ISSUE BRIEF

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Caseload and Workload Management

Large caseloads and excessive workloads in many jurisdictions can make it difficult for child welfare caseworkers (workers) to serve families effectively. Administrative requirements for each case are on the rise, and complex cases require intensive interventions, which further add to caseworker workloads. Manageable caseloads and workloads can make a real difference in a worker's ability to engage families, deliver quality services, stay with the agency, and ultimately achieve positive outcomes for children and families.

Reducing and managing caseloads and workloads are not simple tasks for child welfare administrators. Agencies face a number of challenges, including negotiating budget crises and hiring freezes, addressing worker turnover, finding qualified applicants for open positions, implementing time-intensive best practices, and managing multiple reforms simultaneously (Munson, McCarthy, & Dickinson, 2014). It can even be difficult to just determine what the caseload and workload levels currently are and what they should be.

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Nevertheless, agencies are addressing these challenges and successfully implementing a variety of strategies to make caseloads and workloads more manageable. This issue brief aims to build the knowledge base about caseload and workload issues and help State child welfare managers, administrators, and others learn how they can improve caseload and workload situations in their agencies.

Definitions

Caseload: The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).

Workload: The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to (1) do the work required for each assigned case and (2) complete other non-casework responsibilities.

Background

High caseloads and workloads can stem from a variety of circumstances. Increased caseloads can be attributed to rises in the incidence of maltreatment (e.g., as a result of escalations in substance use), increases in reporting (e.g., due to increased public awareness), changes to intake or case decision criteria (e.g., thresholds for opening cases for services), or the expansion of services (e.g., extended foster care for older youth).

Increases in the amount of work required for each case may also be caused by changes to laws and policies or other accountability requirements. For example, child maltreatment hotline staff in Pennsylvania experienced an unexpectedly high call volume in 2015 after State laws expanded the definition of who is a mandated reporter (Owens, 2015). The Department of Human Services planned to hire additional workers to handle the surge. Additionally, workers are increasingly expected to do more assessments, searches, notifications, visits, team meetings, plans, referrals, court testimonies, and documentation. Although the heightened expectations may be necessary to provide quality services, they can make for excessive workloads even when caseloads do not exceed agency standards.

Although specific results vary by agency, there are some common findings about caseload and workload in the child welfare literature (American Humane Association [AHA], 2000; Deloitte Consulting, 2015; Hornby Zeller Associates [HZA], 2006; HZA, 2009; ICF International & Walter R. McDonald & Associates, 2014; McKinsey & Company, 2008; Walter R. McDonald & Associates & AHA, 2006; Walter R. McDonald & Associates & AHA, 2007):

- **Available time.** Workers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contact or collateral contact (i.e., individuals, such as the referral source or professionals in the community, who can provide additional information). The remaining non-case-related time is spent on training, leave, and administrative tasks (e.g., supervisory or unit meetings not related to a case, task forces or committees, community outreach, and/or reviewing policies).
- **Variability in workload demands.** Workload varies by a number of case characteristics, such as where the child resides (e.g., in his/her home, relative home, foster home, or congregate care), the number of children involved, the phase of the case process (e.g., intake, assessment, investigation, permanency), court involvement, permanency goals, task types (e.g., face-to-face contact, service planning, team meetings, and/or documentation), and the complexity of the case. It also is affected by the worker's caseload. Workload also varies by agency characteristics such as location (i.e., urban, rural, remote), number of staff, and number of support staff. These data can help establish standards for caseload sizes or to weigh cases when calculating a worker's current caseload.

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Benefits of Reasonable Caseloads and Manageable Workloads

Caseload and workload management often appear as key ingredients in a State's comprehensive strategy to produce better outcomes for children and families. There are many benefits of reasonable caseloads and manageable workloads:

