe, New Mexico

Save the date!
The American Humane Association and the Consortium on Workload invite you to a roundtable on the uses, methods, and ramifications of workload measurement in child welfare, to be held in early December in Santa Fe.

**Time and Effort: Perspectives on Workload** will bring together key national resource center managers, policymakers, researchers, social work administrators, and practitioners and professionals in related fields to discuss:

- Ways the rigorous measurement of child welfare workload and caseload, wedded with a valid and consistent, yet flexible, method for setting optimal standards, can improve child welfare practice, system functioning, and outcomes for children and families; and
- Workload impact on workforce issues and approaches (e.g., recruitment, retention, training, supervision) and ongoing workload measurement systems and implications for workload management.

For more information about the workload initiative or the American Humane Association, please visit www.americanhumane.org/workload.

AMERICAN HUMANE

Protecting Children & Animals Since 1877
Ms. Reynolds has worked as a research associate for American Humane since February 2005. Trained in economics, she has worked in project evaluation, impact assessment, outcome measurement, workload studies for several jurisdictions, and data analysis—both quantitative and qualitative. She is currently serving as lead cross-site evaluator for American Humane’s Quality Improvement Center on Non-Resident Fathers.

Ms. Costello is the deputy director of ACTION for Child Protection and the director of the National Resource Center for Child Protective Services. She has more than 20 years’ experience in the field of child welfare and is a nationally recognized expert on safety and risk decision-making approaches for child protective services. Ms. Costello played a key role in the research, development, and pilot testing of the first safety decision-making model, the ACTION SAFE model. She was also the key researcher and author of a risk and safety decision-making model for youth services, the Youth Assessment and Treatment System. She is a former staff associate in the Children’s Division of American Humane, where she worked on the National Study on Child Abuse and Neglect Reporting. Ms. Costello currently provides technical assistance and training to numerous states, tribes, and international audiences.

Dr. Edwards currently serves as the director of research and evaluation for children and animals at American Humane. He has experience in children’s mental health, social work and child welfare, outcomes measurement, data systems, and statistical modeling. Recently, Dr. Edwards completed several workload study projects, and he currently leads research teams in two major federally funded evaluations—one of a non-resident father program, the other of an ongoing collaboration across systems for substance abusing parents.

Workload management in child welfare is neither simply defined nor simply addressed. The measurement of the work tasks required to meet minimal standards of practice is but one piece of a larger puzzle. Staff turnover, absences and vacancies, new staff training and placement cycles, frequent policy and practice changes, and automation are only a handful of the compounding factors that must be considered. Even if all the pieces of the workload management puzzle can be put in place, the ability of managers and leaders to mobilize resources and act on key strategies often falls short. The current focus on evidence-based practice and measurement of child and family outcomes elevates the undeniable urgency to bring workload management to the forefront of child welfare.

All the contributors to this issue of Protecting Children have performed time-based workload studies for either government or private child welfare agencies, and have based their articles on one or more of these studies. When viewed as a body of work, the articles provide...
a comprehensive picture of commonalities and variations in purpose, frame of reference, methodology, resultant recommendations, and actions taken.

Some workload time studies concentrate on a careful separation of activities within services and programs in order to provide a rigorous set of recommendations. These are limited in scope to address the allocation of resources—primarily full-time equivalent positions—by service, job type, and occasionally region. Others consider issues such as recruitment and retention, relation of workload to outcomes, and policy.

Dennis Wagner, Kristen Johnson, and Theresa Healy base their article on several studies conducted by their consultancy, and take as a point of departure the recruitment and retention problems many child welfare agencies face. They consider workload and understaffing as both causes and effects of high turnover. In an extended statement of the problem, they provide indicators of understaffing before moving on to their approach toward standard-setting, methodology, and the breakdown of services into tasks. They conclude with a thoughtful discussion of possible aspects and applications of workload measurement beyond what has been done already.

Readers interested in data collection methodology will note that these researchers obtained data through random sampling, both during a finite period of time and—for selected cases—for the life of each case. The article is further distinguished by its disaggregation of case goals; for example, it was found that among foster care cases, cases bound for reunification required far more time than cases with other goals.

Once the need for a workload study has been established, the process of contracting for and implementing such a study requires great care and thought at the front end. Since child welfare agencies are faced with many competing pressures, workload studies can be subject to multiple challenges. They can prove costly and inconclusive if, among other things, the climate in which they are conducted is unfavorable. Robin Arnold-Williams and Donald Graham write from the perspectives of agency consumer and consultant, respectively. Their article on prerequisites for a successful workload study outlines the features of a climate conducive to both a rigorous and successful study, and productive application of such a study.

Deborah Goodman and Howard Hurwitz provide a Canadian perspective. They conducted an impressive 3-year study of child welfare workload throughout the province of Ontario. One concern addressed in this article is the changing nature of policy and practice and the need to construct ongoing protocols for time-based workload and caseload measurement. This study distinguishes itself with an extensive evaluative examination of its own methodology and its critique of the initial standards and benchmarks; thus, while most American studies highlight overworked caseworkers’ inability to adhere to standards, this study points to the infeasibility of using existing time-allocation benchmarks in policy, as time considered sufficient was always exceeded in time measurement.

Robin Perry and Steven Murphy performed a workload study of several child welfare agencies in Florida. Those interested in the challenges of evaluating and measuring resource allocation in a privatized, and therefore varied, setting will find much of interest in this article. The article addresses methodological questions as well; of all the articles in this issue of Protecting Children, it alone reports on the technique of shadowing randomly selected workers on randomly selected days. This approach was combined with the use of existing time logs and qualitative surveys.
In addition to a rich methodology, the Perry and Murphy article includes an examination of outcomes. This inclusion allowed the authors to define tasks in a far more functional way than many of their peers, producing some incisive observations that often lie outside of the purview of workload measurement. For example, the authors measure efforts on re-placement as distinct from initial placement, and observe that more stable placements can reduce workloads and increase the effectiveness of child welfare case work.

Reporting of results is typically accompanied by comparison of actual times required to perform tasks with a set of standard times to perform those same tasks. The final article in this collection makes several observations regarding the process of conducting workload studies and using results for resource allocation. The authors, Myles Edwards and Joanna deVaron Reynolds, pay particular attention to the process and considerations involved in setting workload and caseload standards.

Several common threads run through these articles. A major commonality is the call for protocols for ongoing workload measurement responsive to changes in policy, changes in practice, changes in workforce, and to external “shocks to the system.” Interesting points of comparison emerge as well—some studies seek to relate their work to outcomes, while others hope to resolve problems of recruitment and retention. The current round of Child and Family Services Reviews will no doubt occasion more than one workload study addressing appropriate caseloads. It is the hope of the editors that the articles in this issue of Protecting Children will contribute to an understanding of the variety of methodologies and the tenor of current thought available to directors, administrators, policymakers, legislators, researchers, and practitioners.
Agency Workforce Estimation: A Step Toward More Effective Workload Management

Dennis Wagner, PhD
Kristen Johnson, MA
Theresa Healy, MS

Dr. Wagner is the research director of the Children’s Research Center. He has conducted workforce estimation and risk assessment studies for child welfare agencies in several states. He has also developed actuarial risk assessments for child protective services agencies in multiple states and evaluated quality control and foster care management pilot projects. He recently worked on a foster care class action lawsuit as a court-appointed expert.

Ms. Johnson is a senior researcher with the Children’s Research Center. She has extensive experience conducting workload and risk assessment studies. She has conducted risk assessment studies for child protective services and juvenile justice organizations in several states. She recently completed an outcome evaluation study of a state’s foster care case management system, a disproportionate minority contact study for a state juvenile court system, and a risk assessment study of foster and relative caregivers.

Ms. Healy, a senior researcher with the Children’s Research Center, has extensive experience with database applications, data analysis, project planning, and technical support. She is the manager of the center’s data services, overseeing in-house database development, data entry and analysis, and report-writing services for child protective services agencies.

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Introduction

Evidence indicates that many child welfare agencies are experiencing workforce shortages. A 2001 survey of 43 state and 48 county child welfare agencies reported an average annual worker turnover rate of 22% and a vacancy rate of 7% (American Public Human Services Association [APHSA], 2001). A literature review conducted by Kadushin and Harkness (2002) identified three reasons child welfare workers quit: (a) Failure to meet agency service delivery standards; (b) a reporting (paperwork or data entry) burden that decreases client contact; and (c) inadequate supervision, training, and support. Heavy caseloads also appear to be a common reason for leaving the child welfare profession (Child Welfare League of America [CWLA], 2002).

Recent reviews of staff exit interviews and staff surveys identify similar issues (Institute for the Advancement of Social Work Research [IASWR], 2005; Robison, 2006).

High staff turnover may have a negative impact on agency functioning. A recent U.S. General Accounting Office (GAO) study of Child and...
Family Services Review (CFSR) findings from several states associated high worker turnover with agency failure to meet a variety of CFSR performance standards, including those related to child safety and permanency (U.S. GAO, 2003). In a possibly related development, class action suits brought against several child welfare agencies identify inadequate staffing as a major cause of harm to plaintiff children (see Farber & Munson, 2007; Dwayne B. v. Granholm, 2006; or Olivia Y. v. Barbour, 2007).

Studies have highlighted a variety of tactics to reduce staff turnover, such as more effective job screening, better training and supervision, higher pay, and reduced caseloads (IASWR, 2005). This article attempts to extend the discussion of agency turnover and retention by addressing a question that has received less attention: Since staff time is a primary resource agencies use to strengthen families and promote child safety and permanency, how can agencies manage it more effectively? Caseworkers’ knowledge, communication skills, and ability to engage families are critical for effective service delivery, but can only be leveraged if workers have the necessary time to interact with and serve families.

The article begins by reviewing recent research findings that link adequate staffing to improved child safety and well-being. It then outlines simple steps child welfare administrators can take to evaluate and manage agency workload capacity. These steps include the following: (a) Identifying common symptoms of agency understaffing; (b) estimating the time workers have available to serve clients; and (c) estimating workload demand in different operating units (e.g., intake and investigation, foster care). The emphasis is on developing practical approaches for measuring workload, managing existing workforce resources, and documenting staffing requests for external funding agencies.

The Link Between Child Welfare Workforce Capacity and Case Outcomes

The federal CFSR sets clear objectives for agency performance (see, for example, U.S. GPO, 2006). These include measurable case outcome standards for placement stability, maltreatment recurrence, reunification, and foster care permanency. These standards establish a framework for examining the relationship between workforce capacity and service delivery performance.

A 2003 GAO study reviewing CFSR findings from 27 states found that high worker turnover was associated with agency failure to meet standards for child protective services (CPS) investigation response time, timely investigation closure, case plan completion, worker contact with children and families, maltreatment recurrence, and timely permanency (GAO, 2003). Another study, funded by the Annie E. Casey Foundation, established a more direct link between agency performance and workforce capacity (National Council on Crime and Delinquency [NCCD], 2005). Twelve California county child welfare agencies were ranked into three groups based on their average annual turnover: low (8% average turnover), moderate (13%), and high (23%). Group performance was examined for several CFSR criteria related to CPS investigation and in-home services. Families served in low-turnover counties had significantly lower maltreatment recurrence rates and were more likely to have approved current case plans and up-to-date child physical exams. In addition, a study in Milwaukee of several private foster care agencies found that high case manager turnover (i.e., multiple workers serving a case) increased the time required for children to achieve permanency (Flower, McDonald, & Sumski, 2005).
Taking a somewhat different approach, a more recent analysis of CFSR case-level findings from 50 states examined the relationship between worker contacts and foster care performance measures. A significant correlation was found between worker contacts (with parents and children) and placement stability, receipt of child mental health or educational services, and the timely achievement of permanency (Administration for Children and Families [ACF], 2006). In effect, increased worker-client contact appears to have a positive impact on the CFSR performance of child welfare agencies (National Conference of State Legislatures [NCSL], 2006).

The results of this research review suggest that agencies with high staff turnover are less likely to perform well on CFSR process and case-outcome measures than those with lower turnover. Since staff turnover is a widely accepted proxy for understaffing, this finding will not surprise most child welfare professionals. Active worker-client engagement in case planning and service delivery requires a significant amount of worker time, and workers in agencies with low turnover may simply have more time available to engage their client families. Given that increased worker contacts are related to positive outcomes (ACF, 2006), it is prudent for agencies to explore ways to measure and manage workforce capacity to ensure that workers have time to effectively engage families.

This article presents a simple approach to measuring and managing workload that may help agency administrators improve service delivery performance and reduce staff turnover. Much of the information reviewed originated from the authors' experience conducting workload studies for several state child welfare agencies. Specifically, the workload estimation methods reference findings from the five most recent of these child welfare workload studies.

**Is the Agency Understaffed?**

Almost all administrators want to know if their agencies are understaffed, but very few want to invest in costly and time-consuming research studies to measure workload. Fortunately, certain gross performance indicators that many child welfare agencies already monitor can be easily examined to discern symptoms of understaffing. Examining these indicators to identify reasonable, if not conclusive, evidence of understaffing is a first step for conducting an internal review of workforce capacity. For the purpose of this discussion, an understaffed condition means that the current workforce condition means that the current workforce condition meets reasonable service delivery standards.

Agencies often have access to information system data or case file review findings that may disclose signs of understaffing. For example, virtually all child welfare agencies have standards for closing CPS investigations—typically, 30 to 45 days after they are assigned. When workers routinely fail to close investigations within the established timeframe, a measurable “backlog” of past-due open investigations results. The size of this backlog and its persistence over time can be a good indicator of an understaffed condition among investigating workers. A low, single-digit backlog (expressed simply as a percentage of the number of past-due investigations at the end of the month divided by the total number assigned) is not necessarily a serious problem, since workers do not close every investigation on time—even in agencies that are adequately staffed. On the other hand, a backlog that approaches double digits or increases each month should cause concern.

Other case management indicators, such as timely case plan completion, up-to-date medical exams, or worker case contacts, can also be used...
as indicators of understaffing. If measures like these are observable in the information system or captured in case review findings, agencies may find it useful to monitor them. For example, many agencies have a minimum expectation of one monthly worker-client contact with active in-home or foster care cases. Many agencies have adopted advanced quality assurance mechanisms to routinely monitor the percentage of open cases for which workers failed to contact families in the last month, or the percentage of past-due case plans, medical exams, or court hearings (Jacobsen, 2007). Regularly monitoring aspects of service delivery can identify indicators of understaffing, such as persistent failure to make case contacts or otherwise appropriately serve a case.

Staff turnover is an easily observed indicator that is related to workload. Turnover is typically computed as a percentage, in which the number of caseworkers who leave the agency each year is divided by the total number of authorized caseload-carrying positions. It is a good measure of how many staff an agency has to recruit, hire, and train to maintain its authorized workforce, but not a precise indicator of understaffing. Since public service hiring can take several months, agencies with high turnover usually have a high staff vacancy rate and a significant number of new staff in their workforces. Practices vary, but new workers typically have a first-year training requirement that significantly reduces their caseloads, sometimes by 50% or more. If an agency has a 10% vacancy rate but 20% of its current positions are occupied by new workers who are in training half-time, operational workforce capacity is 20% less than authorized. This is a clear symptom of understaffing, and it illustrates a point often overlooked: Both the work capacity of new staff and the vacancy rate must be weighed to secure an accurate estimate of workload capacity. Administrators should attempt to secure this estimate at least annually and monitor it carefully over time.

The studies reviewed found that high worker turnover rates and fewer worker contacts with families were correlated with poor CFSR performance in several areas. Consequently, consistently substandard CFSR performance on the 6-month maltreatment recurrence rate, placement stability, and the timeliness of reunification or adoption may be related to understaffing (GPO, 2006). Many agencies already report on these child welfare performance indicators annually.

The set of available indicators should be viewed as a simple checklist for diagnosing agency understaffing. Agencies may not be able to observe all the measures described, but most will be able to use some of them. The checklist should be monitored over time and displayed by operating region, if possible. Observing consistent problems in multiple performance areas indicates a greater likelihood that an agency is understaffed.

While creating a checklist can help an agency identify an understaffed condition, it will not allow the agency to estimate the magnitude of understaffing or indicate how staff could be deployed to address the problem. That requires a more comprehensive workload estimation approach, as described in the section that follows.

How Many Staff Does an Agency Need?

Caseload-to-staff ratios provide a helpful guideline rather than an exact estimate of the number of staff required to deliver child welfare services (CWLA, 2006). Since agencies differ in their operational characteristics, personnel practices, and service delivery expectations, it is difficult for a single caseload ratio to accurately reflect the staffing requirements of a particular agency. Consequently, a more accurate determination of an agency’s staffing requirement calls for customized estimation of two parameters: first, the time direct service workers have available to serve clients, and second, the
worker time required to comply with agency service delivery standards for clients. The first parameter, worker time available, approximates the effective workload capacity of an average direct service worker. This question is relatively simple: How much time does a worker have to serve agency clients in a month or a year?

The second parameter, the amount of worker time required to comply with agency service delivery standards for clients, is more difficult to estimate. Obviously, client services vary by case type (e.g., CPS investigation, in-home services, foster care), as do agency service delivery standards. These standards must be taken into account in the estimation process for two reasons: They establish minimum performance criteria workers are asked to meet, and they represent the agency’s service delivery intentions to clients, oversight agencies, and the public. Consequently, a responsible staffing estimate has a clear prescriptive component; it should identify the sufficient number of staff for the agency to routinely meet its assigned service delivery standards.

Since agency standards can vary considerably in terms of case types, number or type of worker-client contacts required, and investigative tasks, a workload study in the field is the best way to establish the time workers need to meet their agencies’ standards. Many agencies have conducted studies to estimate these time requirements, and their findings can be generalized.

Given the cost and effort involved, not all agencies can or will conduct comprehensive workload studies. They can, however, improve their workforce management by adopting the workload findings and estimation procedures from jurisdictions that have conducted them. A basic approach is outlined in the next section.

**Estimating Staff Time Available**

Table 1 indicates how agencies can estimate the time their workers have available to fulfill their direct service case responsibilities. The example shown is for experienced workers who are not engaged in formal training programs. The objective is to arrive at an average monthly estimate of the time available for them to spend on direct service.

The estimation method starts with an average work month (usually 173.3 hours) and subtracts unavailable hours. Obviously, direct service workers cannot serve cases during paid break time, holidays, vacation, or sick leave. Staff training time should also be estimated (note that training time may vary for new workers). Annual leave or training times for a prior year are converted to monthly figures. The table figures are median estimates drawn from several Children’s Research Center (CRC) workload studies. These serve as useful examples, but agencies can substitute their own estimates when available. The subtraction of training, leave, and break time leads to a subtotal of 136.9 hours available per month.

Two additional subtractions from this subtotal are made for case support and administrative tasks. These are critical tasks workers perform in every agency. The median 6.5 hours of case support time shown were drawn from worker time recorded in CRC workload studies. This figure represents the time workers spend serving cases that are not assigned to them. This typically includes emergency on-call case activity, case consultation, substitute case coverage, and backup coverage. The 7.3 hours of administrative time represents non-case-related unit meetings; supervisory sessions; and participation in agency task forces, committees, or special assignments. These subtractions result in a net 122.3 hours available for the average experienced social
worker. This estimate represents workers’ effective workforce capacity, which is the time they have to serve clients assigned to them. A separate estimate may be necessary for new workers, who spend more time in training and therefore have a lower workload capacity.

### Estimating Worker Time Required to Serve Clients

Estimating workers’ case time is more challenging, since workers’ service activities must be observed and recorded for a variety of cases. A field study is the best method for estimating case times. A brief discussion of workload field study methods describes how these time estimates are derived and what they represent.

Each of the child welfare agency workload studies CRC conducted employed the same research methods. These methods were developed to support the safety and permanency objectives these agencies share. Workers were trained to record daily, under actual field conditions, the time required to do the following: (a) Serve a randomly sampled foster care or in-home family case for 1 month; and (b) complete a random sample of intakes, CPS investigations, and other case studies from assignment to completion.

Workers were asked to meet or exceed agency service delivery standards for each sample case they recorded, and supervisory reviews verified that standards were met.

Agency standards play a large role in these estimates. For example, standards for a child in a foster care case with a return-home goal may require the caseworker to contact the child, the child’s parent, and the foster caregiver each month; coordinate with service providers; conduct safety assessments; and update case service plans. Additional monthly expectations might include preparing a permanency planning review, appearing in court, or conducting a family conference. Comparable estimation procedures apply to CPS investigations, which have similar standards for contacting alleged victims, perpetrators, or caretakers, or completing safety and risk assessments.

Workers also tracked the time necessary to document all other case-related activities, including travel time. In effect, workers recorded all the time spent serving a sample case (e.g., travel, case documentation, contacts with clients or any collateral) that met or exceeded the applicable standard.

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**Table 1: Estimated Time Available Based on Median Leave and Administrative Work Values**

<table>
<thead>
<tr>
<th>Estimated time available for experienced social worker</th>
<th>Median time in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total work hours per month</td>
<td>173.3</td>
</tr>
<tr>
<td>Average amount of training</td>
<td>-4.2</td>
</tr>
<tr>
<td>Total leave (vacation, sick, holiday, personal)</td>
<td>-23.9</td>
</tr>
<tr>
<td>Daily breaks (usually 0.5 hours per day)</td>
<td>-9.2</td>
</tr>
<tr>
<td><strong>Monthly hours available minus training, breaks, and leave time</strong></td>
<td><strong>136.9</strong></td>
</tr>
<tr>
<td>Case support time</td>
<td>-6.5</td>
</tr>
<tr>
<td>Administrative time</td>
<td>-7.3</td>
</tr>
<tr>
<td><strong>Monthly hours available to experienced social worker</strong></td>
<td><strong>122.3</strong></td>
</tr>
</tbody>
</table>

*Note: Table 1 reports median values for every category and results therefore differ slightly from a summation.*
Sample case times were averaged to estimate the time required to meet standards for a variety of case types. Random sampling ensured that both difficult, time-consuming case events and routine practice conditions were accurately represented. Difficult cases can require activity that exceeds agency standards, but any additional time required was recorded and factored into the estimate.

Case times in Table 2 represent the median estimate observed across five child welfare agency workload studies. In each study, workers recorded the time they required to meet agency standards for several hundred randomly assigned cases. Standards varied by agency, but all agencies had a minimum standard of one monthly contact with the child and parent or substitute caregiver for service cases. Some agencies required a monthly face-to-face contact in the family home, while others did not. In some sites, workers were expected to meet face-to-face with the parent and the child at the same time. Standards for CPS investigations also varied to some degree by agency, and standards did impact worker case time.