- **Engaging families and delivering quality services.** Essential child welfare processes—including family engagement, relationship building, assessment, permanency planning, and service coordination—are time intensive and require frequent worker-client contact. Manageable caseloads and workloads permit workers the time they need to invest in these activities to support families.
- **Achieving positive outcomes for children and families.** Workloads and caseloads have been linked to performance on Federal Child and Family Services Reviews (CFSRs) and achievement of safety and permanency outcomes (U.S. Department of Health and Human Services [HHS], 2006; U.S. General Accounting Office [GAO], 2003).
- **Managing organizational commitment and worker retention.** The child welfare literature is not conclusive about whether large caseloads negatively affect worker retention or turnover. Studies that factor in worker-reported caseload data tend not to find a direct association between high caseloads and increased turnover or intent to leave (e.g., Jacquet, Clark, Morazes, & Withers, 2008; Lee, Rehner, & Forster, 2010). In other studies asking caseworkers, supervisors, or administrators about why caseworkers leave their jobs, however, high caseloads are frequently cited (e.g., APHSA, 2005; GAO, 2003). In other words, caseworkers may anecdotally cite high caseloads as a reason for leaving, but the quantitative data tend to show that departing caseworkers did not have higher-than-average caseloads. It may be that the workers in the latter studies perceive their caseloads as being too high or causing additional stress, which contributes to poor organizational commitment and decisions to leave (e.g., Bowling, Alarcon, Bragg, & Hartman, 2015; Kim & Kao, 2014). Manageable workloads may help agencies retain workers who would otherwise opt to leave as a result of feeling overloaded.
- **Supporting worker attitudes and well-being.** Workers' perceptions of their workloads are related to work-family conflict, job satisfaction, mental well-being, strain, depression, distress, fatigue, physical symptoms, burnout, and absenteeism (Bowling et al., 2015). Efforts to ensure that workloads are manageable may prevent workers from experiencing myriad negative outcomes and may enhance job satisfaction. Workers also may feel overwhelmed due to secondary traumatic stress (STS), which can occur when a professional experiences stress or symptoms of trauma when working with traumatized children and families. This additional stress could exacerbate any stress they are feeling from high caseloads or workloads. For additional information about STS, visit Child Welfare Information Gateway at https://www.childwelfare.gov/topics/adoption/preplacement/caring-addressing/ or the National Child Traumatic Stress Network at http://www.nctsn.org/resources/topics/secondary-traumatic-stress.

Catalysts and Motivating Factors for Reducing Caseloads and Workloads

Some agencies specifically set out to reduce caseloads and workloads. Others have reforms imposed on them or achieve reductions as unintended effects of other initiatives. The following factors often provide an impetus for caseload and workload reduction efforts:

- **CFSRs.** Beginning with the first round of CFSRs in 2001, States' Program Improvement Plans (PIPs) have frequently noted the need for improvements in workloads or caseloads (HHS, 2012; Children's Defense Fund and Children's Rights, 2006). States continue to address workloads/caseloads and related issues (e.g., recruitment, retention, training, supervision, and systems reform) in their PIPs as a means to improve CFSR outcomes and to achieve compliance with Federal standards.

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- **Legislation.** Several State legislatures, such as Delaware, Florida, Indiana, and Texas, have mandated that State and local jurisdictions assess workload issues, meet identified standards, implement specific strategies such as hiring additional staff, and report on progress.
- **Litigation and consent decrees.** Class-action litigation across the country—frequently resulting from high-profile fatalities—has brought attention to child welfare system reform and generated workforce improvements (Farber & Munson, 2007). Provisions in settlement agreements and consent decrees often require jurisdictions to meet specific caseload standards.
- **Staffing needs.** Turnover and hiring freezes can result in vacancies, which result in unstaffed cases or unmanageable caseloads for existing workers. Turnover is also very costly. For example, the Texas Department of Family and Protective Services estimates that each caseworker who leaves costs the agency $54,000, due in part to recruiting and training new workers (Sunset Commission, 2014). In a nationwide survey, State administrators identified reducing caseloads, workloads, and supervisory ratios as the most important action for child welfare agencies to take to retain qualified frontline staff (APHSA, 2005).
- **Standards and accreditation.** When developing caseload management strategies, some agencies and localities take into consideration the caseload standards and guidance recommended by CWLA. (As of publication, CWLA has begun the process to develop updated standards.) Others strive to meet the Council on Accreditation (COA) standards in order to achieve accreditation. (For more information about the COA standards, visit http://coanet.org/standard/cps/14/.) Agencies have had varying success in achieving and maintaining these standards.
- **Systems reform.** Currently, some agencies are engaged in developing new practice models and implementing systemwide reform efforts, such as alternative/differential response, family engagement, and systems of care initiatives. Although caseload and workload reduction may not be a stated goal of these reform efforts, it is sometimes a necessary component or an unintended outcome. (For more information about practice models, visit https://www.childwelfare.gov/topics/management/reform/approaches/practicemodels/.)
- **Union negotiations.** Unions representing child welfare workers have played a role in requesting or negotiating improved caseload ratios, as well as bringing greater attention to the issue.

Assessing Caseloads and Workloads

The most comprehensive approach to assessing caseload and workload is a workload study. A workload study can help agencies compare how much time is available to complete casework with how much time is spent or should be spent completing it. The studies can be used by agencies in many ways, including developing caseload standards, assessing the number of workers or positions necessary to complete the required work, and instituting methods to regularly monitor caseload and workload. Agencies can assess data across the entire staff or by region, office, or unit. Additionally, agencies can use the results from the studies to justify requests for additional funding or staffing as well as to help develop legislation or other policies outlining caseload or other practice standards.

Agencies often engage expert assistance to conduct workload studies, which may provide the necessary credibility and objectivity to secure approval and resources for implementing needed improvements. For agencies that do not have the resources to contract with an expert, it may be possible to leverage university partnerships to conduct research and evaluation of caseload, workload, or workforce issues. Two States that have recently completed workload studies are Colorado (see http://www.leg.state.co.us/OSA/coauditor1.nsf/All/E5214710B77C878487257D320050F29A/$FILE/1354S%20-%20Colorado%20Childrens'%20Welfare%20Workload%20Study%20Report%20August%202014.pdf) and Alaska (see http://dhss.alaska.gov/ocs/Documents/Publications/pdf/HZA-workload-study-2012.pdf).

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Minnesota Local Workload Analytic Tool

The following resources were developed as part of a workload study for the Child Safety and Permanency Division of the Minnesota Department of Human Services. The tool calculates resource needs and workloads at the county level by unit (or staff person for small counties) from intake through case closure. It can assist administrators, supervisors, and other staff in assessing staffing needs and determining the effect of staffing on achieving outcomes and practice standards. Although the resources were developed for Minnesota counties, they can inform the development of similar tools or be modified for use at other agencies.

- **Administrator's Reference Guide and System Documentation:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Local_Workload_Analytic_Tool_-_Administrators_Reference.pdf
- **User's Reference Guide:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Local_Workload_Analytic_Tool_-_Users_Reference.pdf
- **Workload Study Analytic Tool:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Workload_Study_Analytic_Tool.xls
- **Workload Study Measures:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Workload_Study_Measures.xls

For agencies that are not positioned to undertake a comprehensive study, the results and recommendations from other agencies may have some value. Additionally, agencies can use existing quality assurance or information system data to assess potential indicators of insufficient workforce capacity, including whether caseworkers use overtime or unpaid time to complete their work. Examples of indicators include backlogs of overdue open investigations; past-due medical exams, case plans, court hearings, or worker-client contacts; turnover rates; and the percent of workers in training (Wagner, Johnson, & Healy, 2008).

Agencies should monitor caseloads and workloads on an ongoing basis and institute assessments into their ongoing data analysis efforts. Monitoring indicators of timeliness and staffing over time and by region can reveal trends in workload management needs. To facilitate ongoing assessments, agencies can build reports or processes into their existing child welfare information systems that allow supervisors or other staff to view the workload burden of each caseworker.

Strategies for Caseload and Workload Management

Strategies to manage caseloads and workloads include targeted efforts as well as broader initiatives in four categories: enhancing work processes and supports; implementing program, practice, or system changes; staffing; and improving worker effectiveness.

Funding for Strategies

The strategies outlined in this section require varying levels of funding depending on each agency's current infrastructure and needs. Agencies may need to request additional funding to develop and fully implement the strategies they require. For resources about funding for child welfare agencies, visit Information Gateway at https://www.childwelfare.gov/topics/management/funding/.

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Enhancing Work Processes and Supports

Agencies can improve worker efficiency by streamlining job requirements, providing supports, and allowing workers flexibility to meet work demands. The following are specific strategies for these types of approaches.

Consolidated requirements and processes. With new legislation, regulations, and technology regularly appearing within child welfare, changes in expectations for workers are frequent. Agencies can use systematic and comprehensive approaches, such as process mapping, to analyze and improve workflow efficiency within jobs, units, programs, or an entire agency. To promote efficient work, agencies can implement the following strategies:

- Review existing policies and procedures to ensure they are relevant to current practice needs
- Streamline duplicative or inefficient expectations, processes, or forms
- Retire outdated requirements or processes that no longer add value

Tools and technology. Due to rapid advancements in technology, mobile devices such as laptops, notebooks, tablets, and smartphones have become commonplace. They can allow workers to readily access information that supports decision-making; document casework more efficiently; communicate with supervisors, providers, and families; and make more efficient use of waiting time. Large-scale technological support is being provided by analytic tools, such as SafeMeasures (http://www.nccdglobal.org/analytics/safemeasures) and the Results-Oriented Management Reporting System (https://rom.socwel.ku.edu/ROMTraining/ReportSystem.asp), which provide staff with real-time reports and performance metrics that can help prioritize and proactively manage their work. (See the State examples section for more information about the use of SafeMeasures.) Some States are modernizing their child welfare information systems to allow mobile access, enhance interfaces, eliminate redundant data entry, and enable ad hoc reporting capabilities. These systems also may be useful when assessing an agency's capability to conduct caseload and workload assessments.