These estimates are prescriptive because they reflect the time required to provide services at the best-practice standard employed by each agency. Workers can serve a child in foster care without making monthly face-to-face contacts with the child, parent, or care provider, or without documenting case activities. This practice would take much less time than estimates shown in Table 2, but the objective of the estimation process is to reflect good, not substandard, practice.

For agencies that have not conducted their own studies, these median times provide a valuable reference point for estimating the time their direct service workers may need to perform similar tasks and meet minimum service delivery standards. Table 2 reviews the median worker time to perform intake, investigation, and service functions in a way that meets standards common to most child welfare agencies. For example, when processing a maltreatment report from call-in to investigation assignment, a CPS intake screening required 1.1 hours. Informational calls that did not allege maltreatment took, on average, only 0.3 hours.

The CPS investigation/assessment section of Table 2 displays time required to conduct investigations from assignment to completion in two scenarios. Non-placement investigations required 8.1 hours, while investigations involving placement of at least one child required 18.6 hours. Clearly, placement investigations entail a great deal more worker time, which should be acknowledged in workload estimation.

The child and family services section of Table 2 presents worker time for in-home family cases (6.6 hours) and child placement cases. Placement cases are shown in three subcategories: new cases, ongoing cases with a return-home goal, and ongoing cases with another goal (other goals include maintaining a child’s own home placement, guardian placement, termination of parental rights, adoption, and/or independent living). The field studies conducted found significantly different worker times for these case types. New cases require more worker assessment and case planning. Return-home-goal cases require service delivery to and routine contact with parents as well as with the children and foster caregivers. They also require permanency hearings. This case type takes more worker time than cases with other permanency goals, as the estimates reflect.

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Some jurisdictions have staff dedicated to arranging and coordinating the out-of-home placement of children. When estimating workload, these jurisdictions may wish to use the difference between investigations with child placement and investigations without (10.5 hours) as a rough workload estimate for dedicated placement coordinators.
### Table 2: Median Worker Time Estimates for Cases That Met Standards

<table>
<thead>
<tr>
<th>Agency service area</th>
<th>Median worker time (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPS intake</strong></td>
<td></td>
</tr>
<tr>
<td>a. Maltreatment report</td>
<td>1.1</td>
</tr>
<tr>
<td>b. Informational call</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>CPS investigation/assessment</strong></td>
<td></td>
</tr>
<tr>
<td>a. Non-placement investigation</td>
<td>8.1</td>
</tr>
<tr>
<td>b. Placement investigation</td>
<td>18.6</td>
</tr>
<tr>
<td><strong>Child and family services</strong></td>
<td></td>
</tr>
<tr>
<td>a. In-home family case</td>
<td>6.6</td>
</tr>
<tr>
<td>b. Child placement case</td>
<td></td>
</tr>
<tr>
<td>New child case</td>
<td>9.5</td>
</tr>
<tr>
<td>Ongoing, return-home goal</td>
<td>7.5</td>
</tr>
<tr>
<td>Ongoing, other goal</td>
<td>5.6</td>
</tr>
</tbody>
</table>

### Constructing an Agency Workload Estimate

The worker case time estimates in Table 2 and the monthly worker hours available in Table 1 are critical parameters for computing a simple but useful estimate of agency workload and staff capacity. The estimation procedure provides a reasonable indication of the relative balance between available staff capacity and agency service delivery demand, both measured in hours.

Table 3 provides an example agency’s estimate of workload demand for a typical operating month. This estimate requires the number of monthly intakes and investigations completed as well as active in-home and placement cases. Agencies can derive these numbers by observing the number of each during a recent month or computing averages for a prior period. Calculating averages from a prior 12-month period provides a stable overview of operational activity. Agencies can also calculate averages for each quarter to examine trends in the numbers of intakes, investigations, and cases served.

Once operating data are secured, the workload computation is straightforward. The worker time associated with each case type is multiplied by the number of intakes, investigations, or service cases. Table 3 operational data show that 2,291 intakes were screened into CPS investigation during an average operating month. Since each one requires 1.1 worker hours, 2,520.1 hours are required to complete them. A similar approach is used to estimate staff time for investigations. The example shows 812 completed non-placement investigations. At 8.1 hours each, completing these requires 6,577.2 staff hours. Only 63 investigations involved a child placement. Since an estimated 18.6 hours are required to complete each one, placement investigations require 1,171.8 total staff hours. Worker hours are estimated for in-home service and placement cases in the same fashion.

Staff hours for each service delivery area are summed to represent total workload demand, which in this example is 32,141.3 staff hours. This estimate represents the worker hours required to meet service delivery standards for clients. To
convert the estimate to worker positions, total staff hours are divided by the 122.3 hours the average experienced worker is available each month (see Table 1). The example estimate shows that 262.8 staff positions are required to meet workload demand. This is the number of workers required to meet agency standards given the demand for child welfare services.

The 262.8-position estimate may be compared to the number of available staff positions (authorized positions minus vacancies) or positions authorized by the agency’s funding source. In this example, the available agency workforce capacity is 216 positions. Since 262.8 positions are required, the agency is understaffed by 46.8 positions (262.8 minus 216). Required positions may also be compared to total authorized positions; for example, if 230 positions are authorized, an additional 16.8 would be required to meet standards (not shown).

**Applying the Workload Estimate**

Agencies can approximate their own staffing requirements by securing comparable service delivery data and applying the case time estimates shown here. The monthly worker time available (122.3 hours) used in this example summarizes findings from several jurisdictions.

**Table 3: Example Agency Estimate of Monthly Workload Demand**

<table>
<thead>
<tr>
<th>Agency service area</th>
<th>Work hours/case</th>
<th>Average monthly cases</th>
<th>Total worker hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS intake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Maltreatment report</td>
<td>1.1</td>
<td>2,291</td>
<td>2,520.1</td>
</tr>
<tr>
<td>b. Screened out</td>
<td>0.3</td>
<td>4,694</td>
<td>1,408.2</td>
</tr>
<tr>
<td>Intake subtotal</td>
<td></td>
<td></td>
<td>3,928.3</td>
</tr>
<tr>
<td>CPS investigation/assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Completed, no placement</td>
<td>8.1</td>
<td>812</td>
<td>6,577.2</td>
</tr>
<tr>
<td>b. Completed with placement</td>
<td>18.6</td>
<td>63</td>
<td>1,171.8</td>
</tr>
<tr>
<td>Investigation/assessment subtotal</td>
<td></td>
<td></td>
<td>7,749.0</td>
</tr>
<tr>
<td>In-home service cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. In-home family case</td>
<td>6.6</td>
<td>1,356</td>
<td>8,949.6</td>
</tr>
<tr>
<td>In-home case subtotal</td>
<td></td>
<td></td>
<td>8,949.6</td>
</tr>
<tr>
<td>Child placement cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. New child case</td>
<td>9.5</td>
<td>123</td>
<td>1,168.5</td>
</tr>
<tr>
<td>b. Ongoing child case, return-home goal</td>
<td>7.5</td>
<td>921</td>
<td>6,907.5</td>
</tr>
<tr>
<td>c. Ongoing child case, other goal</td>
<td>5.6</td>
<td>614</td>
<td>3,438.4</td>
</tr>
<tr>
<td>Placement case subtotal</td>
<td></td>
<td></td>
<td>11,514.4</td>
</tr>
<tr>
<td>Total agency workload demand in worker hours</td>
<td></td>
<td></td>
<td>32,141.3</td>
</tr>
<tr>
<td>Staff required to meet estimated workload demand (Total demand divided by worker time available [122.3 hours per month])</td>
<td></td>
<td></td>
<td>262.8</td>
</tr>
<tr>
<td>Agency workforce capacity (available staff)</td>
<td></td>
<td></td>
<td>216</td>
</tr>
<tr>
<td>Additional staff needed to meet estimated workload</td>
<td></td>
<td></td>
<td>46.8</td>
</tr>
<tr>
<td>Agency service area</td>
<td>Workload hours/case</td>
<td>Region 1</td>
<td>Region 2</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Intake</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average maltreatment reports</td>
<td>1.1</td>
<td>756</td>
<td>1,169</td>
</tr>
<tr>
<td>Average reports screened out</td>
<td>0.3</td>
<td>1,549</td>
<td>2,394</td>
</tr>
<tr>
<td><strong>Intake workload estimate (in hours)</strong></td>
<td>1,296.3</td>
<td>2,004.1</td>
<td>627.9</td>
</tr>
<tr>
<td><strong>Intake staff required to meet estimated workload</strong></td>
<td>10.6</td>
<td>16.4</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Investigation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average investigations, no placement</td>
<td>8.1</td>
<td>268</td>
<td>414</td>
</tr>
<tr>
<td>Average investigations with placement</td>
<td>18.6</td>
<td>20</td>
<td>33</td>
</tr>
<tr>
<td><strong>Investigation workload estimate (in hours)</strong></td>
<td>2,542.8</td>
<td>3,967.2</td>
<td>1,239.0</td>
</tr>
<tr>
<td><strong>Investigative staff required to meet workload</strong></td>
<td>20.8</td>
<td>32.4</td>
<td>10.1</td>
</tr>
<tr>
<td><strong>In-home family cases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average in-home family cases</td>
<td>6.6</td>
<td>447</td>
<td>693</td>
</tr>
<tr>
<td><strong>In-home family case workload estimate (in hours)</strong></td>
<td>2,950.2</td>
<td>4,573.8</td>
<td>1,425.6</td>
</tr>
<tr>
<td><strong>In-home staff required to meet estimated workload</strong></td>
<td>24.1</td>
<td>37.4</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>Placement child cases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of new cases</td>
<td>9.5</td>
<td>40</td>
<td>63</td>
</tr>
<tr>
<td>Ongoing cases, return-home goal</td>
<td>7.5</td>
<td>303</td>
<td>471</td>
</tr>
<tr>
<td>Ongoing cases, other goal</td>
<td>5.6</td>
<td>202</td>
<td>314</td>
</tr>
<tr>
<td><strong>Placement case workload estimate (in hours)</strong></td>
<td>3,783.7</td>
<td>5,889.4</td>
<td>1,841.3</td>
</tr>
<tr>
<td><strong>Placement staff required to meet estimated workload</strong></td>
<td>30.9</td>
<td>48.2</td>
<td>15.1</td>
</tr>
<tr>
<td><strong>Total agency workload demand in staff hours</strong></td>
<td>10,573.0</td>
<td>16,434.5</td>
<td>5,133.8</td>
</tr>
<tr>
<td><strong>Total staff required to meet estimated workload demand</strong></td>
<td><strong>86.5</strong></td>
<td><strong>134.4</strong></td>
<td><strong>42.0</strong></td>
</tr>
<tr>
<td>Actual staff available</td>
<td>60</td>
<td>104</td>
<td>52</td>
</tr>
<tr>
<td>Additional staff needed</td>
<td>26.5</td>
<td>30.4</td>
<td>-10.0</td>
</tr>
<tr>
<td>Proportion of staff needed relative to staff available</td>
<td>44.2%</td>
<td>29.2%</td>
<td>--</td>
</tr>
</tbody>
</table>

**Table 4: Example Workload Estimates by Region**
Agencies can adjust it by computing their own training, leave, and break times (see Table 1).

In addition, the staff hour subtotals can be used to estimate the staff capacity and workload demand balance for service delivery areas or operating units (intake, investigation, in-home, or foster care case services). For example, the number of staff required to meet the estimated workload associated with CPS investigation/assessment can be calculated separately by dividing the total estimated workload of 7,749 hours per month by the staff time available of 122.3 hours (see Table 3). By comparing the 63.4-position estimate to available unit staff, administrators can secure a reasonable approximation of how adequately the unit is staffed.

The evaluation of workload demand and staff capacity by region is another useful analysis. Regional findings can help administrators deploy new or existing staff to equalize the workload burdens of their operating units and workers. Table 4 illustrates a regional workload comparison. The calculations are identical to the agency total but substitute regional data for intake, investigation, and case service activity. For example, the intake workload estimate for Region 1 is 1,296.3 hours (the sum of 1.1 workload hours per case multiplied by 756 maltreatment report intakes and 0.3 workload hours per case multiplied by 1,549 screened-out reports). This estimated monthly workload is divided by time available (122.3 hours per month) to obtain the staff required to meet the estimated workload demand.

Table 4 shows that in this hypothetical example, Region 3 is overstaffed. This might be remedied by assigning new staff to Regions 1 or 2, which are clearly understaffed. In effect, these kinds of analyses can help administrators make better-informed decisions about staff deployment or otherwise address workload concerns. If staff redeployment is not an option, an agency may wish to examine other ways of managing workload, such as analyzing policies and procedures to support efficient use of worker time, and/or reallocating tasks to provide workers more time for family interactions. Given the relationship between understaffing and service delivery performance, tools for managing workforce capacity offer administrators an opportunity to improve service delivery and perhaps reduce staff turnover.

The previous hypothetical estimate is limited to case-carrying workers. Supervisors and clerical staff are excluded from the estimate because these staff are often hired in proportion to the number of case-carrying workers. The example estimate also excludes foster and adoption home licensing workers, resource development staff, forensic interviewers, or other specialized staff. If an agency has specialized staff that provide additional support to cases, it can improve the accuracy of its estimate by excluding such staff from the count of case-carrying staff, or by applying more accurate case times to the applicable case types.

**Summary and Conclusion**

Staff time is a critical resource child welfare agencies deploy in their efforts to strengthen families and promote child safety and permanency. This article presents a case for improving workforce management by reviewing research findings that link understaffing to poor performance on CFSR case outcome measures. This review is followed by a simple approach to estimate agency workforce capacity, workload demand, and understaffing. The article’s objectives are to provide child welfare agencies with straightforward methods for conducting quick assessments of their workloads and to show some examples of how this approach might be used to improve workforce management.
The approach outlined can provide a more accurate and more flexible workload estimate than a simple caseload ratio, and is no more difficult to compute. The case time estimates reviewed were derived from several field studies of workers who performed common child welfare case functions: screening intake calls, performing CPS investigations, or serving families receiving in-home or foster care services. For each of the studies, the estimates represent the worker time required to meet the best practice standards of the specific agency. While other agencies may employ more stringent standards, the estimates reflect the time required to provide services at a generally accepted standard of good practice. The studies were conducted by a number of states from different geographic regions, and many of the states served clients in both urban and rural settings. These workers served a wide variety of clients whose demand for case management activity ranged from routine to emergency. In this respect, the median case times presented here are broadly representative.

These median case times are realistic estimates for agencies that have not conducted workload studies—but the case times do have some limitations. The estimates were derived from five studies conducted by state child welfare agencies, which do not constitute a large sample. As mentioned, the estimates are limited to case-carrying workers and exclude licensing, clerical, supervising, and specialized staff such as placement coordinators or forensic interviewers. Agencies that wish to use these case times to estimate workload should also be aware that these case times may not capture some of the practice standards they employ; for example, they do not capture the staff time required to conduct a family team meeting or family conference for every client. These estimates represent typical agency practice, but do not specifically address exceptional practice circumstances.

These case time estimates will result in a meaningful estimate of workload, but agencies can take additional steps to increase the accuracy of their estimates. Agencies may wish to use further differentiated case types in their estimates to account for differences such as intensive in-home services and clients living in remote areas. For example, a number of states classify families by an actuarial risk of future child maltreatment, then apply differential contact standards that increase as risk increases. These jurisdictions could apply workload values specific to cases by risk level. Applying case time estimates that more closely match their practice standards and that accommodate differences in standards will result in more representative workload estimates.

This approach to estimating workload can also be referenced periodically to inform management decisions. Many agencies have developed ongoing systems for workload accounting that can be monitored over time to help ensure equitable distribution of workload across state regions or field units. These systems should be regularly updated with case activity data to provide managers with timely information. Workload accounting systems may also be used to test the workload impact of agency policy changes, especially those that may have a dramatic impact on the workload of existing staff. For example, practice changes that screen in more CPS investigations or increase the worker-client contact standards will clearly impact agency workload. Agency administrators can use approaches like those described here to estimate that impact in advance of the decision.

Agency administrators can also reference this approach to estimation when communicating with legislators or other community stakeholders about workload needs. The methodology is easy for individuals to understand, and can facilitate a discussion about how to improve service delivery. If stakeholders understand the method
for calculating workload but question the validity of the time needed to serve a case according to standards, they may be more likely to support a full workload study that is tailored to practice in the jurisdiction.

The workload estimate can be supplemented with other components to create a more persuasive, comprehensive approach toward improving services for families. For example, a workload estimate that justifies staffing levels necessary for effective service delivery can be partnered with interventions that have a demonstrated positive effect on outcomes. To further strengthen service delivery planning, agencies can use data to manage workload, monitor operations on a regular basis, and evaluate programs based on measurable outcomes such as the nature and number of contacts with families and their subsequent maltreatment of children.

Most workload studies to date have not included an evaluation of effective service delivery. Future workload studies could include assessments of the quality of worker interactions with families and an evaluation of case outcomes (such as subsequent involvement with child protection and/or timely attainment of permanency). This type of study could provide valuable information about the minimum frequency and nature of contacts required to best serve families.

References


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- The well-being of immigrant children and families in border communities in the United States;
- The well-being of children and families in Mexico and Latin & Central America;
- State and federal policies that directly impact child welfare agency’s ability to work with immigrant children and their families;
- What immigrant-serving agencies, including public child welfare, can do to influence policy locally;
- What we can learn from the Canadian immigration system; and
- How to integrate best practices with immigrant families into daily work.

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Prerequisites for Workload Studies

Robin Arnold-Williams, PhD
Donald H. Graham, JD, MA

Dr. Arnold-Williams was appointed secretary of the Washington State Department of Social and Health Services (DSHS) on March 15, 2005. In this position, she is responsible for overseeing DSHS operations, including 19,000 staff and an annual budget in excess of $9 billion. Major programs under her direction include Medicaid, child welfare, juvenile rehabilitation, mental health, alcohol and substance abuse, disabilities, aging services, public assistance, child support, and vocational rehabilitation. Prior to serving in this position, Dr. Arnold-Williams was employed for 24 years with the Utah State Department of Human Services, most recently as executive director. She has also actively been involved at the national level, including serving 3 years as chair of the National Council of State Human Services Administrators, where she provided Congressional testimony on a spectrum of human services policy issues. Dr. Arnold-Williams holds a master’s and a doctoral degree in social work from the University of Utah, as well as a graduate certificate in gerontology.

Mr. Graham is a vice president at Walter R. McDonald & Associates, Inc. (WRMA), with more than 29 years of experience managing and evaluating human services programs for public agencies and nonprofit service providers. These programs have addressed youth services, delinquency prevention, developmental disabilities, child abuse and neglect, and services for homeless persons. During his tenure at WRMA, Mr. Graham participated in the California Workload Study (1999-2000) and the Los Angeles County of Department of Children and Family Services Clerical Work Process Study (2005), and served as project director of the Washington State Workload Study conducted in 2006-2007. Before joining WRMA, Mr. Graham operated a private law practice in both California and Washington State. Earlier positions included administrator of the Orange County, California Regional Center for Developmental Disabilities, deputy director of the Los Angeles Regional Criminal Justice Planning Board, and administrative analyst with the Los Angeles County Chief Administrative Office. Mr. Graham holds a degree from Western State University College of Law and a master’s in urban studies from Occidental College.

Introduction

Workload study results are generally used to support the development of budgeting and staff allocation plans. Since budgeting is a routine and cyclical process in all jurisdictions, why are workload studies not universally routine and cyclical?

A workload study involves measurement and analysis of time necessary to perform tasks that result in an intended outcome. Such studies can involve a variety of complex methods. For instance, it is always necessary to develop an inventory of tasks that can be measured and a clear definition of how these tasks can be correlated to work product. While this may appear to be a straightforward undertaking, it is often complicated. Sometimes work tasks need to be broken down into sub-tasks and other tasks may need to be aggregated.
Consider the analogy of driving a car, a routine task that is actually quite involved. The time and skill it takes to learn how to shift gears and turn, for example, would need to be addressed before the scope of driving could be properly analyzed. Similarly, in child welfare organizational workload studies, much effort often is required simply to define which work, outcomes, or service measures should be analyzed. There is no general consensus on how to perform workload studies. There may even be disagreement on the way results are presented and whether workload should be converted to caseload, as is often done to support budget negotiations. However, even if these types of technical methodological issues are successfully resolved, there are the challenges of gaining participant cooperation and establishing credibility for the results.

**Key Elements**

Obviously, there are technical and cost issues involved in initiating workload studies, as there are for management studies of any kind. There are also key factors that, though not technically part of workload study methods, typically create the necessary context for their implementation. The states of California, New York, Idaho, Montana, Utah, and Washington, as well as several local jurisdictions, have conducted successful workload studies over the past 10 years. Each was of a different scope and used different methodologies. However, the implementation of these studies seems to result from some common elements.

Here, these common elements are summarized and presented in the context of two studies, one conducted in Utah and the other in Washington state. One of the authors of this article was involved directly with both studies while serving as part of each organization’s management team. The *Washington State Children’s Administration Workload Study* was conducted by Walter R. McDonald & Associates, Inc., and the American Humane Association in 2007. At the time, the Washington State Department of Social and Health Services Children's Administration was in the process of evaluating and improving its systems: a program redesign had just been implemented, the full replacement of the Children Administration Management Information System (CAMIS) was underway, and new casework processes were to be implemented that fall as a result of the development of a new Children's Administration practice model. The workload study was one component of these improvement initiatives, and was intended to complement and support the other program and organizational change efforts. The goals of this workload study were to: (a) Understand the required practice activities of child welfare workers, clerical staff, and infrastructure support staff in fulfilling their duties; (b) determine the time and staff needed to complete all practice activities; (c) estimate the time required to engage in child welfare practice that can be considered basic practice; and (d) equip the Children's Administration with the tools, models, and skills necessary to continuously reassess workload.

In Utah, after several years of dedicating significant resources and efforts to improve the state’s child welfare system, the Child Welfare Legislative Oversight Committee decided to have the Auditor’s Office conduct a “worker
caseload study” as part of its 2002 report. The resulting report, *A Performance Audit of Child Welfare Caseworker Workload* (Utah, 2002), was focused on caseworkers alone and completed in September 2002 by the auditor’s staff. Presented here in the context of legislative oversight activities in Utah and organizational change initiatives in Washington state are the prerequisite conditions we believe to be important for the implementation of workload studies. These conditions involve leadership, perception of need for study, a common understanding of the scope, communication, and commitment.