For agencies interested in transitioning away from in-house information systems, the Administration for Children and Families now allows State and Tribal agencies to purchase commercial-off-the-shelf (COTS) solutions, including those that are cloud-based, through a waiver of limitations on the use of Federal funding for proprietary human service software. (See ACF-OA-PI-13-01 at https://www.acf.hhs.gov/sites/default/files/assets/acf_oa_13_01.pdf for more information.) As one of the first recipients of the waiver, Indiana purchased and implemented Casebook (http://casecommons.org/casebook/), a web-based case management system that has helped workers in a variety of ways, such as making data-driven decisions and better understanding families' interactions with the child welfare system (Markowitz, 2015).

Alternative work arrangements. Agencies are implementing a variety of work arrangements to reduce turnover and improve work-life balance. Several agencies (e.g., Alaska, New Hampshire, and Washington, DC) have had success with telecommuting, flexible schedules, and compressed work weeks. To view examples of alternative work schedules, refer to the State examples section.

Implementing Program, Practice, and System Changes

Some agencies are using broader approaches to improve caseload and workload, such as the use of evidenced-based practices, a larger focus on prevention and permanency, continuous quality improvement, changes to organizational culture and climate, and other reforms.

Evidence-based practice. By implementing practices that are supported by scientific evidence, agencies can help workers invest their time more effectively. Although solid empirical evidence in child welfare is still developing, there are some casework practice models that have greater research support. The California Evidence-Based Clearinghouse for Child Welfare (http://www.cebc4cw.org/) is a useful online resource for exploring evidence-based programs in child welfare. Agencies also can equip workers to refer families to evidence-based services in the community for mental

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health services, substance abuse treatment, and other supports. This may help families better achieve child welfare outcomes in a timely manner. The Substance Abuse and Mental Health Services Administration within HHS maintains the National Registry of Evidence-Based Programs and Practices (http://www.nrepp.samhsa.gov/), which provides information about empirically supported mental health and substance use interventions.

Prevention and early intervention. Agencies seek to reduce the number of cases entering the child welfare system through in-home and other prevention services, as well as differential/alternative response initiatives. By decreasing the number of incoming cases, workers can spend more time on existing and complex cases. For more information about preventing child maltreatment, visit Information Gateway at https://www.childwelfare.gov/topics/preventing/.

Permanency initiatives. Some States and jurisdictions focus on the back end of the system, employing initiatives related to family preservation, reunification, kinship care, adoption, and other avenues to permanency as a means to reduce caseloads. By finding more permanent homes for children in the child welfare system, agencies can reduce the number of children on workers' caseloads. For more information about achieving permanency for children and youth, visit Information Gateway at https://www.childwelfare.gov/topics/permanency/.

Continuous quality improvement (CQI). Agencies use a variety of mechanisms, including CQI, to monitor and promote effective practice. When implementing CQI processes, staff conduct a variety of case reviews; track and report on performance measures; and help implement statewide, regional, or local improvement plans. In some agencies, supervisors and workers receive individualized feedback on reviewed cases, including strengths, barriers to permanency or closure, and recommended actions. These types of reviews can assist caseworkers in serving clients more efficiently, which may help reduce caseload and workload. In 2012, the Children's Bureau released an Information Memorandum (http://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf) that outlines how agencies can establish and maintain CQI systems and how they may be able to use Federal funds to support these efforts. For additional information about CQI, refer to Information Gateway at https://www.childwelfare.gov/topics/management/practice-improvement/quality/approaches/.

Organizational culture and climate. Growing evidence suggests that an agency's effectiveness depends on the organization's culture and climate as well as the programs and procedures it implements. Agencies with a more positive climate have higher job satisfaction and organizational commitment among workers, less turnover, better service quality, and more positive outcomes for children (Glisson, 2010; Glisson, Dukes, & Green, 2006; Glisson & Green, 2011; Glisson, Green, & Williams, 2012; Glisson & Hemmelgarn, 1998; Glisson & James, 2002). Moreover, intervention strategies can be used to improve organizational climate and reduce turnover (Claiborne et al., 2014; Glisson et al., 2006).

Staffing

Manageable caseloads and workloads are dependent in large part of the number of qualified staff available to handle cases. Below are a few caseload and workload strategies related to staffing. Additional information and examples of many of these approaches are available in the State examples section of this bulletin.

Reallocation of positions. To manage workloads and caseloads with existing staff, agencies can reallocate staff positions to different regions, offices, or units. Child welfare agencies also may be able to obtain new positions from other non-child welfare jobs in the department that are no longer needed. These decisions should be based on what are likely to be enduring staffing needs rather than temporary shifts.

Additional positions. Many agencies are able to secure additional positions after pivotal events such as a critical incident, litigation or a consent decree, or a workload study. Some agencies take advantage of smaller-scale additions by hiring and training staff in advance of vacancies, so replacements are prepared to immediately fill positions. These staff typically do

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not carry cases, but they are paid a salary and may help with other tasks. Although adding staff may be the most obvious approach to reducing caseloads and workloads, it often is constrained by available funding and the lack of qualified applicants for open positions.

Recruitment of new staff. Vacancies pose significant challenges for caseload management. The first step in filling positions is to implement a recruiting plan that targets the optimal candidates. Common strategies include online job boards, the agency's website, social media, posters, fliers, recruitment brochures, public service announcements, employee referral incentives, job fairs, public speaking events, university partnerships, internships, and realistic job previews (National Child Welfare Workforce Institute, 2010). Some agencies aim to attract applicants by offering hiring bonuses, tuition reimbursement, educational stipends, career ladders, or loan forgiveness (Gomez, Travis, Ayers-Lopez, & Schwab, 2010).

Selection of new staff. Once an agency has attracted a pool of applicants, a competency-based selection process will help identify the most qualified candidates (Bernotavicz & Locke, 2000; Graef, Paul, & Myers, 2009). Common steps include an application, screening for minimum qualifications and goodness of fit, a structured interview, and reference and background checks. Additional competencies can be assessed through training and experience forms; writing assessments; personality measures; and situational judgment, cognitive ability, and critical thinking tests (Graef & Potter, 2002; Graef et al., 2009). To ensure that the hiring process is not a barrier to staffing, it is important to create streamlined and efficient procedures. Online applicant tracking systems or talent management software may expedite the application process for candidates and hasten the internal exchange of information between human resources staff and hiring teams. Creating pools of prescreened or prequalified candidates can accelerate the hiring process by requiring fewer steps when vacancies arise.

For additional information about recruiting and selecting child welfare staff, visit Information Gateway's Recruitment and Hiring webpage at https://www.childwelfare.gov/topics/management/workforce/recruit-hire/ or its compilation of realistic job previews at https://www.childwelfare.gov/learningcenter/video-series/rjp/.

Specialized and support staff. Some agencies develop specialized staff units or positions to allocate workloads more efficiently; others assign support staff to help lessen caseworker paperwork and administrative tasks.

Teaming. To reduce individual workload and strengthen decision-making and service delivery, some agencies use a teaming model to manage more challenging cases (New York State Office of Children and Family Services, n.d.). When teaming is instituted, more than one worker is assigned to a case, and group supervision and teamwork are used to make decisions and develop strategies. (For more information about teaming, visit http://ocfs.ny.gov/main/cfsr/Teaming%20in%20CW%20A%20Guidebook%20Complete.pdf.)

Retention of existing staff. To reduce turnover, which can be both a consequence and a cause of high workloads, agencies are introducing employee recognition and reward programs, providing mentoring and coaching initiatives, enhancing supervision and support, enabling job sharing and flex time, and offering opportunities for professional development and advanced education. Many agencies also are conducting exit interviews to determine why staff leave and are using findings to inform new retention initiatives. Design teams, which bring together staff from throughout the agency to address workforce issues, offer another method for retaining staff. (For more information about design teams, refer to the *Design Team Manual* at https://ncwwi.org/files/Org_Environment/Design-Team-Manual.pdf. For additional information about staff retention, visit Information Gateway at https://www.childwelfare.gov/topics/management/workforce/retention/.)

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Improving Worker Effectiveness

Agencies also address workload management through practices, such as training and supervision, which aim to improve the efficiency and effectiveness of workers.

Training and ongoing support. Training and ongoing support regarding time management strategies and other ways to streamline work processes can help workers better manage their workload. Training can also be used to improve workers' performance and their ability to help families achieve safety and permanency. This may help workers close cases more quickly and successfully and prevent reentry, which could have a positive impact on caseloads or workload, particularly in the long run. (To view a tip sheet from the Ohio Child Welfare Training Program about caseworker readiness and workload management, visit http://ncwwi.org/files/Job_Analysis__Position_Requirements/Workload_Management.pdf.)