**Leadership**

The leadership conditions recommended for the successful implementation of workload studies are:

- *A leader who understands the utility of specific workload data in support of budgeting efforts.* Because a workload study is not typically a routine and regularly scheduled component of the budgeting process, someone in a leadership position needs to initiate the idea and convince others of its effectiveness. Workload studies can cost hundreds of thousands of dollars, impact most if not all staff, and involve complex methods. Therefore, as with any other management study, there will be some initial resistance or inertia that must be overcome before the study can move forward. As with almost all organizational change, a leader or champion for this new approach is necessary. In Washington state, the newly appointed secretary of social and health services had prior successful experience with a workload study in Utah and understood the way a workload study could be part of a larger strategy for improving services. The ability to obtain authorization and resources from Washington state control agencies was in part facilitated by the fact that the organization had a 15-year history of conducting workload studies for at least some parts of the agency. The agency had conducted its first workload study in 1991, and most recently conducted a study of one division of the Children’s Administration in 2004. It was helpful that a number of staff were already familiar with workload studies and also championed and worked to support the need for such a study within the organization.

- *An early, clear, and consistent commitment to improved services by agency leadership.* From the beginning of her tenure, Washington’s secretary of social and health services identified high caseloads as a barrier to positive outcomes for children. She spoke openly and consistently to the governor, staff, legislators, and the media regarding the need for an infusion of staff to reduce workload if even minimal progress toward child safety was going to be made. Based on her prior experience in Utah, she recommended that this be done quickly, and both the governor and Legislature responded in the 2006 session with a large addition of staff. This strong message prior to the workload study was perceived as creating a positive climate among the Children’s Administration staff and fostered their willingness to participate in the study.

- *A commitment to accept the findings once they are confirmed to be valid.* Although the advocates for a study may have some idea of what the results will demonstrate, study results are not always predictable. It is critical to any management study that, regardless of the findings, they will be utilized. In Washington state some of the measured gaps between current efforts and the constructed
standards were generally higher than pre-study expectations, while other results were lower. The organization, however, was committed from the start to applying study results in its planning. Because the results were different from those originally expected, a number of extra management reviews were performed, not only to verify the integrity of the study methods, but to more fully understand and explain those results. Thus, the state accepted the results even though they indicated that the need for additional staff was so large that the Seattle Times called the results “little more than arbitrary” (The Seattle Times Company, 2007). Yet even the Times recognized it would be better to invest in more staff and organizational improvements than to allow harm to children, risk litigation, and increase financial liability to the state.

In Utah, the executive branch strongly supported this decision and provided full cooperation, and there was buy-in from the Legislature. The governor of Utah subsequently included the recommendations from the workload study in his budget request to the Legislature in December 2002, and the Legislature enacted the recommendation for additional staff in its 2003 session, with no deviation from what was recommended in the workload study.

Perception of Need

Recommended conditions related to the perception of need are:

- **Staff or others’ belief that there is more work than the current staff can handle.** This perception among staff or other key stakeholders helps others understand that such a study will be focused on improving services rather than identifying efficiencies directed at staff reductions. In Washington state, staff members in general were not only positive about the upcoming study, but seemed eager to participate. The theme of “tell your story” was used throughout the study period to build upon the staff’s positive attitude. In Utah, the auditor’s report introduced the study, in part, by indicating, “Still, it seems that the workload required on each case is so high that it is difficult for caseworkers to complete all the necessary requirements.”

- **A belief that more facts will be useful in justifying and planning change.** It is axiomatic that relevant data can enhance decision making. However, such data may not always be available. The perception that a workload study will provide a better basis for decision making can enhance support for such a study. In Washington state, the agency had recently completed a reorganization effort and there was no workload baseline to use in discussing staff allocations in relation to newly realigned services. In addition, the Children’s Administration was in the process of developing a replacement system for CAMIS, and agency management believed a workload study could help establish baseline data for a cost-benefit analysis of the new system.

Both of these conditions contributed to a belief that additional data would support both the decisions of current management and future budget and management studies. However, because the organizational changes had only been fully implemented within 30 days of the scheduled workload study, there was some concern that the data could reflect the additional effort of learning new organizational processes and not the actual work required to perform the basic casework required of staff. The study methodology addressed this concern by including the construction of workload standards through
a consensus-building process involving experienced casework staff. This qualitative data collection process was a useful complement to examining the quantitative data collected by recording time for all work activities over a 30-day period for more than 2,100 staff.

The timing of the workload study in Utah occurred later in the child welfare reform process—after new organizational and practice standards were in place. In that case, more data were sought to assist in planning for improved outcomes for children and families and for guiding future decision making by the executive and legislative branches, with the end goal of stabilizing the child welfare system.

- **A focus on children, rather than on staff.** Complaints from staff that they are overworked and unable to meet expectations are hardly a motivation for managerial action or the investment in studies. However, in the context of understaffing in the protection of children, child welfare stakeholders in Washington state recognized that the time had come for a full review of the child welfare workload. Child safety was a priority to the governor and agency secretary. Immediately upon taking office, Governor Gregoire was confronted with a tragic incident involving the delayed response to child abuse referral and the subsequent death of an abused child. She insisted that action be taken to prevent other such incidents and to improve services to children. The workload study was implemented as a piece of the larger management initiative undertaken following the governor’s direction. It was not initially begun to address the burden on Children’s Administration workers themselves, although that was seen as a possible positive result.

In Utah, the study was also presented in the context of better service rather than the burden on staff. The study was conducted in the context that “DCFS is working to fully implement its Milestone Plan by developing an organizational environment where good social work practice skills are employed and good outcomes for the child and family are paramount” (Utah, 2002, p. 1).

**Understanding the Scope**

Recommended conditions related to an understanding of the study’s scope are:

- **A recognition that workload studies seek to identify the level of work that is appropriate for staff performing different types of services.** It is important to stress the difference between workload studies and other management studies, such as work process or efficiency studies. Workload studies are not designed to measure the consequences of inappropriate staff workloads, or how work can be better distributed or performed. Although these issues may arise and be discussed, the focus of a workload study needs to be on measuring actual time spent on tasks compared to agreed-upon time allocated for those tasks. In Washington state, for example, concerns regarding the effect of staff burnout on quality of services (such as increased risk to children due to incomplete and overlooked information or callous staff responses due to overexposure to difficult situations) were aired as part of the process but not included as study findings. Throughout the study it was necessary to reiterate the purpose of a workload study in order to temper expectations regarding study results and to communicate that certain management issues were simply not within the scope of the study.
Reasonable expectations of what the study report will present and whether it will be a precise plan, program or policy goals, a general direction, or a baseline for further study. A workload study can serve a variety of purposes. For example, its goal may be to provide data for a budget allocation model, identify practice model metrics, or prepare a baseline for cost-benefit analysis. In Washington state, the study was expected to address each of these goals. Because of the recent reorganization, the study first provided a description of the new level of effort being applied in each service area. Another purpose was to provide data to support a future cost-benefit analysis for replacement of the current management information system.

The study also presented the number of full-time equivalent (FTE) employees projected to be required to meet basic practice standards for various levels of staff positions. The FTE results in the Washington state study were presented as a measure of the gap between current staff level capabilities and what would be required if the constructed standards were implemented only by increasing staff levels.

While this was a useful metric for discussion, the actual measures resulting from a study will more likely include the addition of staff as one of a variety of management initiatives. The results presented should be understood to be a measure of the gap between “what is” and “what should be,” and not necessarily imply that a solution for addressing that gap is included in the workload findings. In Washington state that gap was over 1,000 FTEs; it was quite apparent that such a gap could not be adequately addressed simply by adding staff, and that complementary strategies would need to be developed to manage the impact of the existing workload.

Although data collection may be widely supported, there is also a need to present the findings in a manner accessible to decision makers and stakeholders.

Since the 2002 workload study in Utah occurred at a later point in the child welfare reform process, the state had already implemented a new case management system, as well as organizational and process improvements, to its child and family services agency and juvenile court system. The results of the “gap” determined in this workload study could be more directly associated with the need for additional FTEs, although the study itself also recommended some other process changes.

An understanding that even a 30-day study is a snapshot, and that each workload study is most effective as one in a series of studies. A workload study can thoroughly document staff efforts in performing a comprehensive list of tasks. However, standards change often, particularly in child welfare programs and practice. There are also seasonal changes in allegation reporting patterns due to such things as school vacation schedules, differing amounts of staff vacation time taken, and even sick time that varies from month to month. No single study can be seen as more than representing a specific period of time. In Washington state, periodic workload studies had been conducted over the past 15 years, partly in recognition of the changing nature of work under differing conditions. The 2007 study was expressly seen as a baseline study.
conducted in part to fulfill the need to “look back” in a few years and compare the study results with workload measured after the implementation of the new case management information system.

Communication

The recommended communication conditions are:

- **An understanding that the workload study results are best presented in accordance with a carefully constructed dissemination plan for communication to key stakeholders.** Although data collection may be widely supported, there is also a need to present the findings in a manner accessible to decision makers and stakeholders. In Washington state, such communication plans were developed by multiple offices to temper expectations and to show the proposed application of the results. The Children’s Administration, for example, developed a preliminary work plan to address the issues raised by the study before it was released publicly so that the results could be viewed in the context of how management intended to use them. This preliminary plan identified which study recommendations were going to be addressed by different parts of the organization, so that the report would be understood as multifaceted and part of an overall effort to improve services. In the Utah case, communication of study results followed processes established by the Legislative Auditor General’s Office, which conducted the study. This included presenting results to legislative leadership prior to any public dissemination. The department then followed similar strategies to those used by the state of Washington in presenting results to employees and other stakeholders.

- **A clear recognition that staff cooperation is key to the success of any workload study, and that staff need to be assured from the outset that results will not be used for individual staff assessment.** Complementing the need to focus on the needs of children is the need to keep participating staff from feeling that the information they provide could be used to criticize individual performances. In Washington state, management made specific efforts to communicate and demonstrate that results would not be tied back to individuals. This proved crucial in reducing resistance and improving staff cooperation.

- **The recognition that a workload study itself imposes workload burdens on participants and will require staff cooperation, adjustment to work habits, and required additional time and resources from an organization that may already be overburdened.** In Washington state, not only was the workload study allocated a specific and substantial budget, but management communicated its understanding of the study’s impact on regular work, and the workload study methods themselves measured and accounted for the extra effort required. The time to participate in performing the study was included as a measurable task, and all participating workers recorded their workload study tasks as part of their recordkeeping.

Commitment

Recommended commitment-related conditions are:

- **The involvement of key stakeholders in designing the approach.** Prior to the Washington state workload study, quite a bit of time was invested in meeting with the governor’s key policy and budget staff. The goals of these meetings were to work with staff members and make key decisions regarding how best to approach the study, to obtain their “buy-in” for the study, and to solicit input regarding what questions the study should address and how the final product should be used. A subsequent
meeting was then convened with legislative policy and budget staff, both to brief them on the approach and to make sure that the study captured any questions they wanted to see addressed. These proactive efforts were the key to having the study methodology and results “accepted” upon completion, with very few objections from either group.

- The understanding that employees at all levels desire a “doable” job. This means: (a) Clear role delineations and performance expectations; (b) adequate time, technology, and preparation; (c) a “safe haven” where difficult professional judgments can be made on a daily basis with the knowledge that they will be supported by management; and (d) clear and adequate accountability for performance. In Washington state, management not only communicated but also demonstrated its commitment to these working conditions to staff. This commitment was demonstrated through an organization-wide reorganization process that included a full realignment and redefinition of staff work and consistent communication. This work was substantially completed just prior to the workload study period.

**Conclusion**

When considering the implementation of a workload study, an agency should consider how best to foster the development of the factors outlined in this article. These factors are necessary regardless of the differing scale or methods that might be used. As the Utah and Washington state workload studies show, addressing leadership, perception of need, communication with stakeholders, and commitment to the project can help ensure results that shape effective but “doable” jobs.

**References**


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Mr. Hurwitz is the director of children’s services at Jewish Family and Child Service in Toronto, Ontario. He is responsible for all child welfare services and programs related to child protection services. Mr. Hurwitz is a senior manager with 29 years’ experience in various child welfare and children’s mental health agencies. He was the project manager for the 1997-2003 Ontario Association of Children’s Aid Societies Workload Measurement Project (Phases 1, 2, 3).

Acknowledgments
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Background

At the start of the millennium child welfare practitioners in Ontario, Canada, felt a compelling need to tackle the issue of workload in children’s aid societies (CASs). The Ontario Incidence Study of Reported Child Abuse and Neglect had found substantial increases in families served by CASs, coupled with a doubling of the rate of substantiated child maltreatment from 9.64 to 21.71 per 1,000 children (Trocmé, Fallon, Maclaurin, & Copp, 2002). In 2000, most of Ontario’s 50 CASs (up to 53 CASs in 2008), although publicly funded with a combined line budget of $1 billion, still had deficits along with burgeoning caseloads. While the provincial funder of child welfare in Ontario, the Ministry of Child and Youth Services (MCYS), revised the CAS funding framework under its 1997 Child Welfare Reform Initiative, the reality was a significant amount of child welfare work either had no benchmarks or benchmarks that had never been tested.

To address this issue, a three-phase, 4-year (1999-2003) Workload Measurement Project (WMP) was undertaken by the field. It was led by the Ontario Association for Children’s Aid Societies (OACAS), the provincial umbrella organization for the 50 CASs (OACAS, 2001, 2003).

- Phase 1, which took place between 1999 and 2000 (OACAS, 2001), entailed a review of the literature, detailing study conceptualization and outlining the methodological approach.

- Phase 2, which took place between 2000 and 2001 (OACAS, 2001), involved developing a taxonomy of tasks that reflected current MCYS standards for all frontline service areas: investigation, family service, child-in-care placement, foster and adoption services,
and worker court and travel time. The workload survey tools developed were tested with a total of 251 frontline child welfare workers from 32 of 50 CASs, and workload data on 5,436 cases were collected over a 2-week period in 2000 in the aforementioned areas. Study recommendations included extending data collection in Phase 3 with specific surveys to a 1-month period to better capture the breadth of workload requirements for certain services (i.e., court, travel, admission to care).

- Phase 3, which took place between 2001 and 2003 (OACAS, 2003), entailed collecting “real-time” workload data from 38 of 50 CASs on 3,188 cases handled by 692 workers in fall 2001 in the areas of admission to care, adoption services, and foster services (some workers contributed data in more than one service area). Additionally, 731 workers contributed matched court and travel survey data (only surveys for which workers provided both court workload data and travel workload data for the 4-week survey period were used), 76 workers provided data on foster care recruitment and training, and 44 workers supplied workload data on adoption recruitment and training. WMP Phase 3 (WMP-3) outcomes showed that where MCYS benchmarks existed, the average time to perform services exceeded every MCYS benchmark; WMP-3 also established benchmarks in areas where none had existed, such as in admission to care of a child and in most of the adoption services and foster services areas.

**Measuring Child Welfare Workload—a ‘Moving Target’**

Ensuring that funding benchmarks accurately reflect current realities of frontline CAS work is an ongoing challenge and a “moving target.” Like many other jurisdictions across Canada, the province of Ontario (with a population in excess of 11 million in 2005) saw its child welfare services significantly expand during the 1990s. In child welfare, change truly is a constant.

For example, in less than a decade (1997 to 2005), the Ontario CAS field has been engaged in two major reformation initiatives. Currently, the field is in the early stages of implementing a new MCYS child welfare strategy—the 2005 “Transformation Agenda” (TA). This initiative, embraced by the field, is very broad and comprehensive in its intent. TA involves expanding services (e.g., open adoption, permanency options) as well as new CAS services (e.g., community link services, formalized kinship services). As a result, TA has led to new and/or enhanced standards, a stronger focus on client outcomes and accountability, more attention to benchmark attainment, a multiple-year funding methodology, and a no-deficit budget expectation. Financial remuneration for agencies is now tied more closely to maintaining “corridor adherence,” which is based on the alignment of forecasted-to-actual service numbers.

It is commonly recognized that workload is and always will be a topic of high relevance for child welfare. As aptly noted by the American Humane Association, “Workload influences service excellence” (2000). However the status of workload as the most concerning field issue appears to cycle in and out of field importance when viewed across time periods. An agency, state, or province’s drive to examine workload tends to be a site- and time-specific “must do”
item. Therefore, outcomes of various workload studies are often unique to the standards and contexts examined. This, in turn, has made the ability to generalize about workload results seem more method-driven and tool-based than focused on metrics or outcomes. The American Humane Association’s Workload Analysis and Resource Management (WARM) model (2000) used in child welfare workload examinations in Texas, Maryland, Rhode Island, Kentucky, and Ohio underscores this point.

Without question, workload in child welfare is a significant concern for agencies, staff, clients, and funders in the field. Yet, evaluating child welfare workload has proven to be a complicated endeavor—another “moving target.” How can we measure CAS services when they seem to be constantly changing? When standards, best practices, and knowledge are not static within—let alone across—states/provinces? Can workload be examined when there is high workforce turnover (which is usually when the call to examine workload is made)? How should we accommodate issues related to agency context, such as socio-economic variance, specialized versus generalized service, and language differences? How can we address methodological issues inherent in measuring workload? Do we measure how long it actually takes to do a task, how long it should take if all resources are available, or how long it will take with new standards in place? What is “sufficient time”? Should a new worker have a different metric from a seasoned worker? Is work performed in rural settings to be judged differently from that performed in urban settings? Should caseload mix (e.g., more court time versus less court time, more complex cases versus those that are less complex) be measured differently? Is a time log the best approach for data collection, or are tracking estimates preferred? And what is a reasonable length of time to track CAS workload—2 weeks, 1 month, or an even longer period that might better capture the work, such as the time to fully complete an adoption home study? Identifying key workload questions like these is critical to assessing and determining the preferred methods that will yield answers.

A review of the North American literature indicates that the approach to measuring child welfare workload has been quite varied (American Humane Association, 2000; Harvey, Mandell, Stalker, & Frensch, 2003; New York Office of Children and Family Services, 2006; OACAS, 2003; Ministry of Alberta Children and Youth Services, 1992; British Columbia Ministry of Children and Families, 1997; Child and Family Services of Western Manitoba, 1989; California Department of Social Services, 2000; Idaho Legislative Office of Performance Evaluations, 2006; Oregon Department of Human Services, 2008; Vermont Department of Social and Rehabilitation Services, 1988; Washington State Children’s Administration, Department of Social and Health Services, 2007). It also indicates that the preponderance of the learning, in particular more recent examinations of child welfare workload, has been American-led.

The unique contribution of this paper is its examination of child welfare workload through a Canadian lens, using a study based on a sufficiently large sample of cases drawn from across the province. This paper begins by summarizing study methodology and highlighting key WMP-3 study results (OACAS, 2003). What emerged regarding best practices in conducting a successful study on workload is noted, along with a critique of the advantages and
disadvantages of the approach taken. Finally, the challenges and benefits in transforming workload data into caseload data and caseload data into workload data are discussed. Suggestions are offered on how agencies might gather workload/caseload data on an ongoing basis to assist in the workload management effort.

WMP-3: Summary

Methodology

WMP-3 was completed over a 2-year period (2001-2003). It was guided by a field-led Steering Committee that had broad representation from the various types of child welfare agencies across the province (e.g., urban versus rural, generic versus culture-specific, single-service or child protection-only versus multi-service). The lead project manager had extensive CAS field, management, and project experience, and the principal investigator selected had spent 20 years in child welfare doing field work, management, teaching, and research.

Conceptual Framework and the WMP-3 Study Tool

The study’s conceptual framework included an examination of all aspects of CAS work, not just areas that had MCYS benchmarks. Workload survey tools were developed in WMP-2 and refined and updated for WMP-3. These tools had standardized formatting but were specific to each area; each tool reflected a comprehensive list of all tasks specific to the relevant service unit (e.g., intake and family services, children in care, foster care and adoption, court and travel). The comprehensiveness of each workload survey tool was validated by field review (consensus-based review); where standards existed, tasks were matched to current standards (see example above from the Admission to Care WMP-3 Survey Tool with six of the tool’s 44 areas noted).

Sampling and Data Collection

A convenience sample—in other words, one for which cases and workers could be easily accessed—was employed. All sample size requirements for each area (e.g., intake and family services, children in care, foster care and adoption, court and travel) were set prior to the data collection. All survey areas met or exceeded sample size requirements with the exception of the Post-Adoption Survey, for which a minimum sample of 85 cases was required and 62 were obtained.