When caseloads and workloads are high, however, it can be challenging for workers to take time to attend training. In addition, new practices may be time consuming to learn and implement, especially in the early stages of skill development. Even when competence is gained, doing tasks the right way (i.e., following agency requirements and best practice) tends to take longer than the way workers previously spent on tasks (HZA, 2006). For new workers, attempts to follow training advice can be obstructed by time constraints as well as an office culture that does not support the training guidelines or transfer of learning (i.e., applying the concepts from the training to the job).

When appropriate, training can be delivered more efficiently through interactive webinars, on-demand tutorials, job aids, or on-the job training via mentors, coaches, supervisors, or field training specialists. These methods can minimize workers' time away from direct field work and allow them to get the training they need at the time the need it.

Before providing training, agencies should ensure that performance issues are due to the absence of knowledge or skills (Mager & Pipe, 1997). Workers often know exactly what is needed to do their jobs correctly, but in the face of competing pressures, they are forced to make compromises. For example, a worker may know that using a newly instituted assessment is best practice but does not have the time to administer the assessment to each family assigned to her caseload.

Supervision. Many supervisors are directly responsible for making case assignment decisions. Thus, it is essential that supervisors have a system for assigning cases in a fair and equitable manner. The process should take into account the anticipated workload of a case, the worker's experience and capabilities, and the worker's current caseload. Although there may be pressure to do so, supervisors should resist the urge to give high-performing workers higher caseloads or more complex cases. This approach can backfire by unfairly overloading the best workers, prompting them to leave.

Supervisors can enhance workload management by providing clear direction about goals, priorities, and next steps in a case and by teaching time-management strategies. Supervisors should schedule regular, uninterrupted case conference time with staff to proactively manage work and decrease crises and stress (Hanna, 2009). For needs that cannot wait for structured consultation, workers benefit when supervisors respond in a timely manner to requests for signatures, approvals, or other additional support.

Supervisors also play an essential role in building worker knowledge and skills. When workers struggle to meet expectations, constructive feedback and monitoring are necessary (Paul, Graef, Robinson, & Saathoff, 2009). Supervisors are also responsible for approving the use of overtime and for ensuring that workers are not compensating for excessive workloads by working off the clock to keep up with their cases. When working with agency administrators, supervisors can advocate on behalf of workers to influence systems and procedures that facilitate or impede workload management.

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Supervisor support is positively associated with workers' satisfaction with their workload management (Juby & Scannpieco, 2007), intentions to stay on the job (Kim & Kao, 2014) and retention (Faller, Graberek, & Ortega, 2010; Jacquet et al., 2008; Yankeelov, Barbee, Sullivan, & Antle, 2009). Agencies can promote effective supervision by using a competency-based selection process for hiring supervisors, reducing staff-supervisor ratios, and building supervisor skills through supervisory training and leadership development initiatives.

For more information about supervision, refer to Information Gateway's *Supervising for Quality Child Welfare Practice* at https://www.childwelfare.gov/pubs/factsheets/effective-supervision/ or its Management & Supervision section webpage at https://www.childwelfare.gov/topics/management/.

State Examples of Caseload and Workload Strategies

State and local agencies throughout the country are using the aforementioned strategies to reduce caseloads and manage workloads. The following examples highlight certain aspects of a State's caseload and workload strategy, but they may provide only a point-in-time snapshot rather than a complete picture of that State's multifaceted initiative. The examples are presented for informational purposes only; inclusion does not indicate an endorsement by HHS, the Children's Bureau, or Information Gateway.

- New Hampshire: Telework units
- Alaska: Position reallocation and alternative work arrangements
- New Jersey: Hiring processes, impact teams, and SafeMeasures
- Delaware: Structured decision-making (SDM), online reporting, and supplemental positions

New Hampshire: Telework Units

Faced with a need to merge district offices due to budgetary constraints, the New Hampshire Division for Children, Youth, and Families (DCYF) decided to implement a telework mobile unit in their Southern District Office in 2010. Based on telework experiences in another division of the Department of Health and Human Services and agencies in other States, DCYF established telework personnel guidelines, conducted a caseload analysis to plan for staffing and service areas, convened a workgroup to establish plans for daily functions, and identified technology needed to support the project. Before launching the unit, an explanatory announcement letter was sent to families; community providers; and other stakeholders, such as law enforcement, schools, courts, and the medical community. In addition, a public informational meeting was held to address questions and concerns.