The data collection period was from October to December 2001. The length of data collection varied between a minimum of 4 weeks (e.g., court, travel, admission to care) to a maximum of 3 months (e.g., foster and adoption home studies). In other words, the time required to track the survey data was dependent on the

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**SAMPLE CORE TASK: ADMISSION TO CARE**

1. Decision made to admit child. Consultation with supervisor regarding placement options.
2. Assess the availability and appropriateness of extended family and community support options for placement.
3. If child is at immediate risk, locate most appropriate emergency placement to meet needs of child in a safe place.
4. Notify the band (First Nations) where necessary.
5. Notify other agency personnel regarding the need for placement and legal action.
6. Complete child care data form within 24 hours.
<table>
<thead>
<tr>
<th>Survey module</th>
<th>Service unit</th>
<th>MCYS benchmark [funder]</th>
<th>WMP-3 number of cases</th>
<th>WMP-3 number of workers</th>
<th>WMP-3 number of CASs</th>
<th>WMP-3 results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>Admission to Care</td>
<td>None</td>
<td>177</td>
<td>242</td>
<td>23</td>
<td>25.9 hours per child</td>
</tr>
<tr>
<td>Court</td>
<td>Court</td>
<td>Included in direct service</td>
<td>Not a caseload</td>
<td>731</td>
<td>20</td>
<td>2.65 hours per week or 111 hours per year, per worker</td>
</tr>
<tr>
<td>Travel</td>
<td>Travel</td>
<td>None</td>
<td>Not a caseload</td>
<td>731</td>
<td>20</td>
<td>3.94 hours per week or 166 hours per year, per worker</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>None</td>
<td>Not a caseload</td>
<td>73</td>
<td>28</td>
<td></td>
<td>29.9 hours per month, per worker</td>
</tr>
<tr>
<td>Training</td>
<td>None</td>
<td>Not a caseload</td>
<td>76</td>
<td>26</td>
<td></td>
<td>20.5 hours per month, per worker</td>
</tr>
<tr>
<td>Approval &amp; Assessment</td>
<td>20 hours [includes recruitment]</td>
<td>187</td>
<td>40</td>
<td>16</td>
<td>25.7 hours to complete a foster home study</td>
<td></td>
</tr>
<tr>
<td>Foster care</td>
<td>Matching &amp; Placement</td>
<td>None</td>
<td>513</td>
<td>51</td>
<td>20</td>
<td>3.85 hours to match &amp; place a foster care</td>
</tr>
<tr>
<td></td>
<td>Evaluation &amp; Annual Review</td>
<td>None</td>
<td>323</td>
<td>61</td>
<td>19</td>
<td>3.1 hours per foster home, per year</td>
</tr>
<tr>
<td>Support</td>
<td>3 hours per month per foster home</td>
<td>957</td>
<td>77</td>
<td>20</td>
<td>4.92 hours per month, per foster home</td>
<td></td>
</tr>
<tr>
<td>Recruitment-General</td>
<td>None</td>
<td>Not a caseload</td>
<td>44</td>
<td>19</td>
<td></td>
<td>12.6 hours per month, per worker</td>
</tr>
<tr>
<td>Recruitment-Child Specific</td>
<td>None</td>
<td>Not a caseload</td>
<td>40</td>
<td>18</td>
<td></td>
<td>18.2 hours per month, per worker</td>
</tr>
<tr>
<td>Training</td>
<td>None</td>
<td>Not a caseload</td>
<td>35</td>
<td>16</td>
<td></td>
<td>11.3 hours per month, per worker</td>
</tr>
<tr>
<td>Assessment &amp; Approval</td>
<td>20 hours [include recruitment]</td>
<td>147</td>
<td>36</td>
<td>17</td>
<td>19.75 hours to complete an adoption home study</td>
<td></td>
</tr>
<tr>
<td>Adoption</td>
<td>Maintain Contact Approved Homes</td>
<td>None</td>
<td>96</td>
<td>27</td>
<td>15</td>
<td>2.35 hours per month, per adoptive home</td>
</tr>
<tr>
<td></td>
<td>Matching &amp; Placement</td>
<td>None</td>
<td>185</td>
<td>42</td>
<td>18</td>
<td>15.7 hours to match &amp; place an adoptive home</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>None</td>
<td>237</td>
<td>44</td>
<td>18</td>
<td>4.6 hours per month, per adoptive home</td>
</tr>
<tr>
<td></td>
<td>Finalization</td>
<td>None</td>
<td>72</td>
<td>33</td>
<td>16</td>
<td>2.6 hours per adoptive home</td>
</tr>
<tr>
<td></td>
<td>Post-Adoption</td>
<td>None</td>
<td>62</td>
<td>18</td>
<td>12</td>
<td>2.8 hours per month, per adoptive home</td>
</tr>
<tr>
<td></td>
<td>Disclosure</td>
<td>None</td>
<td>232</td>
<td>21</td>
<td>14</td>
<td>4.48 hours per case for adoption disclosure</td>
</tr>
</tbody>
</table>
actual completion of the preponderance of the work within that time period. Most surveys used a caseload tracking/time log method, where workers collected actual time on each case for an entire caseload.

Exceptions to the caseload tracking approach included the Admission to Care Survey, which tracked each of 177 children at the time they entered care during the set 30-day period across 23 CASs participating in this survey type. The Admission to Care WMP-3 Survey Tool followed each child’s file for the first 30 days to ensure all possible worker time (e.g., night-duty worker, intake worker, children’s service worker, family worker) was tracked and captured during that initial 30-day period. Also, court and travel standalone surveys tracked all worker time in those areas over a 4-week period. Only surveys that had worker-matched court and travel data were used. Work related to foster care and adoption recruitment, and foster care and adoption training also did not follow a caseload tracking approach. As well, workload related to both foster assessment (foster home study) and adoption assessment (adoption home study) was tracked over a longer period of time (3 months) to account for a realistic timespan of work related to completing all tasks.

Results

Data were inputted into Statistical Package for the Social Sciences (SPSS) 10.1. Not including the Court and Travel Survey data, a total of 251 frontline child welfare workers from 38 of 50 CASs provided information on the time it takes to complete tasks in the survey areas. Data were collected on 5,436 cases. Extreme/outlier scores were removed and average or mean times to completion were reported. See Table 1 for a summary of survey results.

Summary: WMP-3 Limitations and Findings

WMP study findings were seminal in that this evidence-based approach to workload measurement informed both the field and the funder, MCYS, on actual time for service by job type and area. WMP examined areas that had MCYS benchmarks and established that in each area actual work took longer than the funder’s benchmark, suggesting that the area was underfunded (e.g., foster care assessment, foster care support, adoption assessment). WMP also shed important light on workload demands in service areas that had no MCYS benchmarks (e.g., admission to care, most foster services, adoption services).

WMP was instrumental in establishing that a significant gap existed between the funder’s determination of how much time a full-time equivalent (FTE) child welfare worker could devote to work each year (34.2 weeks, minus vacation and travel time), and what WMP determined it was: 29.9 weeks. The difference of 4.3 weeks per worker means the funder is anticipating an additional month of work available from each FTE frontline staff across the province, when in fact at least 1 day per week is consumed with just court and travel duties. This variance goes directly to understanding, at least in part, CAS’s budget deficit (Table 2).

WMP limitations in using a convenience sample were somewhat countered by the large, representative agency and case sample sizes. A recommendation for subsequent studies is to stratify the agencies by size, randomly sample the agencies, and randomly sample the workers within those agencies. Additional limitations were found in the preferred methodology in capturing workload associated with recruitment and training of foster and adoptive parents. WMP-3 documented the amount of time per task related to overall workload since recruitment and training are not case-specific services. While this
### Table 2: Time Available for Work (per FTE, per Year)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total days available per year (52 weeks @ 5 days per week)</strong></td>
<td>261.0</td>
<td>261.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Days unavailable for work</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory holidays</td>
<td>11.0</td>
<td>11.0</td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td>20.0</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Sick leave</td>
<td>6.0</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>Other leave</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Training and staff development</td>
<td>14.0</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>51 days</td>
<td>51 days</td>
<td></td>
</tr>
<tr>
<td><strong>Potential days available for work per year (42 weeks @ 5 days per week)</strong></td>
<td>210 days</td>
<td>210 days</td>
<td>0</td>
</tr>
<tr>
<td><strong>Hours available for work</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per day</td>
<td>6.5</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>Per year (days times hours available)</td>
<td>1,365 hours</td>
<td>1,365 hours</td>
<td></td>
</tr>
<tr>
<td><strong>Hours not available for work</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>136.0</td>
<td>166.0</td>
<td></td>
</tr>
<tr>
<td>Non-direct casework</td>
<td>117.0</td>
<td>117.0</td>
<td></td>
</tr>
<tr>
<td>Hygiene breaks</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal per year</strong></td>
<td>253 hours</td>
<td>283 hours</td>
<td></td>
</tr>
<tr>
<td><strong>Hours available per FTE, per year (available hours minus unavailable hours)</strong></td>
<td>1,112 hours</td>
<td>1,082 hours</td>
<td>[30 hours]</td>
</tr>
<tr>
<td><strong>Court time per year</strong></td>
<td>Included in direct services</td>
<td>111 hours</td>
<td></td>
</tr>
<tr>
<td><strong>Hours available per FTE, per year</strong></td>
<td>1,112 hours</td>
<td>971 hours</td>
<td>[141 hours]</td>
</tr>
<tr>
<td><strong>Days available per FTE, per year (total hours/hours per day)</strong></td>
<td>171 days</td>
<td>149.4 days</td>
<td>[21.6 days]</td>
</tr>
<tr>
<td><strong>Weeks available per FTE, per year</strong></td>
<td>34.2 weeks</td>
<td>29.9 weeks</td>
<td>[4.3 weeks]</td>
</tr>
</tbody>
</table>

**NOTE:** MCYS Funding Framework Staffing Benchmarks include court activities; WMP separates the time spent in court activity from time available for work.
methodology proved effective in more accurately measuring the average time spent on recruitment and training activities, the WMP-3 finding is in hours per month, and as such is not comparable to or compatible with MCYS benchmark measurements, which are in hours per case. Another study recommendation is for MCYS to change this benchmark to more accurately reflect the reality of recruitment and training workload activities.

For the Ontario child welfare field, the WMP study represented a substantial undertaking by the CASs in effort, time, commitment, and financial underwriting. Without question there are workload implications in conducting a workload study. However, the benefits reaped from WMP were significant for the field in that new learning about workload was generated (e.g., the amount of worker time spent in court and travel), as well as findings that both affirmed and imploded practice beliefs (e.g., CASs not being funded at the level of the work provided). Of great interest and importance was the learning that occurred regarding the preferred process of undertaking such a study. In fact, the process was as important as the product; the positive aspects and ramifications of the process most certainly had a direct impact on the ability to efficiently and effectively complete this large workload study. The following section notes “lessons learned” and highlights the assessment of the necessary ingredients for successful future workload measurement endeavors in child welfare.

**WMP Lessons Learned**

WMP took a field-based, participatory approach to learning about child welfare workload. All 50 CASs were invited and encouraged to participate. The three phases of the WMP also allowed learning from one phase to inform subsequent phases. A retrospective examination of the 4-year study process identified the following key “takeaways.”

**Participatory Approach Essential**

WMP was structured in a manner that used a broad, field-based Steering Committee. The role of the Steering Committee was to provide support and advice to the principal researcher and project manager. The Steering Committee was also used effectively to make recommendations around areas that required problem solving (e.g., extending the length of survey time regarding data collection on foster and adoption assessments or home studies).

WMP’s participatory approach strategically included representatives from the two large trade unions, which represented thousands of staff from various child welfare agencies in Ontario. Including each labor union was an important validation of the unions’ broad concerns about workload issues for their membership. Including union staff in this committee had the added benefit of recognizing the unions’ “voice.” This ensured that their views on a provincial level were given ample weight. As a result, the labor unions were strong supporters of participating in the WMP project and communicated this regularly to their membership locals.

The 17-member Steering Committee was also composed of a cross-section of staff from all levels within the CASs. These included frontline, supervisory, and senior management staff from the 50 Ontario CASs. Agency representation was based on variables such as size of agency, geographic location, and multi-service function. Consequently, the committee ensured broad representation and signaled a high level of collaboration across CASs. The lessons learned for future studies on workload suggest that participation must be inclusive of all child welfare’s various stakeholders.
Clear Study Focus, Aggregate Approach

From the onset of WMP, the Steering Committee clearly defined the purpose of the project by crafting the WMP terms of reference. The study’s primary purpose was to develop a workload methodology to respond to and quantify a major service issue/problem in child welfare. In addition, the WMP’s stated goal was to measure workload so that adequate caseloads can be achieved, which will lead to better service for clients. WMP was never intended as an effort to measure productivity of staff. This point was repeatedly made throughout WMP communications to reassure staff that the data would not be used to determine individual staff efficiency.

The Steering Committee also ensured that when WMP data were produced and shared with agencies it was always in an aggregate, non-identifying manner. As a result of these safeguards, results were never used to target marginal employees or individual agencies. Additionally, WMP did provide opportunities for agencies to analyze their own data and compare them with provincial data—but no identifying information (e.g., worker names) was included, and the data were provided independent of other agencies’ data. A number of agencies availed themselves of this option, particularly in the areas of court and travel.

Incorporated Agency Issue Response

Despite the uniformity of the provincial child welfare mandate and legislation, there are, not surprisingly, differing service concerns and priorities across individual CASs. Differences could be based on a number of factors, including rural versus urban agencies; northern remote CASs versus southern urban CASs; Aboriginal versus non-Aboriginal agencies; multi-service (e.g., child welfare and children’s mental health) versus single-function (e.g., only child welfare) agencies; sectarian (religious-based) versus non-sectarian agencies; and large (e.g., over 100 staff) versus small (under 40 staff) agencies. As a result, an individual CAS and/or similar groups of CASs placed different priorities on various elements of the WMP. For example, agencies in Northern Ontario were concerned about the amount of travel time their workers expended. This issue was of a lesser concern for southern agencies located in large urban areas.

During WMP-1 and WMP-2 planning it was determined that the study would have to be responsive to the many issues at an agency, sector, and field level. This approach netted greater agency buy-in and participation. The high participation rate, particularly in WMP-3 (76%), reflects study relevance for agencies. It also demanded that the tool have considerable capability and flexibility to achieve inter-agency relevance. The Steering Committee was particularly useful in vetting these issues and determining which concerns raised by agencies were significant and would need to be built into the instrument’s capability.

Mixed-Method Approach

WMP methodology used a mixed-method approach, employing both quantitative and qualitative methods. The large amounts of quantitative survey data were informed by the rich qualitative, focus-group data. For example, when analysis of the WMP-2 court and travel data seemed to suggest that just 2 weeks of data collection would be inadequate, the focus group data identified and confirmed the problem—4 weeks were needed. WMP-3 then used a month-long data collection period, which yielded more accurate results.

Strategic Focus Groups

The WMP used focus groups at various stages throughout the development of the tool. During the initial phase, staff from various selected agencies participated in the development of task lists for many service units within child welfare. Task list development provided a comprehensive taxonomy of tasks to define work in child welfare. Each focus group consisted of 10 to 25 staff who
demonstrated expertise in a particular area (e.g., admission to care, foster care assessments). At a later stage in the tool development, different focus groups were employed to confirm the accuracy of each task list in relation to describing all the work associated with completing each service unit. Finally, at the analysis stage, focus groups were used again, but this time from a “member checking” standpoint that entailed checking in with the field regarding early data results. Survey-specific focus groups reviewed preliminary data results from the workload time surveys to identify “ideal” and “realistic” amounts of time required to complete each service unit as part of a best-practice approach. This step was particularly instrumental in obtaining more accurate data for the Foster and Adoption Assessment surveys. The 1-month data collection period was determined to be inadequate for accurately capturing the breadth of these services, as they tend to occur over a much longer timeframe. The focus group recommended that data collection be extended to a 3-month period for these two surveys, and the research was adjusted accordingly.

The use of focus groups at various junctures of the WMP enabled project staff to obtain valuable input from a broad range of staff on the suitability of the task lists and to comment on the results from the time surveys. Consequently, 68 staff from 25 agencies participated in these groups. It became widely recognized in the child welfare field that this project was actively soliciting input from staff during the development of the workload measurement tool. Strategic use of focus groups allowed the research team to actively engage the field in a “bottom-up” process, which considerably enhanced the project’s credibility.

Regular Communication

The WMP research team took extra steps on a regular basis to communicate with all CASs about WMP. This communication on the study’s status took the form of frequent memoranda, articles in various journals, and presentations at provincial training sessions. These efforts ensured that staff were engaged throughout the entire WMP study (4 years) and remained aware and committed to data collection requirements.

WMP Challenges

The “lessons learned” highlight the many process elements that were instrumental to achieving overall success with the WMP study. While all studies have areas that present trials in application or struggles in methodology, the WMP faced specific challenges. Given the high degree of hope the CASs pinned on the study and the considerable field costs associated with conducting it over 4 years, the first challenge was making sure WMP had project management and investigator expertise—in other words, credible leadership. Other major problems included developing a strategy to ensure the WMP findings were effectively distributed to stakeholders and to accrue positive outcomes and benefits for the field on the issue of workload. Other concerns centered on the non-participation of a key stakeholder, challenges for the field in financing the 4-year study, and a wrinkle common in many studies: data collection.

The difference of 4.3 weeks per worker means the funder is anticipating an additional month of work available from each FTE frontline staff across the province, when in fact at least 1 day per week is consumed with just court and travel duties.
A Strong Research Team

The project manager (PM) was instrumental in WMP’s success, as the role required an in-depth understanding of child welfare issues and concerns regarding workload. The PM challenge was met by nominating and seconding a senior manager from within the Ontario CAS field. Similarly, the principal investigator (PI) was well known in the field as an experienced child welfare practitioner with considerable research experience. As both were child welfare personnel, well-versed with the Ontario child welfare field, the expertise of the PM and PI enhanced the project’s credibility, at least at the field level. In addition, having a lead hand from OACAS (the umbrella organization representing all CASs in the province) as the third member of the research team provided the study with needed partnership links to both the senior child welfare executive and the funder.

Despite all efforts to address credibility through the expertise and independence of the project leads, and despite the study’s rigor, in the end MCYS remained critical of the WMP’s methodology, positing that the inquiry was “internal,” and therefore not objective. Discrediting studies with significant political and financial implications is not unexpected; workload studies should anticipate this positioning. Subsequent workload studies will need to recognize that the “impartial” investigator has heightened requirements and that the research team’s perceived neutrality will ultimately underpin the study’s credibility.

Effective Dissemination Strategy

The WMP Steering Committee wanted to make certain that dissemination of the study’s findings back to the government funder (MCYS) went beyond simply reporting it; the committee and the field wanted WMP to be the springboard for improving understanding, management, and funding of the workload issue in Ontario’s child welfare system. The Steering Committee was very cognizant of the inherent tension between the significant hope held by the field that the WMP would rapidly change the workload landscape and the reality that government response to study recommendations in general is notoriously slow, as well as frequently quite selective. The Steering Committee’s strategy was to have planned special meetings with government representatives as WMP final results were generated. Additionally, WMP was continually referenced by other OACAS committees (e.g., the Funding Framework Task Force).

Going beyond simply submitting the final study report as the key dissemination strategy was critical to the overall success of the WMP study. The planned, face-to-face meetings with funding officials fostered considerable back-and-forth communication on the topic of workload. This more prolonged and personal engagement on WMP findings furthered understanding of workload issues from both perspectives—the service provider and the service funder. Child welfare workload studies need to recognize the significant political nature and implications of study findings at the policy, practice, and research levels. Recommendations for future workload studies include having planned strategies for engagement well in advance of final study results to ensure optimal study penetration, dissemination, and impact.

The strategic presentation of WMP findings and engagement of the funder on service implications resulted in a consistent message that the existing funding and staffing benchmarks were not reasonable. The end result was that government did both create and revise benchmarks in service areas where previously such benchmarks had not existed.
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Government Non-Participation

One of the greatest threats to the WMP study was that MCYS, the funder of child welfare in the province, did not want to participate. Despite efforts to engage MCYS through an invitation to participate on the Steering Committee, in the end, MCYS did not become a partner in the WMP study. Essentially, MCYS distanced itself from the workload inquiry. Was it because, as a funding agent, the government has considerable discomfort with the topic—given the financial implications that child welfare workload studies inherently represent? Despite MCYS's message of refusal, the Steering Committee's strategy with MCYS was persistent engagement. As noted, the study team did meet with senior government representatives at critical intervals throughout the project. The WMP goal was to ensure the preliminary results of the findings were understood and accurately relayed regarding the impact of the data on the inadequate funding of child welfare.

Funding Challenges

No monies were provided by MCYS or any other research or foundation funding agencies. The CASs had to underwrite all study costs. Workload studies typically do not meet the interests of academic partners; nor do workload studies tend to meet the qualification criteria of traditional research funding organizations, which posit that workload falls within the purview of quality assurance/quality improvement rather than research; nor is there provincial or federal funding for child welfare workload studies in Canada. The fact that the 4-year study endured speaks to the value the field placed on the WMP project. Child welfare agencies and associations may want to consider building workload evaluation costs into their budgets to ensure money is set aside to conduct ongoing evaluation.

Participant Burden

The labor-intensive nature of workload examination is a known challenge. Specific to WMP was the worker burden in completing the survey data and the agency burden in allowing for focus group participation, encouraging survey data completion (1 to 3 months of data collection), and fostering the member-checking segments of the data analysis phase. The surveys took more time to complete and data analyses were more complicated than initially anticipated. Together, this extended the project's timelines for deliverables, which also added to study costs. Additionally, challenges were faced by some agencies in collecting data due to unexpected departures of staff due to illness and employment terminations. WMP-2 and WMP-3 data were obtained manually as there was an inability to collect data electronically.

Employing technology to assist in an easier data collection process should be a priority for future workload studies. The costs incurred in conducting a comprehensive workload study are often prohibitive, which explains why the costs and challenges in collecting workload data often cause workload examinations to be one-time, cross-sectional events. The goal is to embed workload data collection into regular data collection methods so it becomes part of practice on an ongoing basis, thus allowing the field to measure and manage the issue of workload more readily and effectively. In short, there is a critical need to gather workload data via regular caseload data. The struggle for most CASs stems from the fact that their information system capability was developed long ago, and created to serve the financial side of the operation (dates, dollars, and activities); it was not constructed to produce outcome-based, case-level data to inform workload questions. As CASs begin to tackle, either individually or as a field, the mammoth task of giving their systems outcome-based
capabilities, a paramount consideration should be ensuring there are efficient and effective ways to collect workload data so that ongoing and current caseload data can be transformed into workload data.

**Managing Staff Expectations**

Despite the overall provincial support for the project by the CASs, there remained some cynicism by individual staff at different agencies. As was already stated, great efforts were made to engage staff at all agencies through the focus groups and the data collection stage. WMP had ongoing communication and publications regarding WMP-1, WMP-2, and final WMP-3 results. As project results became known, some unrealistic expectations by staff emerged, such as one that the government would fund agencies based on the study results. When this did not happen, some staff and agencies were disappointed, which needed to be both understood and managed. Child welfare workload studies often carry much hope with one stakeholder and much fear with another. Both elements should be expected, and plans should be put in place in advance of the hope and the hype to effectively manage these reactions.

**Summary**

Measuring workload in child welfare is not an option—it is a necessity for many reasons. Examples include, but are not limited to, child welfare’s accountability to taxpayers regarding the use of public dollars, a better understanding of optimal workload levels, and an opportunity to examine the link between workload and client outcomes. Workload studies should also be conducted as a required function of good management practices; as an old quality assurance saying aptly notes, “You can’t manage what you don’t measure.”

As this paper has highlighted, there are numerous challenges and approaches to examining child welfare workload as well as clear benefits and positive ramifications. One of the most significant challenges facing the Canadian child welfare field regarding workload will be its ability to move beyond the cross-sectional study approach in measuring workload through the traditional transformation of workload data into caseload data. Investigation into child welfare workload in the 21st century will need to shift and optimize available case-level data. Child welfare expends considerable resources in collecting an inordinate amount of data. And while it may be reported, it is typically not effectively analyzed. Improvement in the mining of available data is a must if more efficient and effective examination of workload is to occur. Child welfare in the 21st century will need to be able to convert ongoing and current caseload data into workload data. The ultimate destination is to transition the examination of workload in child welfare from a “moving target” to a “target that is moved upon.”

**References**


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To help states and localities better address workload issues, Child Welfare Information Gateway is developing a new Workload Compendium that will launch on the organization’s website this winter. The Workload Compendium will be an online searchable database of state and local resources related to child welfare workload initiatives. It will provide public managers, administrators, and policymakers with information and tools—including studies, standards, legislation and policies, and other resources—for improving workload management. The database will be searchable by state, category, date, and keyword.

The Workload Compendium will make state-specific workload and caseload information more accessible. It will also provide a vehicle for jurisdictions to share solutions for addressing workload issues, achieving manageable workloads and caseloads, and improving the quality of services to children and families.

“The Child Welfare Workload Compendium offers a first-time national resource on workload and caseload activities in the United States. Our hope is that the Compendium will serve as a central gathering place on workload and caseload information, assisting states in addressing workload challenges and achieving manageable workloads and caseloads,” said Pamela Day, co-director of Child Welfare Information Gateway.

Child Welfare Information Gateway is a service of the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. A wide range of child welfare information and resources on topics from child abuse prevention to permanency—including programs, research, statistics, laws and policies, and training resources—can be found on the organization’s website at www.childwelfare.gov. The Workload Compendium is expected to launch in winter 2009.

For more information about Child Welfare Information Gateway and the services it provides to child welfare and other related professionals, contact info@childwelfare.gov.

Robin Perry, PhD
Steven J. Murphy

Dr. Perry has 8 years of practice experience in child welfare and domestic violence settings, including serving as a child protective investigator and service worker for 4 years. He is currently associate professor of social work at Florida Agricultural and Mechanical (A&M) University in Tallahassee, Florida. He has worked as a researcher in the child welfare field for 15 years, and has published and presented more than 75 papers on child welfare topics, including professional training and development, performance of child welfare workers, workforce recruitment and retention, evaluation, human trafficking, supervised visitation, funding models, task analysis, child well-being, and performance measures. He is the lead author of the recently published Florida Fact Book on Child Welfare and a chapter in The Comprehensive Handbook of Social Work and Social Welfare called “Child Welfare: Historical Trends, Professionalization, and Workforce Issues.” His recent article, “Do Social Workers Make Better Child Welfare Workers than Non-Social Workers?” along with critical responses from several other researchers was the central focus of a special issue of Research on Social Work Practice in 2006. Over the past 7 years, Dr. Perry has worked collaboratively with the Florida Department of Children and Families, the Florida Coalition for Children, and a number of Community-Based Care agencies throughout Florida on research and evaluation activities. He obtained his doctorate from the University of California at Berkeley in 1999.

Since August 2008, Mr. Murphy has served as executive director of the Devereux Florida Treatment Network, which is the largest provider of mental health, child welfare, and services for developmentally disabled children in Florida. From 2003 to 2008, Mr. Murphy served as president and CEO of Partnership for Strong Families, the lead agency for the delivery of child welfare services in North Central Florida. He worked with the Florida Department of Children and Families in the creation of the Title IV-E waiver, which has allowed Florida to redirect dollars toward more intensive in-home services. He has over 25 years of senior management experience in the delivery of health and human services in numerous states and localities. Prior to starting Partnership for Strong Families, Mr. Murphy worked for Magellan Health Services, assisting with child welfare privatization initiatives around the country. He had a 25-year career with the Michigan Department of Social Services, during which time he was the lead on the redesign of the state’s child protection system and helped develop information systems to support field workers. He is also a past president of the National Association of Public Child Welfare Administrators.

Introduction

Child welfare work is difficult. Frontline workers in Florida and throughout the United States are expected to meet an abundance of responsibilities and high performance expectations (Beggs, 1996; Florida Department of Children and Families, 2002a; 2002b; 2002c; 2002d; 2002e; U.S. General Accounting Office [GAO], 1995; GAO, 2003; National Association of
Any workload or task analysis of child welfare workers needs to be responsive to these realities. It must also further our knowledge of what child welfare workers do and examine whether tasks are completed in accordance with established protocols, with standards of practice, and—most important—in an efficient and effective manner that compromises neither quality of service nor performance standards. This type of analysis can be system-wide or targeted at specific workers or service units.

This paper presents findings generated from a study that attempts to develop a comprehensive and thorough understanding of the complexities of tasks associated with child welfare practice in mid-Florida. The study was conducted with full appreciation of the contexts in which service is provided and the perspectives of frontline child welfare workers. It involved both the analysis of existing secondary time log data from a population of workers and primary data from a stratified random sample of shadowed child welfare workers. The study’s results, in turn, led to workflow analysis and recommendations for modifications in administrative and/or practice protocols. These recommendations, agency actions, and outcomes are also reviewed.

**Method**

This study focuses on the tasks and time taken to complete tasks by frontline child welfare workers affiliated with Partnership for Strong Families (PSF) and its member agencies. PSF provides services to children via contracts with three agencies: Family Preservation Services, a private for-profit agency; Children’s Home Society, a private nonprofit agency; and Meridian Behavioral Healthcare, also a private nonprofit agency. These agencies serve a wide variety of clients in communities scattered across 11 counties in mid-Florida.

Data for workload and task analyses studies can be collected in multiple ways. Some methods are more rigorous, time-consuming, and demanding than other methods. Issues of feasibility (e.g., available resources, staffing, funds) frequently impinge upon study design elements. The goal of this study was to maximize validity while conserving costs. Yet, the quality and level of detail in any analysis (and, by extension, the validity of an analysis) are impacted by the quality and type of data used. Data for this study included both secondary (existing time-log) data and primary data collected from an analysis of worker activities performed on the job.

Findings summarized in this paper represent those generated from the first two (of three) stages of a broad study. First, there was an examination of existent time-log data completed between July 2005 and April 2006 by all employed child welfare workers in each agency participating in the study. These data were collected in the same manner across all agencies in accordance with state protocols. Second, a detailed profile of what workers do in the field (across PSF’s member agencies) was generated from a content and statistical analysis of data obtained from shadowing workers who had been selected using a proportionate random-sampling procedure. Finally, a comprehensive survey was sent to all the workers employed in PSF’s member agencies. This survey solicited detailed information regarding: workload and job characteristics; the quality and level of work supports received; workers’ perception of work conditions, including the extent to which each respondent felt “burned out”; and the level of satisfaction with a variety of employment-related experiences/items.

In July 2006, there were 84 workers employed in the member agencies. The level of experience ranged from 2.2 months to 25.25 months with 40 (or 47.6%) having less than 1 year of employment in a PSF agency. Inclusion criteria demanded each worker in the sample have at least 6 months’ experience at the time of the study. This ensured...
that those workers shadowed were not in training and were carrying full caseloads. Select units located at the geographic extremes of the service area covered by PSF member agencies were excluded from consideration. This exclusion was necessitated by the travel demands that would have been placed upon research associates shadowing study subjects. After inclusion and exclusion criteria were employed, the size of the sample decreased to 48 workers.

Fortunately, there was a sufficient number of experienced workers in each unit to permit a random sampling of at least 2 workers per unit. A total of 26 workers (54% of the sample) were selected, 24 of whom were able to successfully provide data for the study. The final list of those shadowed differed slightly from those originally randomly sampled. There were 3 workers no longer employed or willing to participate in the study. Alternate study subjects from the same agency were randomly selected (using the same inclusion and exclusion criteria) to replace those originally selected. The sample included 13, 7, and 6 workers from Family Preservation Services, Meridian Behavioral Healthcare, and Children's Home Society, respectively. A total of 13, 6, and 5 workers from Family Preservation Services, Meridian Behavioral Healthcare, and Children's Home Society actually participated in the study.

**The Shadowing Technique**

Simply stated, shadowing involves an “...extended and detailed observation and documentation of the work activities of individuals,” where the researcher “records the moment-by-moment activities of his or her subject, coding for such variables as time, location, event type, task and participants” (Kephart & Schultz, 2001, p. 4). Shadowing is meant to provide a systematic, detailed, and rich understanding of a person's activities and experiences within given contexts. Applied to child welfare practice, shadowing is intended to provide a comprehensive and representative overview of what workers do and the extent to which varied contexts affect workload trends—especially when these contexts are not easily captured in time logs. A total of 13 research associates with child welfare practice experience and training in shadowing techniques collected data for this study.

**Establishing a Task List**

Following consultation with the 13 research associates, as well as other workers and administrative staff, the task list to be used in analyses was revised three times over a 2-month period. Although these associates were provided a copy of the finalized task list, they were not required or asked to do any coding while shadowing workers. The task list was meant as a guide for them to become familiar with terms associated with the types of activities that workers would engage in. However, associates were instructed to document everything workers did (work- and non-work-related) using terms and language they best understood—but to be as detailed as possible in describing worker activities. The researcher then engaged in a content analysis of his or her notes and linked text to established and approved task codes provided with itemization. The final task list used for content analysis is contained in the Appendix.

Each associate was provided a booklet of task logs to record data while in the field shadowing workers. Associates were required to document the start and end times of each task. These times could overlap if workers multi-tasked at any point in time. Further, each associate was required to document whether each task involved direct contact with a client (child, parent, or family), was associated with the direct provision of in-home services, or was associated with the direct provision of out-of-home care services. These distinctions would aid in analyses, calculating
the ratio of time worked in each category. The shadowing of workers took place in July and August 2006 on different days for each randomly selected worker.

Findings

Analysis of Existing Time-Log Data

Prior to the collection of primary data obtained from shadowing workers, analysis of existing data collected from the daily logs that workers are required to complete took place. A series of 10 databases (formatted as Excel documents)—one for each month between July 2005 and April 2006—were obtained and analyzed. Information included the start time, end time, and date for each logged task. This method of classification was structured in accordance with compliance standards established by the Florida Department of Children and Families. Additional information included the service type and associated code affiliated with each task.

Among the data provided, there were 14 logged task categories:

- Eligibility Determination
- Medicaid Administration
- Case Management
- Foster Care Placement
- Targeted Case Management
- Staff Development and Training
- Recruitment and Licensing
- Transportation Foster Care/Group
- Transportation—Other
- In-Home Services
- Intensive In-Home Intervention
- TANF Relative Caregiver Activities
- Adoption Placement
- Administrative, Lunch, Leave, Not Working

Internal communications and memorandums to workers provided examples of specific criteria/tasks associated with the Case Management and Administrative categories, which were:

**Case Management:**
- Home Visitation
- Travel to/from Home Visitation/Appointments
- Court Hearings
- Referral for Case Plan Services
- Contacts/Updates From Service Providers
- Writing Case Plans, Judicial Review Reports
- Permanency/Legal/School Staffing
- Home Study on Relatives/Non-Relatives for Assigned Case
- Preparation of Eligibility Documentation, Subsidy Forms
- Faxing/Emailing/Telephone Calls/Copying Related to a Specific Case
- Adoption Placement Activities
- Calling Child in Care Staff About a Medicaid Card

**Administrative:**
- Training/Staff Development
- Interstate Compact on the Placement of Children Home Study
- Work on Closed Cases
Unfortunately, for analysis purposes, logged tasks were not classified as the individual tasks listed under the Case Management and Administrative categories. Among the 94,834 tasks logged between July 2005 and April 2006, 90,559 (95.5%) were identified as Case Management tasks without any itemization of what each task was. Additionally, workers failed to provide a code for 2,754 tasks completed (for which time was logged). Therefore, among data with valid task codes, Case Management tasks represented 98.3% of coded entries.

This level of homogeneity in coded data (without a further breakdown into specific tasks) does not lend itself to meaningful task analysis. There are a number of other potential limitations associated with these data, discovered during a review of existing data and during consultation with a variety of administrators, supervisors, and data management personnel at PSF agencies. These limitations include:

- The data collection mechanism did not capture the extent to which workers multi-task.
- Worker level of investment or perceived value in time logging may have impacted the reliability and validity of collected data.
- Time logging may have been perceived by some workers as a burdensome task that took away from client contact time and had no direct benefit for workers.
- Workers may have inaccurately captured the number and type of tasks accomplished given fatigue and/or the ease of entering a general Case Management code.

If workers think and/or feel a particular activity (such as time logging) has no particular value, then investment of time and energy will lag and reactivity issues will affect the reliability and validity of collected data. It is very important that workers be invested in providing accurate data.

Figure 1: Tasks Completed Each Month
Aggregate Data Across All Units

<table>
<thead>
<tr>
<th>MONTH</th>
<th>COUNT</th>
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</thead>
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</tr>
<tr>
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</tr>
</tbody>
</table>
that reflect what they do. This is an issue that many agencies may be dealing with.

**Trends in Existing Data Across All Service Units**

Although existing time log data lack specificity with respect to the detailed itemization of worker activities from month-to-month, possible trends in these data were identified, and workers logged 94,834 tasks or an average of 9,483 tasks a month. However, findings denoted in Figure 1 suggest a shift with respect to the number of tasks completed each month (using aggregate data). Between July and December 2005, the number of tasks completed peaked in August at 9,365 and demonstrated a gradual decrease for the next 4 months to a low of 7,930 tasks in December 2005. In January 2006, there was a dramatic spike in the number of tasks completed. The total number of tasks logged increased 39.9% (from 7,930 to 11,094) between December and January. This increase was generally sustained between January and April, with a slight decrease to 10,394 tasks logged in April 2006.

At first, it was unclear what caused this dramatic change between December and January. It may have been related to caseload demands, changes in administrative practices/oversight of daily time logs, workforce changes, or training issues. However, it appears this spike was a response to an administrative “corrective action” issued as a means of enhancing the compliance rate of workers completing daily time logs.

**Trends in Existing Data Across Agencies**

The time log data provided (July 2005 through April 2006) allowed for an examination of select trends across individual units and across three agencies—Family Preservation Services, Children’s Home Society, and Meridian Behavioral Healthcare. In using these existing time-log data to gauge worker activity, four things are evident:

1. There is noteworthy variation across agencies in the average number of tasks completed each month.
2. The demands on workers (in terms of number of tasks) can vary from one month to the next, and this variation is not consistent across agencies.
3. The reduction of workforce resources (number of workers) had a different impact upon different systems. The loss of workers at Family Preservation Services resulted in fewer workers working longer hours and more days. The loss of a similar amount of workers at Meridian Behavioral Healthcare resulted in fewer workers working fewer hours and days. When demands for service (clients served and workload) remained constant over periods during which there was a reduction in available workers, these trends point to the system’s response to a critical incident (i.e., noteworthy loss in staff). This response may be indicative of each agency’s capacity to cope and adapt to unexpected or undesired changes in workforce resources, as well as the level of organizational commitment on the part of the workers.

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1 For details regarding the analyses conducted on existent time-log data, please contact the authors. Given limitations with these data and space limitations, a full review of findings is not presented in this article. The focus is instead on primary data collected (via shadowing).

2 For example, Meridian Behavioral Healthcare lost three workers in 1 month (from March 2006 to April 2006). The loss of three workers in 1 month equates to the loss of up to 60 workdays. Yet, an observed loss of 85.8 workdays existed for Meridian in April 2006. For example, the number of workdays logged for Meridian Behavioral Healthcare increased from 539.7 (in January) to 608.5 (in March), and decreased significantly to 533.7 (in April). Additionally, in January 2006 a total of 489.8 workdays were logged by 37 employees with Family Preservation Services. However, in February, more workdays (499.2) were logged by fewer (n=35) employees.
4. When the average number of tasks completed each month per worker is divided by the number of workdays each month, it may appear that workers were not engaged in very many tasks. For example, the largest monthly average is 155.95 tasks per worker in February 2006 (by Meridian Behavioral Healthcare workers). This amounts to 7.8 tasks per worker, per day.

However, these conclusions are biased and flawed for a number of reasons. These include limitations of the time-log data collection instrument; the general and aggregate categorization of worker tasks using the Case Management category; suspected incomplete data, most notably from Children’s Home Society workers; and the inability (at this time) to link existing time-log data with personnel records and dates of employment and/or approved leave. A more detailed study of worker retention trends and the impact upon the workload of other workers is needed before conclusive statements can be made. However, given observed fluctuations in worker retention and the number of workdays logged, there is a need to stabilize the worker time available to meet clients’ demands.

Analysis of Shadowing Data

As noted, detailed notes from assistants who shadowed workers were received for 24 workers/workdays across three member agencies. The handwritten notes were transcribed into a Word document, their content was analyzed, and tasks were linked to codes affiliated with the task list in the Appendix. Content and codes were then converted to an Excel database, after which select data were imported to a Statistical Package for the Social Sciences (SPSS) database for analysis.

The goal of random selection of study participants was to maximize the external validity of study findings. Given resource and time constraints, each worker was shadowed for 1 day. Given that the amount and type of work that an individual child welfare worker may engage in can vary from one day to the next, the random selection of a number of workers, it was hoped, would capture the diversity of experiences and workload demands that any worker may confront. Random assignment of workers and selection of dates and times for shadowing was applied with the goal of providing a representative sample of the work child welfare workers typically complete.

When aggregate data from shadowed logs are observed, it appears this diversity was captured. Among workers, there was variability in the length of time on the job. Some workers worked exceptionally long days to handle crisis situations that arose on cases or due to limited placement options for a child who had to be removed from a caregiver. Some workers had short work days with multiple breaks. Some workers worked predominately in the office, while others were in the field. Some needed to multi-task a tremendous amount to fulfill job responsibilities and others multi-tasked a little (although all workers multi-tasked to some extent). Some workers had extremely busy, stress-filled days, and a few seemed to have limited workload demands on the day observed. What follows is a summary of findings, first in the aggregate and then by agency.

Findings From Shadowing: Aggregate Data

Before reviewing a detailed breakdown of the types of tasks completed and time associated with each, the reader needs to be aware of coding mechanisms applied to multi-tasking. Research associates were instructed to document the start and end times of each task. When a worker multi-tasked (in the true sense of the term) and was actively engaged in more than one of the coded tasks at the same time for any period, this was noted. In some cases, these tasks overlapped, with the start and end times for one task occurring within or across the time frame of another task.
Table 1: Total Minutes and Hours on the Job and Engaged in Tasks by Worker Shadowed

<table>
<thead>
<tr>
<th>Worker ID</th>
<th>Time on-the-job</th>
<th>Time engaged in task completion</th>
<th>Task time compared to on-the-job time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total minutes logged</td>
<td>Total hours logged</td>
<td>Total minutes logged</td>
</tr>
<tr>
<td>1</td>
<td>480</td>
<td>8.00</td>
<td>485</td>
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<td>2</td>
<td>585</td>
<td>9.75</td>
<td>505</td>
</tr>
<tr>
<td>3</td>
<td>530</td>
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<td>469</td>
</tr>
<tr>
<td>4</td>
<td>383</td>
<td>6.38</td>
<td>389</td>
</tr>
<tr>
<td>5</td>
<td>465</td>
<td>7.75</td>
<td>423</td>
</tr>
<tr>
<td>6</td>
<td>433</td>
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</tr>
<tr>
<td>9</td>
<td>930</td>
<td>15.50</td>
<td>1,025</td>
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<tr>
<td>10</td>
<td>465</td>
<td>7.75</td>
<td>468</td>
</tr>
<tr>
<td>11</td>
<td>408</td>
<td>6.80</td>
<td>469</td>
</tr>
<tr>
<td>12</td>
<td>514</td>
<td>8.57</td>
<td>525</td>
</tr>
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<td>9.08</td>
<td>781</td>
</tr>
<tr>
<td>16</td>
<td>660</td>
<td>11.00</td>
<td>552</td>
</tr>
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<td>570</td>
<td>9.50</td>
<td>758</td>
</tr>
<tr>
<td>18</td>
<td>570</td>
<td>9.50</td>
<td>627</td>
</tr>
<tr>
<td>19</td>
<td>631</td>
<td>10.52</td>
<td>618</td>
</tr>
<tr>
<td>20</td>
<td>485</td>
<td>8.08</td>
<td>611</td>
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<tr>
<td>21</td>
<td>498</td>
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<td>24</td>
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<tr>
<td>Total</td>
<td>13,884</td>
<td>231.4</td>
<td>14,812</td>
</tr>
<tr>
<td>Average</td>
<td>578.5</td>
<td>9.6</td>
<td>617.2</td>
</tr>
</tbody>
</table>
For example, a worker may have been actively engaged in entering data into HomeSafenet (the statewide automated child welfare information system for Florida) associated with one case (a task that took 12 minutes) while conducting a telephone call that lasted 2 minutes with a colleague or supervisor regarding another case. He or she may have continued to enter information into HomeSafenet while speaking on the telephone and after hanging up. The time spent on each task was documented. This allows for an analysis of the time committed to certain types of tasks and the amount of time spent multi-tasking.

Table 1 provides a breakdown of the total time worked, the time assigned to tasks, and the number of tasks completed by each worker who was shadowed. The shadowed workers are numbered 1 through 24. There is no order to these identification numbers. No identifying information of workers or those who shadowed each worker is provided in this report or in the summary of findings.

Findings in Table 1 reveal that there was considerable variation across study subjects in terms of the time spent on the job and time engaged in task completion. Time engaged in task completion exceeded actual time on the job (given coding mechanisms) among those workers required to, and adept at, multi-tasking. Time engaged in task completion that was considerably less than time on the job implies there was unaccounted-for time during the study subject’s workday—typically non-work-related activities not coded as such by the research associate. This latter situation existed for 6 of the 24 study subjects who were shadowed. Regardless, the amount of time on the job ranged from a low of 5.18 hours (Worker No. 13) to a high of 22.67 hours (Worker No. 14). On average, workers were on the job for 9.6 hours.

The reader should be aware that the number of hours individual workers worked on the days they were shadowed might not represent a typical workday (as suggested). Those working excessively long days were confronted with crises on cases, placement/re-placement tasks, or other issues. One research associate commented that the worker she shadowed worked fewer hours than typical on the day the worker was shadowed; however, this followed a day (not shadowed) for which excessive hours were worked.

Variations in the number of individual tasks completed and those associated with multi-tasking existed among study subjects. Findings in Table 2 indicate that, on average, workers completed 64.4 tasks each day, of which 15.4 tasks were completed while multi-tasking. The number of tasks workers completed ranged from a low of 24 (Worker No. 23, who logged 9.0 hours) to a high of 128 (Worker No. 15, who logged 9.08 hours). On average, workers multi-tasked 3.3 hours a day or 32.5% of the average workday (using tasks’ completion times). Five workers multi-tasked approximately 50% or more of the time while engaged in overall task completion for the day. These workers (No. 2, No. 8, No. 15, No. 17, and No. 20) worked between 8.08 hours (No. 20) and 15.0 hours (No. 8), with the majority working less than 10 hours each day.