The resulting unit is composed of 10 staff: 9 who work remotely (a supervisor, 7 workers, and a staff attorney) and an administrative assistant who supports the unit from the local office. Together they represent approximately 19 percent of the staff in the district office, with the remainder working according to traditional office arrangements.

To be selected to work in the unit, applicants must meet advanced experience requirements (i.e., the positions are not entry level). Workers must have at least 1 year of experience as a social worker or case manager, and supervisors must have at least 5 years of experience in a related field and 3 years of supervisory experience. Both must pass a competency-based structured hiring interview that addresses unique telework challenges related to, for example, communication, accountability, and organization.

Using funding from a Child Abuse Prevention and Treatment Act discretionary grant, DCYF purchased equipment to allow staff to successfully telework, such as a laptop, smartphone, printer/scanner/fax, video camera, and locking file cabinet. Each employee must have a dedicated home-office space that is approved by the supervisor. Staff use a virtual private network to securely access everything they need (e.g., email, calendars, child welfare information system) from home or in the field.

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Workers are expected to check in with their supervisors via phone, text, or email at the beginning and end of each work day. Depending on their schedules, additional check-ins may be expected (e.g., at the conclusion of a home visit). The workers must share their electronic calendars and keep them current. Weekly supervisory meetings may occur in workers' homes, the supervisor's home, or in the community, as long as confidentiality can be maintained. Biweekly staff meetings are held in the community (e.g., a hospital) or the district office to ensure thorough communication and maintain a sense of community.

Results: Positive results for employees include a better balance of field time and paperwork, fewer distractions, increased communication with the supervisor, an increased sense of team membership, less travel in some cases, greater job satisfaction, increased efficiency, and lower turnover. Because laptops allow staff to complete work from anywhere, the unit has fewer overdue protective assessments. Staff are able to have greater presence in the community and be more responsive to families. The success led to the creation of a second telework unit elsewhere in the State. Nonetheless, telework has challenges that need to be managed, including feelings of isolation and disconnectedness from the district office, technology and connectivity issues in remote areas, and steep costs for smartphone data plans. Because telework requires additional self-discipline, organization, and time management skills, workers occasionally require extra oversight and accountability to ensure efficiency and accountability.

For more information, contact Robert Boisvert, DCYF, at 603.271.4717 or rboisvert@dhhs.state.nh.us.

Alaska: Position Reallocation and Alternative Work Arrangements

A 2006 workload study of frontline caseworkers in the Alaska Department of Health and Social Services, Office of Children's Services (OCS) found that workers had greater workload than they could appropriately handle, more positions were needed, vacancies needed to be filled, and position distribution should be monitored and adjusted if necessary (HZA, 2006). As a result, OCS requested and received additional funds over a period of several fiscal years to increase the number of frontline and supervisory positions accordingly (HZA, 2012). OCS now regularly assesses statewide staffing needs and reallocates positions as needed on nearly an annual basis.

To address recruitment and retention, OCS has experimented with alternative work schedules. In addition to a standard 5-day workweek, compressed schedules include a 4-day week; a 4-day week alternating with a 5-day week; 1-week on/1-week off; and 2-weeks on/2-weeks off. In the 1-week on/1-week off schedule, which is currently limited to one remote office, staff work 2 weeks' worth of hours in a single week. They share case coverage to ensure that someone is always available to provide case management services, and because their permanent residence is elsewhere, they temporarily live in the village while they work and return home for a week in between. Finally, the 2-weeks on/2-weeks off schedule is used by a travel team that is deployed to over 25 field offices to provide case coverage as needed due to vacancies.

Results: The regular assessment of staffing needs has led to smaller adjustments than might otherwise be needed if it were done less frequently or not at all. Using this approach, statewide position allocation stays fairly well balanced across time.

The 1-week on/1-week off schedule has resulted in greater staffing stability. The office previously experienced frequent turnover. Seasoned staff now occupy the positions and have stayed for 18 months after the approach was implemented. The success has OCS exploring the possibility of implementing this strategy elsewhere in the State. The travel team is considered a remarkable support to the field.

For more information, contact Travis Erickson, OCS, at 907.269.3903 or travis.erickson@alaska.gov.