Had the aforementioned five workers not multi-tasked (and completed tasks in a sequential order), the amount of minutes worked each day would have increased by a range from a low of 241 (or 4.0 hours for No. 2) to a high of 602 minutes (or 10.03 hours for No. 8). Child welfare workers’ job circumstances, however, necessitate multi-tasking. Further, some multi-tasking (e.g., inputting case notes on the computer while speaking on the telephone about another case) requires more skill and concentration than other forms of multi-tasking (e.g., driving to a client’s house and speaking on the phone). Regardless,
Table 2. Total Number of Tasks Completed, and Amount and Percentage of Time Dedicated to Multi-tasking

<table>
<thead>
<tr>
<th>Worker ID</th>
<th>Task accomplished</th>
<th>Time engaged in multi-tasking</th>
<th>Percentage of time engaged in multi-tasking</th>
</tr>
</thead>
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<td>Total individual tasks</td>
<td>Number of multi-tasks</td>
<td>Total minutes logged</td>
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<td>44</td>
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<td>159</td>
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<td>4</td>
<td>86</td>
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</tr>
<tr>
<td>Average</td>
<td>64.4</td>
<td>15.4</td>
<td>200.5</td>
</tr>
<tr>
<td>Worker ID</td>
<td>Number of client contacts</td>
<td>Minutes in contact with clients</td>
<td>Percentage of work time in contact with clients</td>
</tr>
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<td>-----------</td>
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<td>---------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
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<td>Average</td>
<td>8.4</td>
<td>165.8</td>
<td>28.7</td>
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</table>
Table 4: Total Number of Tasks Associated With the Provision of In-Home Services, Time (Minutes) Dedicated to In-Home Services, and Percentage of Total Time Dedicated to In-Home Services

<table>
<thead>
<tr>
<th>Worker ID</th>
<th>Number of in-home service tasks</th>
<th>Minutes providing in-home services</th>
<th>Percentage of work time dedicated to in-home services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>25</td>
<td>5.21</td>
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<td>0.0</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
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<td>6</td>
<td>24</td>
<td>6.27</td>
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</tr>
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<td>0.78</td>
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<td>14</td>
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</tr>
<tr>
<td>Average</td>
<td>3.3</td>
<td>38.2</td>
<td>6.6</td>
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</table>
the extent and magnitude that workers multi-task begs the question of how such requirements or circumstances might impact the quality of work output. Although this study itemized the amount of time dedicated to multi-tasking, it is not known how effectively or efficiently tasks were completed. This would require additional study.

Table 3 provides a breakdown of the number of client contacts and time spent on them. Research associates were required to document whether any task completed involved direct contact with a client (i.e., a child and his/her family). The amount of client contact time is an issue that has received considerable attention in the professional literature. Here, an increase in client contact time has been associated with an increase in attainment of desired outcomes and plan-of-care objectives (Chapman, Gibbons, Barth, & McCrae, 2003; Dawson & Berry, 2002; Littell & Tajima, 2000; Rzepnicki, Schureman, & Johnson, 1997; Stoltzfus, 2005; Administration for Children and Families, 2004; Office of the Inspector General, U.S. Department of Health and Human Services, 2005a, 2005b).

Each contact denoted in Table 3 is associated with a separate task. These contacts were typically (but not exclusively) encompassed within the following tasks itemized under the task category of Case Contacts (see the Appendix), which, in turn, is under the Case Management service category: Telephone Contact With Clients, Face-to-Face Contact—Office Visit, Face-to-Face Contact—Home/Field Visit, and School Visit (usually with a child and/or a family member). Other client contact tasks were denoted within the task categories (also contained within the Case Management service category) of Child Safety/Risk Assessment, Transportation, and Care and Contact With Child (see the Appendix).

The number of contacts ranged from a low of 0 (No. 11) to a high of 21 (No. 20) during the day the workers were shadowed. On average, workers had 8.4 contacts (in person or via telephone) per day and spent 28.7% of their logged time in contact with clients. However, there was considerable variation in the percentage of the workday spent in contact with clients. The range in percentages was 0% (No. 11) to a high of 80.6% (No. 8).

Some workers had a high percentage of client contact time due to isolated/unexpected emergencies or placements that demanded extending contact time with clients. On the other hand, some workers spent a small or nonexistent amount of time in contact with clients due to days planned for “catching up” with paperwork and other administrative tasks. If this type of variability in client contact time exists across workers for any extended period of time, efforts should be made to conduct a case record review to test if the amount of client contact time is associated with the timely achievement of client outcomes. This variable can be an important supervisory and administrative flag for gauging worker efficacy and ensuring that resources are in place to meet clients’ needs.

Tables 4 and 5 provide a breakdown of the number of tasks and percentages of time dedicated to the provision of in-home services, as opposed to those dealing with out-of-home care cases. On average, the provision or facilitation of in-home services for clients occupied very little of workers’ time. Shadowed workers completed on average 3 tasks a day associated with in-home services, which occupied 6.6% of their workday time. These figures stand in contrast with an average number of 15.8 tasks completed and 32.6% of the day dedicated to tasks associated with the provision or facilitation of out-of-home care. This discrepancy can be explained by the fact that, generally, out-of-home care cases are more demanding than in-home service cases. However, these figures need to be compared against the distribution of caseload by service type. Should a significant proportion of cases (for example, more than 30%) served by PSF member
agencies be in-home service cases, findings from this study raise concern about whether the service needs of these cases are being neglected.

This statement does not imply any willful neglect (as resources and efforts must focus on those most in need). Out-of-home care cases may be (these findings suggest) 5 times more demanding for service providers than in-home service cases. If this is so, it would appear additional resources (e.g., staff, funding) are needed to more adequately address the service needs of those demanding in-home services. The provision of in-home services is one of a number of strategies designed to reduce risk of harm to children and minimize the number of children coming into care. In-home services are an integral part of any prevention-based service delivery system and an important element of any community-based care model.

Findings From Shadowing: Agency Comparisons

Tables 6 and 7 present a breakdown of select data summarized in Tables 4 and 5; however, comparisons are made across PSF member agencies.3

No statistically significant differences were observed across member agencies for worker time spent on tasks, number of tasks completed, measures of multi-tasking, or number of tasks and time spent providing in-home and out-of-home care services. However, the Tamhane’s T2 test statistic suggests that the number of client contacts, amount of time spent with clients, and percentage of total time engaged with clients was significantly less for Children’s Home Society workers than for Family Preservation Services and Meridian Behavioral Healthcare workers. The average percentage of the workday in contact with clients for Children’s Home Society workers was 9.9%, but 29.9% and 29.8% for workers employed at Family Preservation Services and Meridian Behavioral Healthcare, respectively.

It is possible that the workers and days they were shadowed were not representative of the typical workload demands encountered by workers over the course of an average work week. The random selection of workers was meant to maximize the external validity of findings. But should these findings be representative of a broader trend in service across member agencies, some effort should be made to test the extent to which, if any, such differences influence client outcomes and performance measures. Much attention in the literature is focused upon the role and impact of contacts between workers and clients on service outcomes. Should the attainment of service outcomes be disproportionately less for Children’s Home Society worker caseloads than Family Preservation Services and Meridian Behavioral Healthcare worker caseloads, some effort should be made to examine the influence of client contact time.

Specific Tasks

The next series of tables provides an overview of the percentage of time (aggregate and across agencies) that workers devoted to each category of tasks encapsulated in the task classification list (see Appendix). Especially for comparisons

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3 In an attempt to gauge whether any observed differences across agencies are statistically significant, a series of analyses of variance or ANOVA models were conducted on these variables. ANOVA procedures typically assume a balanced design. As a means of maximizing the validity of the results (coefficient estimates) garnered from ANOVA procedures, the following statistical procedures/process were applied: both random and fixed effects (ANOVA) models were computed; a Levene statistic was computed to test for homogeneity of variance; if variance estimates were equal (i.e., homogeneous), Tukey–B and Bonferroni tests were conducted in an attempt to gauge if the performance scores differed between any two groups of workers; given that the group sizes were unbalanced (i.e., unequal), harmonic means of group sizes were used for the Tukey–B test; if variance estimates (using the Levene statistic) were unequal, both the Tamhane’s T2 and Dunnett’s C statistics were computed in an attempt to gauge if the observed findings differed between any two groups of workers (affiliated with different agencies).
Table 5: Total Number of Tasks Associated With Out-of-Home Care Services, Time (Minutes) Dedicated to Out-of-Home Care, and Percentage of Total Time Dedicated to Out-of-Home Care Services

<table>
<thead>
<tr>
<th>Worker ID</th>
<th>Number of out-of-home care service tasks</th>
<th>Minutes dedicated to out-of-home-care services</th>
<th>Percentage of work time dedicated to out-of-home care tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>25</td>
<td>172</td>
<td>37</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
<td>116</td>
<td>26.8</td>
</tr>
<tr>
<td>7</td>
<td>18</td>
<td>191</td>
<td>36.2</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>37</td>
<td>4.1</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>21</td>
<td>2.3</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>10</td>
<td>2.2</td>
</tr>
<tr>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>25</td>
<td>193</td>
<td>37.5</td>
</tr>
<tr>
<td>13</td>
<td>25</td>
<td>256</td>
<td>82.3</td>
</tr>
<tr>
<td>14</td>
<td>33</td>
<td>765</td>
<td>56.3</td>
</tr>
<tr>
<td>15</td>
<td>62</td>
<td>524</td>
<td>96.1</td>
</tr>
<tr>
<td>16</td>
<td>22</td>
<td>196</td>
<td>29.7</td>
</tr>
<tr>
<td>17</td>
<td>3</td>
<td>9</td>
<td>1.6</td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>345</td>
<td>60.5</td>
</tr>
<tr>
<td>19</td>
<td>57</td>
<td>365</td>
<td>57.8</td>
</tr>
<tr>
<td>20</td>
<td>61</td>
<td>505</td>
<td>82.7</td>
</tr>
<tr>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>19</td>
<td>412</td>
<td>72.3</td>
</tr>
<tr>
<td>23</td>
<td>6</td>
<td>240</td>
<td>44.4</td>
</tr>
<tr>
<td>24</td>
<td>2</td>
<td>165</td>
<td>31.5</td>
</tr>
<tr>
<td>Total</td>
<td>380</td>
<td>4,522</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>15.8</td>
<td>188.4</td>
<td>32.6</td>
</tr>
</tbody>
</table>
across agencies, the number of workers in each agency engaged in each individual task varied considerably. Given the large itemization of individual tasks and task categories, either a greater number of workers or a longer sample time period would have been necessary to achieve an $N$ size significant enough for each task to allow meaningful results from multivariate statistical analyses. Although the aggregate data for all workers appear to capture the diversity of potential experiences encountered by child welfare workers in mid-Florida, it is unclear if they accurately represent each individual agency. Regardless, the findings (as percentages of total time)—especially the aggregate results for all workers—provide some insight into how workers’ time is absorbed by different tasks.

Table 8 provides an overview of the percentage of time allotted toward different categories of tasks for all shadowed workers ($n = 24$). The percentage of time is associated with the total number of minutes worked while multi-tasking (14,812 minutes). Although the percentage of time devoted to all tasks is summarized in Table 8, completion of one task is not necessarily exclusive of completing other tasks. In ranking the percentage of time allotted toward different task categories, the top five tasks that occupied workers’ time across agencies were Removal and Placement of a Child (19.2%), Transportation (13.4%), Paperwork (12%), Non-Case-Related Activities (10.7%), and Case Contacts (9.8%).

Of note is the large percentage (nearly one fifth) of workers’ time associated with the removal and placement/re-placement of children. These activities (see the Appendix) are not associated with the initial removal and placement of a child, but rather with any removal and placement of a child already in care or receiving service. This is a serious investment of time and requires careful study and examination. If these figures were truly representative of the demands placed...
on workers, these findings would corroborate any concerns expressed by PSF officials and found in the general literature regarding the importance of stabilizing the placements and care arrangements made for children.

Within the past 15 years, placement stability has been a topic of concern for policymakers, child advocates, service providers, and child welfare researchers. The potential adverse effects of instability and multiple placements on a child’s well-being have been well documented (Barber, Delfabbro, & Cooper, 2001; Cooper, Peterson, & Meier, 1987; Dore & Eisner, 1993; Hartnett, Leathers, Falconnier, & Testa, 1999; Newton, Litrownik & Landsverk, 2000; Palmer, 1996; Pardeck, 1984; Proch & Taber, 1985; Taber & Proch, 1987; Rutter & Sroufe, 2000; Ryan & Testa, 2004; Smith, Stormshak, Chamberlain, & Whaley, 2001).

Placement stability has also been correlated with workforce retention. In this study, placement failures had a profound impact on workforce resources, insofar as a significant amount of worker time was devoted to finding other placements and relocating children. There is a concern, given such an investment of energy and resources, that workers’ time is less focused on prevention and counseling-based activities that target long-term outcomes than on dealing with crises (i.e., “putting out fires”). These

<table>
<thead>
<tr>
<th>Category average</th>
<th>Family Preservation Services ($n=13$)</th>
<th>Children’s Home Society ($n=6$)</th>
<th>Meridian Behavioral Healthcare ($n=5$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of client contacts</td>
<td>8.8</td>
<td>4.3</td>
<td>12.4</td>
</tr>
<tr>
<td>Minutes spent with client contacts</td>
<td>216.2</td>
<td>53.8</td>
<td>168.8</td>
</tr>
<tr>
<td>Percentage of time spent on client contacts</td>
<td>29.9</td>
<td>9.9</td>
<td>29.8</td>
</tr>
<tr>
<td>Number of in-home service tasks</td>
<td>3.8</td>
<td>2.3</td>
<td>3.2</td>
</tr>
<tr>
<td>In-home service task minutes</td>
<td>39.1</td>
<td>15.8</td>
<td>62.6</td>
</tr>
<tr>
<td>Percentage of time spent on in-home service tasks</td>
<td>6.3</td>
<td>4.5</td>
<td>11.6</td>
</tr>
<tr>
<td>Number of out-of-home care service tasks</td>
<td>14.6</td>
<td>20</td>
<td>14.0</td>
</tr>
<tr>
<td>Out-of-home care service task minutes</td>
<td>166.8</td>
<td>219.7</td>
<td>207.2</td>
</tr>
<tr>
<td>Percentage of time spent on out-of-home service tasks</td>
<td>22.5</td>
<td>46.1</td>
<td>38.4</td>
</tr>
</tbody>
</table>
observations reinforce the need for establishing a foundation of resources that will enhance the retention of quality workers, increase the size of the workforce, stabilize child placements, and enable workers (i.e., free up time) to work with children and families on prevention-based and short- and long-term plan-of-care goals.

It was noted that workers spent 13.4% of their time in transit. This is a significant amount of time. Many workers multi-task (e.g., make telephone calls, initiate follow-up contacts, speak with clients) while in transit. Workers using hand-held telephones while driving may be incurring undue risk—especially if transporting a client. Furthermore, given that 12% of the total

### Table 8: Percentage of Time Allotted to Different Task Categories for All Shadowed Workers

<table>
<thead>
<tr>
<th>Task category</th>
<th>Percentage of total time (14,812 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Initial response and investigation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>II. Removal and placement/replacement of child</strong></td>
<td></td>
</tr>
<tr>
<td>Removal and placement of child</td>
<td>19.2</td>
</tr>
<tr>
<td>Medical and mental health assessments</td>
<td>0.3</td>
</tr>
<tr>
<td>Placement of Indian and military children</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>III. Case planning and reunification activities</strong></td>
<td></td>
</tr>
<tr>
<td>Case plan/case planning conference</td>
<td>2.1</td>
</tr>
<tr>
<td>Service planning activities</td>
<td>0.2</td>
</tr>
<tr>
<td>Reunification activities</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>IV. Court services and case supervision</strong></td>
<td></td>
</tr>
<tr>
<td>Court services</td>
<td>9.7</td>
</tr>
<tr>
<td>Case supervisor</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>V. General tasks - case management</strong></td>
<td></td>
</tr>
<tr>
<td>Case contacts</td>
<td>9.8</td>
</tr>
<tr>
<td>Legal issues and background checks</td>
<td>1.8</td>
</tr>
<tr>
<td>Safety/risk assessment</td>
<td>0.1</td>
</tr>
<tr>
<td>Case consultations</td>
<td>1.7</td>
</tr>
<tr>
<td>Case recording and referrals</td>
<td>2.7</td>
</tr>
<tr>
<td>Transportation</td>
<td>13.4</td>
</tr>
<tr>
<td>Care and contact with child</td>
<td>1.8</td>
</tr>
<tr>
<td>Other</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>VI. General tasks - administration</strong></td>
<td></td>
</tr>
<tr>
<td>Paperwork</td>
<td>12.0</td>
</tr>
<tr>
<td>Meetings</td>
<td>0.7</td>
</tr>
<tr>
<td>Training and development</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>VII. Non-case related activities</strong></td>
<td>10.7</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
task time was associated with paperwork tasks (e.g., completing forms, word processing, filing), it might be sensible to consider investing in voice dictation and hand-free telecommunication devices that workers could use for documenting case-related activities, or case notes. And given that the amount of time in transit exceeds the amount of time doing paperwork, it is conceivable that workers could use high-tech tools to significantly minimize paperwork tasks, thereby reducing the amount of overtime worked while maximizing contact time with clients.

In total, 10.7% of workers’ time was associated with non-case-related activities. For this sample, these included meal breaks, other breaks, and non-work-related discussions/contact. Although there are examples of select workers taking a number of breaks during the course of their days, these activities (particularly meal breaks) occurred in some instances while workers were multi-tasking (e.g., working while eating lunch or dinner). The majority (70.8%) of those shadowed were on the job for more than 8 hours. Three workers were on the job for more than 15 hours. The other two classifications of tasks that occupied approximately 10% of workers’ task time included Case Contacts (9.8%) (associated with General Case Management tasks) and Court Services (9.7%). The percentage of time dedicated to Case Contacts should not be confused with the total number of minutes in contact with clients (see Table 3), as other classified tasks (including removal and placement of children, and case planning and reunification activities) may involve contact with clients.

Of concern, however, is the extremely limited amount of time dedicated to case planning and reunification activities. In total, only 2.9% of workers’ time was allotted toward tasks associated with these activities, the majority of which (2.1% total) was dedicated to case planning tasks. Only 0.6% of all workers’ task-oriented time was associated with reunification activities. Should these data be representative of a broader trend, it is clear that the demands of existing cases and associated placement crises, general casework tasks, court-related responsibilities, and paperwork have distracted workers from focusing on the long-term goal of family reunification. Of course, these observations, and their significance, need to be considered in light of additional data regarding the number and percentage of cases for which reunification is an established service goal. Should this number be relatively small (for example, 3% to 5%), then the observed findings may not be much of a concern. This study did not have access to these case-level data.

Discussion

The findings generated from this study provided PSF with information to examine operational protocols and management supports affecting workers’ tasks and responsibilities. A series of administrative and practice recommendations were generated from this study and acted upon by management in collaboration with supervisors and workers. What follows is an itemization of specific recommendations generated from summarized findings and agency actions in response to these recommendations.

Although findings generated from the analysis of existing time logs provided the study with a first (although vague) look at how workers used their time, concerns regarding the fidelity and representativeness of data obtained from the existing time logs led first to recommendations that suggested a redesign or reconsideration of
the time-log structure and process. Specifically, these methodological recommendations were:

**Recommendation 1:** PSF should redesign the daily time log used by workers. This time log should include a more detailed list of potential tasks and allow for the itemization of multi-tasking. Data entry should be user-friendly and Web-based. Workers should be consulted with respect to design features and information/reports garnered from time logs that they think will aid in their practice.

**Recommendation 2:** PSF should examine and consider the implementation of mechanisms that reinforce and ensure the timely entry of time-log data. This effort should first start with the survey/interview of workers where adverse trends in rates of reporting are visible. Once the identification of variables (e.g. workload-based, worker-based, administrative, supervision-oriented) affecting reporting rates is determined, corrective action can take place. For example, should workload demands be uncharacteristically high and logging of time be perceived as burdensome, pilot studies could be conducted to test the efficiency and cost-effectiveness of using technological tools (e.g., PDAs, voice dictation) for task tracking and time logging.

These recommendations are based on the idea that the data workers enter into time logs are more likely to be accurate and representative if workers believe their record-keeping has value and utility. In response to these recommendations, workers were consulted with respect to design features and information/reports garnered from existing time logs and their value and utility. Based on the feedback received from workers, discussion with the Florida Department of Children and Families, and additional work and reflection on this matter, the use of the time log (as structured) was stopped and completion no longer required of workers. However, workers are still required to enter information regarding cases and their actions into HomeSafenet. PSF is also currently exploring the efficiency and cost-effectiveness of using mobile devices (e.g., PDAs, voice dictation) to help reduce dual entry of case data and tasks on the part of case management staff.

In addition, summarized findings (using existing time-log data) flagged concerns regarding variation in turnover rates among member agencies and in workers’ ability to be responsive in the service units where turnover and job vacancies were high at times. In one agency, the reduction of the workforce led to greater demands (represented by logged time on the job) upon other workers. In another agency, the reduction in the workforce led to fewer workers working fewer hours (e.g., more likely to take sick leave or reduce contact with clients). As noted, this variation in response may be indicative of the capacity of each agency to cope and adapt to unexpected or undesired changes in workforce resources, as well as the level of organizational commitment on the part of the workers. Further, different service demands and the resources available (or lack thereof) has a direct impact on frontline workers’ workload.

These findings led to an additional recommendation reflecting the need to stabilize and allocate resources across PSF member agencies in accordance with service demands:

**Recommendation 3:** Workforce resources across PSF member agencies need to be stabilized and resources allocated in accordance with service demands. PSF should conduct a trend analysis that clearly itemizes the differential demand for services across member agencies over the past year. Should trends be associated with identified demographic patterns or other variables for which secondary data are available, service demands should be forecasted and appropriate plans for the allocation of resources should be made.
In response to these recommendations, PSF:

- Unbundled services;
- Initiated development of an automated utilization management system;
- Created positions to support the referral process and follow-up;
- Provided for a redirection of service dollars based on demand; and
- Accorded greater flexibility to case management agencies so they can reorganize their work based on demand.

The utilization management system that was created and implemented following this study tracks not only those services PSF purchases for its clients but those services that are funded by other entities/funding streams. This allows PSF to track and identify trends not only by service area or county, but by zip code as well. This system allows for a detailed itemization of current demand and unmet needs across the service area and, subsequently, a more efficient and effective assignment of staff resources.

These processes were augmented by the contracting process developed because of this study. PSF case management agencies were provided the flexibility to deploy staff within their respective service areas as their caseload demands require and vary, as well as deploy staff in whatever specialized fashion the system might require. For example, information obtained from the automated utilization management system and the flexible resource deployment policy (based on identified service needs) has led to the creation of specialized teams to deal with drug court and voluntary protective services. In addition, individual workers were assigned and allowed to develop a specialized focus on court cases, permanency issues, and family team conferencing.

In this way, workers’ roles and responsibilities are guided by client needs, and specialized and targeted efforts were created to address assessed unmet needs. Workers’ tasks are now more targeted, informed, and focused on outcomes meaningful to children and families. In sum, the development of the utilization management system (in response to this study recommendation) has led to more reliable tracking and identification of service demands and trends, a more efficient assignment of resources, and a more flexible and responsive deployment of resources to areas of need in a manner that maximizes the specialized interests and skills of workers.

Another finding based on analysis of data obtained using the shadowing technique addressed a concern regarding the quantity and quality of time workers spent with children and families. It was strongly recommended that efforts be made to maximize the amount of quality contact time workers have with children and families in order to reach plan-of-care objectives and goals:

**Recommendation 4:** Efforts should be made to maximize the amount of quality contact time workers have with clients (children and families) as a means of meeting plan-of-care objectives and goals. Workers and supervisors should be consulted on strategies that will enhance the likelihood that workers have contact with clients. The ability to meet service goals in a timely manner should be analyzed against time-log data showing whether tasks are associated with client contacts. This will enable a more thorough understanding of the impact of client contact time on service outcomes and staff morale.

This recommendation led to the revision and development of a case management system that helped reduce the district-wide caseload from
2,100 to 1,700 by controlling the front end of services, as well as ensuring children are exiting the system in a timely and effective manner. There was a concerted effort to remove administrative barriers to the casework process and increase automation to free up worker time for more client contacts. PSF also created worker positions that focus exclusively on service referrals (i.e., service referral coordinators or SRCs). These positions have eliminated a significant administrative burden for field staff. The SRCs track the referrals from the identification of need through the delivery of service and the receipt of associated reports. The SRCs also are responsible for a great deal of actual referrals themselves, pulling required data, completing forms, and attaching required reports. This streamlining of the service referral process and specialized focus of select workers has helped reduce field staff members’ workloads and bureaucratic obligations, increasing the likelihood that clients receive the services they need in a timely fashion.

An additional recommendation stemming from this study suggested that PSF conduct a survey or solicit feedback in other ways from current clients receiving in-home services to determine the extent to which desired outcomes and service needs are met in a timely fashion. If current clients demand or need more services (to strengthen families and minimize risk of maltreatment and/or further placement), an itemization of staff and resources to meet this demand can be the first step toward determining funding needed to adequately serve children and families in mid-Florida.

In response to this recommendation, PSF developed a service referral coordinator system. This system has heightened the likelihood that clients receive the services they need for the appropriate duration of time. PSF is currently surveying both our clients and caseworkers to see if these changes have had the desired impact.

One finding generated from the analysis of shadowing data caused concern over the large percentage (nearly one fifth) of workers’ time associated with the removal and placement/replacement of children already in care or currently receiving services. This serious investment of time highlights the need to maximize placement stability. Greater placement stability is associated with less unpredictable crises that tax workers’ time and distract from other responsibilities targeted at promoting child and family well-being. The following recommendation was drafted to address this issue:

**Recommendation 5:** PSF should conduct a survey or solicit feedback in other ways from current clients receiving in-home services to determine the extent to which desired outcomes and service needs are met in a timely fashion. If current clients demand or need more services (to strengthen families and minimize risk of maltreatment and/or further placement), an itemization of staff and resources to meet this demand can be the first step toward determining funding needed to adequately serve children and families in mid-Florida.

It was strongly recommended that efforts be made to maximize the amount of quality contact time workers have with children and families in order to reach plan-of-care objectives and goals.
**Recommendation 6:** PSF should conduct an analysis that will provide a descriptive profile of the number of placement failures or removals and re- placements of children in care or those receiving other services. Attempts should be made to identify the contexts and circumstances associated with these events. A needs assessment should be conducted to identify which specific resources are needed to increase the availability of appropriate placement settings for children, stabilize existing placements, and maximize the amount of time workers can spend working with children and families outside of a crisis intervention framework.

The following actions occurred based on Recommendation 6:

- A review of shelter placements was conducted on a weekly basis to ensure immediate contacts within 24 hours of placement. These contacts inform caregivers of children’s current status and associated placement circumstances, as well as the means and mechanisms for accessing available services.

- A review of all placement disruptions was made to ascertain what services/actions might have prevented disruption.

- Specialized workers were assigned to apply the Child and Adolescent Functional Assessment Scale (CAFAS) to each child entering foster care as a means of accurately assessing needs and ensuring the appropriate provision of care.

A final, more global recommendation was generated from an overview of all findings and stated issues and concerns:

**Recommendation 7:** Immediate efforts should take place to ensure that PSF member agencies have sufficient resources (e.g., staffing, qualified workers, time) that will enable workers to maximize the time needed to focus on case planning and family reunification activities.

The redesign of key administrative systems, redefinition of the casework system, creation of specialized worker positions, and other innovations/actions described in this article have provided frontline staff more time to focus on case planning and family reunification activities. In addition to the activities noted here, the following has occurred as a response to Recommendation 7:

- Additional training of both case workers and supervisors was provided.

- A focus on specialization has ensued in some service centers with the development of drug court workers, permanency specialists, and voluntary services workers.

- A scanning system whereby all paper files are inputted into a database that allows workers to access client/case records in a more timely and organized fashion was developed.

In summary, since this study was completed, PSF has undergone a major reorganization focused on connecting quality assurance, quality improvement, training, and operations efforts. Training and operational decisions are now being driven by the information derived from the quality assurance monitoring and utilization of management data, the needs of clients, and the resources and time workers need to engage with clients. PSF now provides supervisors with extensive training opportunities through monthly meetings, as well as quarterly and annual trainings. The unbundling of our service contracts and the creation of a robust utilization management system has enhanced field staff’s ability to create unique, family-focused case plans. Services are no longer structured as a “one size fits all” plan, but rather tailored to the individual needs of the families and children served.
References


Appendix
Task Classification
Task List With Definitions

Service Categories
Task Categories
Specific Tasks

I. Initial Response and Investigation (aiding initial investigation)

II. Removal and Placement/Replacement of Child

Removal and Placement of Child

1. Inform Child of Circumstances
2. Complete Removal Documentation
3. Removal of Child From Home
4. Removal of Child From Placement
5. Notify Parent(s) of Removal of Child
6. Diligent Search for Missing Parent
7. Emergency Shelter Placement
8. Advise Placement of Special Needs of Child
9. Photograph and/or Fingerprint All Children
10. Secure Clothes and Necessities for Child
11. Residential Placement Assessment
12. Obtain Agency/Department Approval of Placement
13. Notify Department Staff of Shelter Arrangement
14. Transfer of Child to Placement
15. Contact with Child's School
16. Weekly Visits to Child in Shelter
17. Telephone Contact to Child in Shelter
18. Out-of-Town Inquiry (OTI)/Interstate Compact for the Placement of Children (ICPC)-Related Activities
19. Arrange Contacts Between Children and Family Members
20. Supervise Contacts Between Children and Family Members
21. Prepare Incident Report

Medical and Mental Health Assessments

1. Screen Child's Medical Status and Needs
2. Screen Child's Mental Health Needs
3. Screen Child's Education Status Needs

Space limitation prohibits a full itemization of definitions associated with each service and task category and each specific task. Please contact the authors for additional information regarding definitions of specific tasks.
Placement of Indian and Military Children
   1. Tribal-Related Activities
   2. Military-Related Activities

III. Case Planning and Reunification Activities

   Case Plan/Case Planning Conference
   1. Preparation of Case Plan
   2. Attendance at Case Planning Conference
   3. Family Team Conference

   Service Planning Activities
   1. Transfer Packet Activities
   2. Case Transfer Staffing (CTS)/Early Service Intervention or Voluntary Case Staffing

   Reunification Activities
   1. Request Permission for Reunification
   2. Court-Related Services and Reunification

IV. Court Services and Case Supervision

   Court Services
   1. Preparation of Court-Related and Legal Documents
   2. Court Appearance
   3. Court Liaison/Recommendations/Court Officer
   4. Court Preparation (Other Than Documents)
   5. Court Waiting Time
   6. Termination of Parental Rights Activities
   7. Assist With Discovery Demands
   8. Inform Interested Parties of Hearing Details
   9. Talk to Parties About Hearing and Results
   10. Diligent Search and Completion of Affidavits
   11. Serving Summons
   12. Preparing a Predisposition Study
   13. Surrenders
   14. Preparing for a Civil Court Proceeding
   15. Court Mediation Activities, Attend Mediation/Case Management Conference
Case Supervision

1. Organize Information for Meeting
2. Review the Case File for Past History
3. Case Conferences
4. Formal Supervision/Consult With Supervisor
5. Impromptu Supervision/Consult With Supervisor
6. Formal Supervision/Consult With Lead Worker
7. Impromptu Supervision/Consult With Supervisor
8. Peer/Supervisory Review of Case Record
9. Staff Counseling
10. Worker Supervision Conference
11. Recruit and Supervise Students and Volunteers

V. General Tasks – Case Management

Case Contacts
1. Contact With Referral Source/Reporting Party
2. Telephone Contact With Clients (Children/Families)
3. Face-to-Face Contact—Office Visit
4. Face-to-Face Contact—Home/Field Visit
5. School Visit
6. Attempted Contact With Collaterals
7. Actual Contact With Collaterals
8. Attempted Contact With Substitute Caregiver
9. Actual Contact With Substitute Caregiver

Legal Issues and Background Checks
1. Awaiting Law Enforcement
2. Provide Documents to Expert
3. Contact With Guardian Ad Litem
4. Consult With Child Welfare Legal
5. Petition Files
6. Conduct Background Checks

Child/Safety Risk Assessment (not affiliated with initial investigation)
1. In-Home Emergency Services
2. Assess Home Environment
3. Interview/Observe Child
4. Conduct Domestic Violence Screening
5. Family Team Conference Specific to Risk Assessment Activities
6. Complete Risk Assessment Form
7. Work With Child Protection Team/Children's Advocacy Centers/Sexual Assault Treatment Center
Case Consultations
1. Consult With Peers
2. Consult With Other Professionals

Case Recording and Referrals
1. Case Recording
2. Other Forms Completion
3. Service Referral Activities

Transportation
1. Transportation of Client
2. Accompany Clients to Appointments
3. Other Travel

Care and Contact With Child
1. Contact With Children in Shelter/Placement
2. Physical Care of Child
3. Secure Clothes and Necessities for Child
4. Photograph and/or Fingerprint All Children

Other
1. Translation/Interpretation Activities
2. Waiting Time Other Than Court
3. Initiate New Abuse Report If Needed
4. Miscellaneous Casework Activities

VI. General Tasks – Administrative

Paperwork
1. Forms Completion
2. Special Reports and Fact Sheets
3. Prepare Case for Interstate Compact
4. Word Processing
5. Computer Down Time/Not Working Properly
6. Mail/Fax/Photocopying/Filing
7. Time Checking Voicemails and Other Unspecified Phone Contact

Meetings
1. Attending General Unit or Agency Meeting
2. Prepare for Case Review Meeting
3. Multi-Disciplinary Teams

Training and Professional Development
1. Mentor New Staff
2. Attend Staff Development
3. Communication and Training With Other Agencies
4. Train/Work With Student Intern
Other
1. Handling Complaints
2. Miscellaneous Administrative Activities

VII. Non-Case-Related Activities
1. Completing Time Sheet/Log
2. Meal Break
3. Break (Other Than Meal)
4. Non-Work-Related Discussions/Contact
Work, Case, and Time: Setting Standards for Workload Management

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Ms. Reynolds has worked as a research associate for American Humane since February 2005. Trained in economics, she has worked in project evaluation, impact assessment, outcome measurement, workload studies for several jurisdictions, and data analysis—both quantitative and qualitative. She is currently serving as lead cross-site evaluator for American Humane’s Quality Improvement Center on Non-Resident Fathers.

Introduction

Workload studies can address a number of organizational topics. Service staffing requirements, work equity, staff allocation to services, and funding justification are among the uses state administrators have found for workload studies. This paper describes these purposes of workload studies, the design features required to achieve such purposes, setting standards in workload studies, and some cross-state results achieved to date.

In recent years, child welfare services agencies have used workload concepts in three ways: (1) To determine the caseworker time needed to deliver a service; (2) to manage work expectations placed on caseworkers; and (3) to address staff morale and retention. These issues were identified by Homer Kern more than 20 years ago (Kern, 1987). Current impetus to conduct workload studies has come from results of Federal Child and Family Service Reviews (CFSRs). Findings across states have been that when a particular practice standard is not met, the reasons for this often come down to burdensome caseloads. Reports on child fatalities often stress the impact of caseloads on service provision and ongoing assessment (see, for example, Colorado Department of Human Services Administrative Review Division, 2008). The need for attention to service fidelity necessary to provide effective practice has also helped fuel such studies (Colorado Department of Human Services, 2008; Kirk, 2008).

Determination of caseworker time needed to deliver a service (i.e., the workload) entails the development of standards regarding how much service time a case should require on average—a key leverage point in a workload study. The focus of this paper is the development of workload standards and how they relate to caseloads. Time studies of current work provide not only a framework from which to begin setting standards, but also the basis for assessing the relationship between existing practice and the desired standard of practice.

The second use, work expectations placed on workers, requires a realistic understanding of the time services take and the time workers have available to provide services. Time services
take and time available for service create the relationship between workload and caseload. Caseload, as distinct from workload, is the result of dividing service time available by the service time of a case. The service time of a case is either measured in a time study or is constructed as a standard. Actively managing a caseload to the service time available from a caseworker allows a reasonable expectation of how much work time is needed from that caseworker.

The third use of workload studies, to address staff morale and retention, stems from the first two uses. An explicit expectation of what the work will be and active management of the work to that expectation provide a sense of equity in work. They provide a sense of knowledge and control of the work. They provide a sense that the work can get done well. They also provide caseworkers with a way to evaluate their own workloads. These factors lead to higher work satisfaction, which leads to better staff morale and retention.

Staff morale and retention are vital. Not only does high turnover exact costs and increase caseloads for new workers, but also staff morale and retention have a considerable impact on the quality of case practice. High turnover can disrupt the service trajectories for families whose needs for continuity are greatest. These interruptions can hinder case progress, and such discontinuities have severe consequences for other workers, their teams, and—most important—families and children. Faced with these interruptions in service, families have more difficulty meeting timelines, resolving termination-of-parental-rights (TPR) issues, overcoming visitation challenges, and building trust and rapport with workers.

Understanding what a “workload standard” is—and what it is not—is necessary to understand what workload studies can and cannot do. Workload standards are used extensively in other fields. They are critical tools that determine how some systems are managed.

Following a discussion of comparative standard-setting, this article addresses some of the issues that have arisen in recent workload/staff allocation studies, with particular attention to work and task definition and setting standards. The article follows the chronology of a workload time study as practiced at American Humane, and conclusions point toward guidelines to be used in conducting effective workload studies.

Setting Standards Across Systems

Workload and caseload standards go hand-in-hand with performance standards and quality improvement. As DeMichele (2007) pointed out in the context of probation and parole, setting workable workload and caseload standards is a necessary condition for conforming to performance standards and promoting evidence-based practice. Main (2007, p. 37), in a study of predictors of time demand in the field of vocational rehabilitation, stressed the implications of the results for “quality improvement and organizational development in mental health and rehabilitation program management.” Lastly, setting standards for workload and caseload can inform policy construction and legislation. Recently, a workload measurement study prompted the New York State Legislature to reverse a long-held position and mandate the setting of workload and caseload standards in child welfare practice (Walter MacDonald & Associates and the American Humane Association, 2006; New York State Assembly, 2008).

Setting standards in child welfare must balance several competing considerations. While not driven by considerations of profit as in competitive industries, standards in caseload are proposed based on outcomes and outcomes-oriented practice. At the same time, they must be refined and modified based on feasibility and availability of resources, as well as on the rights and needs of all involved. The setting of best-practice standards in itself can be a major undertaking, involving a careful review of the
experimental literature, literature on evidence reporting, and outcomes. The Child Welfare League of America (CWLA) has produced a major set of normative guidelines, including caseload standards. These guidelines continue to serve the profession as the basis for any comparisons or adaptations of workload or caseload for the purposes of resource allocation and workload measurement (CWLA, 2003).

Setting standards has needed extra attention in recent studies. Setting of standards by staff groups has been supplemented and supported by policy review, comparison to other states, and modeling results obtained from different standard sets. Other industries have addressed workload standards, too.

In a market-driven industry, production norms are analogous to workload standards in service industries. Production norms reflect a calculation of costs and revenues associated with production, and the setting of norms constitutes more than anything else a planning tool (Pepall, Richards, & Norman, 2004). Competition and profit drive decision makers to strike a balance between a low or lax—and therefore costly—norm and an excessively high production norm, which can have a number of adverse effects. All these effects are ultimately costly. They include inferior quality, absenteeism, low morale, and high turnover.

The service fields of the economy span for-profit and not-for-profit sectors. The health-care delivery system, much of it for-profit, reflects these drivers of norms or standards, but with many more complicating factors. The growing practice of defensive medicine increases the practice of health-care professionals (Studdert et al., 2005). The large-scale buyers (insurance companies), heavy regulations, and severe penalties for malpractice figure in the equation for calculating and setting norms for health-care providers.

The nonprofit and government sectors, health care and other helping professions among them, measure production by units of service delivery. Expectations as to production volumes are often formed on the basis of types of service (workload) and number of recipients (caseload or client roster). As in for-profit industries, the needs for production norms or workload and caseload standards are used for operational and fiscal planning. In addition to these drivers, however, other issues and factors come into play.

Planning, Defining, and Development

The initial stages of a workload study period are devoted to planning; researchers meet with stakeholders to determine the study's purpose, pose explicit questions to drive the study, and establish a plan with deliverables based on the client's expressed needs. The reporting of work measurement results requires that such planning takes place before the development of methods and procedures.

Deciding the types of questions to be asked is an important point in the study. One way to form the set of questions is to focus on the functional areas of a case—for example, assessment, service planning, engaging families, and case supervision. The Alaska Study of 2006 (Hornby Zeller, 2006) and the Arizona investigation study of 2004 (Costello, 2004) exemplify this approach. Functional area categories can take the place of either the service modality or the discrete actions in a task inventory. Results in these studies...

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Understanding what a “workload standard” is—and what it is not—is necessary to understand what workload studies can and cannot do.
are reported as time expended in the different functional areas, and recommendations are made in terms of caseloads.

Another approach is to ask questions about services clients receive and which tasks staff members do to provide those services. This line of questioning would lead to a task inventory presenting major service areas (e.g., intake, investigation, in-home services, out-of-home services) as the units of service and presenting the discrete activities of staff (e.g., face-to-face with child, other communication, travel, documentation) as the tasks. Statewide studies in California, New York, Idaho, and Washington represent this approach. Results in such studies are reported as time for services, and recommendations are usually made—once again—in terms of caseloads.

The purpose of any given workload study, whether budgetary, policy-driven, practice-driven, or task-specific, is to describe workload. No single task inventory adequately defines work for all purposes. A necessary piece of the workload study process is to develop a task inventory responsive to the purpose of the study and to the policies and practices of the contracting jurisdiction. Using a task inventory helps define the categories through which staff members describe their work, as well as the categories used to construct standards.

While tasks comprise most entries on code lists of a task inventory, services and programs are the meaningful building blocks of such an inventory. Staff members perform activities within the context of programs. An activity occurs as a task within a service, and services (such as intake, investigation, and in-home caseworker visits) are performed as part of programs (out-of-home placement and services, in-home services, adoption). A characteristic of program, service, and task definitions is an explicit statement of when each service and task begins, and when each ends. This characteristic is appropriately defined at the program level—an action that is necessary for both conceptual clarity and also for the establishment of rules guiding data entry and the development of standards in a time study.

A particularly difficult question that emerges in workload studies is: What work should be done and how much time should it take? In considering these questions, researchers typically convene a series of focus groups to discuss the study’s policy requirements, professional practice standards, ethical issues, and results. The focus groups also may produce a set of recommendations addressing how services and tasks should be performed and for whom, how often they should be performed, and how long it would take on average to do the work. This process ultimately bolsters the study results’ credibility and responsiveness to local conditions.

A nuanced time study may differentiate services and tasks among regions and case characteristics, with respect to both actual time spent, time necessary to meet requirements, and optimal time to be spent; thus, recommended allocations may differ by service, region, and position.

In a workload study, there are three types of data collected. One is the qualitative data previously described that defines the categories of work and results in a task inventory. Second is a time study that describes what is currently occurring. Third is the standard construction process, which entails answering the question of “What should be done?”

**Conducting a Time Study**

A time study describes workload activities as they are occurring. For a stipulated period of time (usually 2 weeks or 1 month) a designated population or sample of staff provides information about every service-task combination they perform. Methods of data collection vary. Workers can be shadowed, and their work recorded by a data collector; time data can be collected by calling workers at random
moments; or workers can self-record their daily tasks.

Recently, the third type of data collection has become automated through the development of computer applications designed to minimize the discontinuities experienced by workers in completing time studies. The objective is to record all service tasks and all time. Recording of time is desired to be as contemporaneous as feasible with the performance of each service task. Thus, an automated data entry application requires the start and end times of each task, and then calculates the duration.

Data collection methods also vary among researchers. Some establish a representative sample of workers and some use a census population. As for the timeframe used for data collection, while it is economical to collect data over a 2-week period, many policies and parameters are set on a basis of monthly statistics, and prorating formulas can occasionally distort the data. The measurement of current work patterns is most thoroughly and reliably accomplished through a census of workers and work, and most efficiently accomplished using detailed self-report methods, as opposed to desk shadowing, monitoring, or random-moment inquiries.

An important feature of a time study is linking the work to the child or family receiving the service. Profiling caseworker time without addressing service recipients keeps all attention on the worker—a limiting and undesirable focus. Linking work to children and families promotes an understanding of workload issues from a child or family perspective. Measuring the work used to address the needs and demands of a group of children and families presenting for services provides helpful information that can be used to estimate the amount of time necessary to perform the work required.

Analysis of time-study data describes patterns of work and provides statistics to set standards. Researchers clean, summarize, and analyze the time data based on stipulated parameters established in the joint-planning stage. These stipulated parameters include service, task, duration, worker, worker position, region, case, and occasionally case characteristics.

At this point, the analyses produce three statistics, among others, that are pertinent to the allocation of resources and other recommendations: (1) The percent of cases for which an activity is performed in 1 month; (2) the average amount of time the activity takes when it is performed; and (3) the average number of times an activity occurs per case, per month. These statistics reflect the current reality against which standards may be constructed.

**Formulating Standards**

A thorough study goes beyond measuring time spent on tasks and services to examine those activities that should occur but do not, in addition to those activities that caseworkers perform—but in a hasty or ineffective manner. Such information about the time it takes to complete activities and tasks that do not currently occur is best obtained by having experts or groups of experts make estimates based on known legal and policy requirements and practice experience. In some studies, to find out how long it takes to do these things, staff members—who are knowledgeable about requirements and accepted ways of completing child welfare and children’s mental health tasks—are asked to determine how long the work for different parts of a case may take.
In recent workload studies, which have proven instrumental in increasing the number of full-time equivalent (FTE) workers for case management, focus groups have been convened for the purpose of constructing standards for work in a process sometimes known as “structured estimation.” In addition to background materials related to policy summaries about required activities, participants may receive a worksheet template for the tasks that address various types of service. The worksheet is a template of task-time estimates for a service based on three statistics: average time per case, per task, per instance; percent of cases for which that task is performed in a given month; and the number of times a task is performed per month. The sum of these task-products is considered to be the time devoted to a typical case in 1 month. This amount of time is then divided into the time available for case-related work. The results of these calculations provide the foundation for constructing standards for time spent per case receiving various services and for allocating resources based on that standard.

The study groups either affirm the measured time for tasks associated with different services or produce new estimates for any or all of the three statistics mentioned in the previous paragraph. The discussions and conclusions of these groups form the core of standards construction. Group members are repeatedly reminded during the study group sessions that the estimates are to be based upon legal, policy, and practice requirements of delivering services to a case and that they should focus on the average amount of time it would take to do each task. There can be a tendency to overestimate—it’s always the exceptions that are remembered, not the average.

In conducting workload studies, the measurement and analysis of time spent to serve children and families has most often occupied a central place. The construction of time standards has held a secondary, but significant, position in such studies. For example, let’s say that a time-study project is planned for a 10-month period. The first 6 months will be spent planning, developing the data collection method (measurement of actual time), training the participants in the data collection, performing actual data collection, and completing data review and cleaning. The remaining 4 months will be spent analyzing the measurable data, constructing the standards for workload and caseload, writing the reports, and making recommendations. Thus, the construction of standards will often be done over 2 months of a 10-month project, with a corresponding proportion of costs. This prioritization of resources should be an explicit decision during the earlier planning process.

When one compares this expenditure of time and resources to the multi-year process dedicated to standard-setting alone (see CWLA, 2003), it becomes apparent that setting standards over the course of a time study must entail refinement as well as adaptation to local requirements, local conditions, and local resources. In light of these local variations, applying a single national standard risks an allocation of resources that is inefficient and possibly nonresponsive to the needs of a given region. National organizations, such as CWLA and the Council on Accreditation, have clearly called for local modification of their national standards in their recommendations. Thus, one must build upon the existing body of suggested standards and adapt those standards to local conditions, within the context of the purpose and goals of the study.

Practice can be prescribed at various levels of standards. Construction of child welfare service workload standards based upon required practice activities differs from construction of standards based upon best practice or optimal activities. Evidence-based practice assertions seldom address a practical and practicable workload component. The addition of workload options to
Table 1: An Example of Measured and Constructed Standards

<table>
<thead>
<tr>
<th>Family dependency placement</th>
<th>Actual from time study</th>
<th>Constructed standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of clients in month</td>
<td>Mean number of occurrences per month</td>
</tr>
<tr>
<td>Contact with child</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Face-to-face contact with child in current residence</td>
<td>2,005</td>
<td>1.1</td>
</tr>
<tr>
<td>Face-to-face contact with child in office</td>
<td>643</td>
<td>1.4</td>
</tr>
<tr>
<td>Face-to-face contact with child other than in residence or office</td>
<td>687</td>
<td>1.2</td>
</tr>
<tr>
<td>All other contact with child</td>
<td>595</td>
<td>1.5</td>
</tr>
<tr>
<td>Supervised and monitored visitations</td>
<td>547</td>
<td>1.5</td>
</tr>
<tr>
<td>Attempted face-to-face contact with child</td>
<td>69</td>
<td>1.1</td>
</tr>
</tbody>
</table>

| Total | 0.48 | Total | 2.72 |
The study of effective practices would increase the practicality of recommendations based on optimal practice.

The process described in this section is illustrated in Table 1, an example of a standards construction worksheet for an out-of-home service. Table 1 begins with the measured statistics from a recent time study. The columns “Total Time” and “Recommended Time” are each the product of the mean number of occurrences per month, the percent of cases receiving each listed activity per month, and the mean duration of occurrence. The computations on the left side of the table are actual measured times and estimated instances and percents; the computations for the right side of the table are assessments of how many times a given activity should occur each month, how much time each activity should take, and for what percent of cases each activity should occur.

Desirability and value of cross-state comparison arise as states seek to understand their results in relation to what others have done. Many states reference CWLA standards because they have not conducted their own workload studies and standard-setting processes. These standards were initially developed from a study commissioned over 30 years ago (Peat, Marwick and Mitchell & Co., and CWLA, 1978), but have been updated using expert consensus of general-practice models.

Recent workload studies have arrived at a consistent range of measured times. The service lists used by Arizona, California, Montana, Arkansas, New York, Idaho, and Washington were pooled to create a common set of service codes by weighting category times according to the number of cases in each service time.

The pattern of service times within states (Table 2) illustrates differences in practice but points to overall similarity of workload. Specifically:

- A relationship between intake and investigation times is shown by the three states with lower intake times.
- The states with the lowest times for intake also have higher times for investigation.
- In-home services show the greatest variation between states. In-home services have less national-level funding. As a result, in-home services have the least federal guidance and the fewest policy requirements.

Table 2: Comparison by State of Child Protective Service and Child Welfare Service Standards of Hours Per Case, Per Month

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>n/a</td>
<td>1.00</td>
<td>n/a</td>
<td>2.30</td>
<td>3.30</td>
<td>1.40</td>
<td>1.60</td>
</tr>
<tr>
<td>Investigation</td>
<td>9.20</td>
<td>8.90</td>
<td>5.70</td>
<td>6.60</td>
<td>5.20</td>
<td>9.70</td>
<td>10.20</td>
</tr>
<tr>
<td>In-home</td>
<td>7.50</td>
<td>8.20</td>
<td>11.10</td>
<td>10.32</td>
<td>12.80</td>
<td>4.70</td>
<td>8.30</td>
</tr>
<tr>
<td>Out-of-home</td>
<td>9.50</td>
<td>7.50</td>
<td>11.10</td>
<td>12.60</td>
<td>15.80</td>
<td>13.10</td>
<td>10.10</td>
</tr>
<tr>
<td>Adoption</td>
<td>7.70</td>
<td>4.90</td>
<td>n/a</td>
<td>5.50</td>
<td>10.00</td>
<td>10.00</td>
<td>10.90</td>
</tr>
<tr>
<td>Licensure</td>
<td>4.00</td>
<td>n/a</td>
<td>n/a</td>
<td>3.80</td>
<td>n/a</td>
<td>5.60</td>
<td>6.20</td>
</tr>
</tbody>
</table>

• Out-of-home services, on the other hand, have large amounts of financial support from federal sources. Out-of-home services have greater federal guidance and more policy requirements, along with greater federal fiscal support. Out-of-home services also show greater consistency among states.

The results of such data-collection efforts produce a set of categories that define the work, a description of the work as it is currently occurring, and standards defining work times under required conditions. Translating workload into caseload is the next step in a workload study.

**Staff Allocation and Recommendations**

Once the data are summarized and analyzed, and once standard times for tasks and services have been constructed, allocation formulas are constructed. The report is then drafted with allocation recommendations.

For example, administrative records may show that a small regional office with 10 caseworkers, two supervisors, a director, and other supporting personnel has an average of 180 open cases per month, and that caseworkers carry from 16 to 20 open cases in any given month. A time study could reveal that once meetings, general administration, leave time, and other non-case-related time are subtracted, each caseworker has about 113 hours to spend on actual cases (translating to about 5 to 7 hours per case, per month). CWLA standards generally posit a caseload of about 12, which, assuming 113 hours for cases, translates into about 9 hours per case and 15 FTE caseworkers. The difference between the 10 caseworkers at the start and the number of FTEs needed to meet CWLA standards is 5. Thus, in this simplified example, a comparison of actual caseload and a caseload that meets CWLA standards would result in a recommendation that the regional office hire 5 new caseworkers, with adjustments to other personnel as well.

**Calculations**

Staff allocation recommendations are calculated in three stages. First, for each service, the average time spent per case is calculated twice, once to reflect actual time, and again to reflect desired time; second, the number of FTEs are calculated, both according to measured time and according to standards; third, for each service (or region, or position), the number of FTEs measured is subtracted from the FTE standard, yielding the staffing gap.

**Measured Time**

The average time spent per case is calculated by taking the average time spent per case on each task performed to render a given service, and adding these averages. Generally, time spent on a given task for a given case can be aggregated even if that task is performed more than once.

A true measurement, however, should capture the fact that not all tasks are performed for a client every month. For example, policy mandates monthly visits with children in most jurisdictions, while court appearances occur less frequently. Thus, in the actual calculation, each task average is multiplied by the percentage of cases in which that task is performed for that service. These resulting products are then added together to form an estimate of the average amount of time each case receives. This is done for each service as shown in the computational formula below (percentages are by way of example):

---

2 In general, since workload and time spent can vary greatly across services in a given jurisdiction, recommendations are made service by service.
[Time Per Case, Per Service] = 
[(Documentation x 100%) + (Client Contact x 98%) + (Court Appearance x 30%) + (Court Waiting Time x 30%) + (Contact With Collaterals x 45%)]

**Desired Time**

Desired time is the average time that should be spent on a given service over a case’s lifecycle. As stated elsewhere in this paper, desired time must be defined by the needs of the specific jurisdiction contracting for the study. Thus, if performance is felt to fall short of policy requirements, one can set standards around policy requirements, if such policy is found to fairly represent generally recognized sets of standards in existence. If performance is felt to conform to policy requirements, but outcomes continue to fall short of desired standards around safety and permanency, then the standards should be set around what is deemed necessary to perform the tasks adequately.

The calculations are made the same as in measured time, but an estimate of desired time (i.e., time according to standard) per task, per month stands in place of average time per task in 1 month per case, and percent of cases for which that task should occur stands in place of percent of cases for which that task actually occurs. The “prime” mark (’) indicates desired standard.

[Desired (Standard) Time Per Case Per Service] = [(Documentation’ x 100%) + (Client Contact’ x 100%) + (Court Appearance’ x 30%) + (Court Waiting Time’ x 30%) + (Contact With Collaterals’ x 50%)]

If the data collection process includes codes for region and position, time per case, per service can be calculated.

Other methodologies assume that all tasks are performed on 100% of cases per month. This results in a calculation that does not capture the differences in severity of cases. While all cases may require face-to-face contact every month (c = 100%), only some may require a face-to-face meeting with collaterals, or a court hearing. Thus, it is important to take this percentage into consideration.

The second stage calculates the recommended number of FTEs needed to provide services based on measured and standard time estimates. This information, in turn, can be used to formulate budget estimates that project the staffing costs associated with fulfilling staffing needs. The model presented next uses the following formula:

**FTEs Based on Measured Time**

[FTEs Based on Measured Time] = 
[(The Average Monthly Volume of Open Cases] x [Measured Time Per Case, Per Service]) / [Hours Per Month Available for Casework]

To explain what these quantities mean, additional statistics can be gathered:

- **Average monthly volume of cases by service.** This figure can be derived from administrative data showing monthly estimates of the number of cases averaged over a 1-year period.

- **Average time per case to provide service per month by staff type.** Since both measured time and constructed standards are incorporated into the allocation models, the calculation can be performed for both. Generally, the constructed standards are based on the necessary time spent by the primary type of staff providing the service.

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3 While measured time per task can be readily aggregated in data analysis software, it is useful to note that, theoretically, task time per case, per service can be calculated using average time per task event multiplied by the average frequency of occurrence of that task, per case, for a given service. Thus, for example, if, for the service of ongoing foster care, the average single documentation event takes 7 minutes, and a case is documented on average 4 times a month, then one may say that on average, a case “receives” 28 minutes of documentation per month. The frequency-of-occurrence statistic comes into play when calculating estimates of desired time, or time according to standards.
Average number of hours available for case-related work per person by staff type. This number is usually derived from the time study as the number of hours per month spent by each worker in providing direct services to cases, and is used in calculating both the measured and standard time per case. For example, of a total of 173 FTE hours per month, case-carrying social workers in one state had, on average, 119 hours available to provide direct services to cases. In this example, the difference between 173 and 119 is 54 hours—time spent on case support (e.g., meetings, trainings), as opposed to direct case-related time.

FTEs Based on Standard Time
Similarly, the number of FTEs needed for performance according to standards can be represented as follows:

\[
\text{[Number of FTEs Needed to Meet Standards]} = \frac{\text{[(The Average Monthly Volume of Open Cases] x [Desired (Standard) Time Per Case, Per Service])}}{\text{[Hours Per Month Available for Casework]}}
\]

As is most often the case, the desired number of FTEs, based on performance either as required by child welfare policy or suggested by best practice standards exceeds the FTEs calculated on the basis of measured time. Thus, the difference between constructed standard FTEs and measured time study FTEs is the gap, and for any given service, the difference in calculated actual and calculated mandated or optimal FTEs is the number of FTEs needed to fill that gap. Should the reverse be true, a program director or budget planner may be prompted to realize efficiencies in this area.

These differences lie at the core of staffing recommendations made in time studies. Given the information usually gathered in the time measurement components, calculations of the types of gaps mentioned in the previous paragraph can be disaggregated by region, position, case characteristics, and any other parameter deemed relevant to resource allocation in a given jurisdiction. Given that demands on staff time differ by region, a fully nuanced set of recommendations must take these into account. CWLA’s Standards of Excellence recommend that CWLA caseload guidelines serve as a general rule of thumb, and should be refined given local and regional characteristics and requirements (CWLA, 2006).

Ongoing Workload Management
To manage workload effectively, the monitoring of caseloads needs to occur on a regular and timely basis. Caseloads are changing all the time. Existing cases have new benchmark events or close while new cases are added. Such changes create a need for ongoing workload management, based upon regularly gathered information, and this information needs to be timely and in a form that can be used by supervisors and administrators. Other factors such as changes in practice design, changes in policy, external shocks such as a child death or other media events, and lawsuit settlements have significant effects on planned and actual workload levels as well.

Workload management of service delivery activities can occur by applying a procedure known as “weighting” to caseloads. A case weight is assigned to a given case type according to the constructed standard, and in a constructed standard, the time of the standard is the weight. In determining how many cases should be carried by a given worker, a caseload is the same as a workload if all the cases are of the same type and have the same characteristics. The time available for service delivery is divided by the time required by a case to yield the number of cases a caseworker can carry. (This calculation is described in more detail, with an example provided later in this section.) Workload is managed by monitoring and controlling the
number of cases of different categories and weights that a caseworker is assigned.

With current information system technology, this monitoring of caseload can almost happen on a real-time basis. At the same time, information is only as good as the information on which it is based. This implies that timely updating of case types and factors related to case weights is necessary for effective workload management information. Effects of unmanaged workload are abundantly described in the CFSR reports. The fact of the matter is that there appears to be more to do in child welfare than there is staff time to do it.

If workload is to be affected so as to significantly improve child outcomes, major service redesign is needed, and if a major service redesign takes place within an agency, a workload measurement system already in place will greatly assist in the determination of the new workloads and caseloads. Such a service redesign might entail types of cases to be accepted for service types, assessment requirements for cases, contact requirements for cases, or assignment of different parts of a case to different workers.

Each of these three areas has associated activities related to travel documentation and supervision. There are relatively small gains to be made by implementing travel and supervision efficiencies alone. Good practice in the areas of assessment and case management activity has lower bounds of time requirements, below which quality may be compromised. Automation increases the value of information activities, but seldom has been shown to decrease workload. In fact, automation often demands more thorough data recording of required information, which in turn requires more time than had been spent previously. Changing the casework practice decision criteria will likely change the amount of time needed to devote toward practices.

One way to effectively monitor ongoing caseloads and changes in caseloads is to incorporate supervisory workload management modules into the State Automated Child Welfare Information System (SACWIS) designs. This type of module will provide caseworker-level counts of types of cases and the weight that is assigned to each case. Workload can then be managed by first calculating—and then, if necessary, adjusting—the total weight of a caseload. This can be achieved by changing the number or types of cases, or by changing both number and types.

A small caseload can be used to illustrate monitoring and management variables. This small caseload has three types of cases. Cases within a case type of this example are all considered to have the same weight. The case

<table>
<thead>
<tr>
<th>Worker</th>
<th>Case type</th>
<th>Number of cases</th>
<th>Weight of case type</th>
<th>Total weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>0</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>8</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>4</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>4</td>
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<td>A</td>
<td>6</td>
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<td>38</td>
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</tr>
<tr>
<td></td>
<td>C</td>
<td>5</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Caseload Management Example
types A, B, and C, for example, have respective weights of 1, 2, and 4. Table 3 depicts this example. The workload goal is to have a total weight of 32 for a caseload.

Worker 1 reaches this goal by having 8 Type-C cases with a weight of 4 points each. Worker 2 has a weight of 24 from 4 cases of Type A at 1 point each, 2 cases of Type B at 2 points each, and 4 cases of Type C at 4 points each. Worker 2 has less than the expected workload of 32 weighted points. Worker 3 has a weight of 38 from 6 cases of Type A at 1 point each, 6 cases of Type B at 2 points each, and 5 cases of Type C at 4 points each. Worker 3 has more than the expected workload of 32 weighted points.

A supervisory workload plan would be to transfer some cases from Worker 3 to Worker 2. Another plan would be to refrain from assigning any new cases to Worker 3, and instead assigning new cases to Worker 2.

Worker characteristics and case characteristics may also affect how workload expectations are set and managed. More experienced or skilled workers may be able to handle more than the workload expectation. Cases that have little activity or are awaiting termination documentation may have adjusted weights as well. The number of exceptions to expectations and workload rule-setting are abundant in child protection and child welfare. Any management system needs to have supervisory flexibility built in to handle the demands of services to children and families. Building in that flexibility while maintaining the integrity of a supervisory workload management system is a difficult administrative task of workload management.

**Summary and Conclusions**

This paper has discussed the process and issues connected with workload time studies as they are currently conducted, with particular attention to the process and problems of setting standards. After placing the setting of standards for child welfare practice in the larger context of industry standards, the paper follows the chronology of a typical time study, surveying differences in methodology and stressing the importance of a customizable set of tools. The paper describes data collection, standard-setting and, finally, resource allocation. Specific areas of concern in many jurisdictions, such as court waiting time, travel, and documentation, are beyond the scope of this paper, but should receive some attention in the coming months.

In considering the issues researchers have handled in recent time studies, several are worth briefly mentioning. An efficiently conducted time study should be based on careful definition of purpose, formulation of central questions, and planning at the initial stages. A time study should respond to the needs and ecology of the specific contracting jurisdiction, and, if possible, to the regional and positional differences within it. A time study should set standards according to current policy and best practice, but should do so in a manner that will lead to feasible allocations of resources. Lastly, if a given jurisdiction were provided the means to conduct ongoing time studies, workload and caseload management could stay current with changing conditions and policies. These points are enumerated as follows:

1. The reporting of work measurement results requires specific questions optimally defined before the development of a task inventory. The development of these guiding questions follows directly from the definition of purpose of the study.

2. The measurement of current work patterns is most thoroughly and efficiently accomplished through a census of
workers and work, and most efficiently accomplished using detailed self-report methods, as opposed to desk shadowing or monitoring.

3. To allow for a child-and-family-centered approach to workload, it is necessary to record case identities for each work activity to obtain average times necessary/received per case. Average case times can be broken down by service, position, and region to obtain a rich and nuanced set of facts and recommendations responsive to each given work environment.

4. Variation among states on practice models and law preclude rigid or mandatory national standards. Ranges of service time expectations are reasonable. There are, however, consistencies between states on measured times for service delivery and the construction of standards.

5. Construction of standards for the time needed to accomplish required activities in required ways should be based upon policy and practice guidelines, and should reflect the specific demands and conditions of the region or environment. Practice experts should be involved in the construction and refinement of standards. Construction of standards may be most effective when required tasks are broken down into percentage of occurrence for cases, frequency of occurrence, and amount of time per occurrence. This approach allows experts to assess practical and manageable concepts.

6. Worker time available for service delivery is both a work measurement issue and a policy issue. Accurate assessment of average caseworker time available for service is necessary for staff allocation methods. Worker time available for cases is usually measured on the basis of actual time spent and taken as given. In instances where worker time available for cases proves to be significantly less than in the majority of workload studies, policymakers may want to turn their attention to the demands on workers, which are not related to specific issues.

7. Workload management requires timely decision support information and an evidentiary link between workload and outcomes. Workload needs an active management system to stay within expected, desired, or required parameters. It is hoped that, in the future, ongoing workload and caseload measurement and management will respond to differences in case characteristics; this hope underscores the need to regularize the practice of recording case characteristics.

Effective workload management will impact outcomes through many pathways. Adhering to workable caseload standards will ensure that sufficient time is devoted to tasks essential to providing services. Moreover, if effective management can contribute to a level of morale that supports a rate of retention higher than what we see at present, fewer resources will need to be spent on recruitment, training, and reducing caseloads for new workers.
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