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New Jersey: Hiring Processes, Impact Teams, and SafeMeasures

The New Jersey Department of Children and Families (DCF) takes a proactive approach to hiring by establishing a pool of prescreened, prequalified candidates to fill vacancies for entry-level case manager positions. Because DCF receives more than 9,000 resumes for the case manager positions each year, candidates are prioritized based on their education and experience in order to select those most likely to succeed in public child welfare. Two to three times per month, a group of 25 to 35 candidates participates in a large-scale selection process called Job Fest, which consists of an overview of the agency, the job, and the hiring process; a realistic job preview video; a panel interview; a writing sample; and application paperwork. Candidates that successfully complete the Job Fest and background check processes are added to a hiring matrix distributed weekly to local offices throughout the State. Several hundred candidates are on the matrix at any given time, and each stays on for 18 months. For employees who left the agency in good standing and want to be considered for employment again, a rehire list is also maintained. Managers and supervisors use the hiring matrix and the rehire list to select candidates to fill positions as vacancies occur.

DCF also has impact teams, which consist of a supervisor and three workers that can be assigned to a unit or an office throughout the State wherever intakes are unusually high. Each of the nine area offices have an impact team to assist in maintaining caseload standards by taking any overflow of investigations.

Since 2006, DCF has used SafeMeasures to enhance caseload and workload management. SafeMeasures is a web-based reporting service that pulls data nightly from the New Jersey Statewide Protective Investigation, Reporting and Information Tool (NJ SPIRIT) and provides administrators, supervisors, workers, CQI staff, and Central Office staff with detailed reports and other performance indicators. More than 80 reports are available to allow quick and easy access to important information, such as current caseload and workload levels, completion of key case activities, family contacts, and compliance with other Federal requirements. Users can view the data at the statewide level or filter down to any level of the agency, from an area office to an individual caseload. Managers use SafeMeasures to track progress against caseload standards, direct new staff and supports to identified areas of need, and distribute cases appropriately across staff. Managers and workers can more efficiently manage workloads by viewing overdue and upcoming tasks, such as contacts, hearings, or case plans. SafeMeasures is available through the National Council on Crime & Delinquency (NCCD).

Results: Job Fest is considered a robust and successful program that allows the agency to fill caseload-carrying positions as soon as vacancies arise. Being able to quickly fill positions is an important step in trying to achieve and maintain caseload standards. The impact teams are a successful strategy to balance intake operations and help local offices maintain caseload size. They have the flexibility to move quickly to an office and respond to new referrals and assume caseloads from staff who have taken emergency leave, thus ensuring there is no break in service for the children and families. Impact team members develop a strong knowledge base as they respond to a much larger geographical area, whereas staff from a local office work within a prescribed catchment area. The use of SafeMeasures allows the agency to use timely data to monitor and proactively manage caseloads and workload.

For more information, contact Betsy Sunder, DCF, at 609.888.7000 or betsy.sunder@dcf.state.nj.us.

Delaware: SDM, Online Reporting, and Supplemental Positions

For a variety of reasons, including new legislation related to mandatory reporting, the Delaware Division of Family Services (DFS) experienced a 50 percent increase in the volume of calls to its child abuse and neglect report hotline over approximately a 4-year period. In addition, it had an above-average percentage of cases accepted for investigation and a large number of unsubstantiated

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cases. Immense resources were directed to families that might not require agency intervention, and those limited resources needed to be used more effectively. With the help of the Annie E. Casey Foundation and the NCCD's Children's Research Center, DFS implemented SDM at the hotline. SDM is an evidence- and research-based system that includes structured assessments to improve the consistency and validity of case management decisions (NCCD, 2015). The intake assessment helps workers use a systematic decision process to determine whether a report requires an investigation and, if so, how soon a response should be initiated. Staff, supervisors, and administrators received training prior to implementation, and fidelity case reviews were conducted to address strengths and areas for improvement.

As an additional support to hotline workers, DFS also has an online reporting system tool for reports that do not warrant an immediate screening and response. Reporters must answer four questions before being allowed to report online to determine if an immediate response is required. (To view the questions, visit http://kids.delaware.gov/fs/fs_can_report.shtml.) The intent of the system was to reduce frustration of professional reporters waiting in queue due to the increased high call volume (Delaware Department of Services for Children, Youth, and Their Families [DSCYF], 2014).

To better meet legislatively mandated caseload standards, DFS employs overhire workers and casual seasonal workers. Overhires are full-time, permanent positions that result from assigning two people to one budget position slot, which the agency is permitted to do for up to 15 positions. Casual seasonal workers are part-time, temporary positions. Both overhires and casual seasonal staff must complete all new worker training before receiving cases beyond their training cases.

Overhire positions were created to have a pool of trained caseworkers ready to quickly move into vacant positions. To ensure their availability, overhires can only have a maximum of five cases once they have completed training. If no vacancies are imminent, they can still provide workload relief by assisting with certain tasks, such as making home visits, supervising family visits, and providing transportation. An employee can be in an overhire status for as little as a few weeks or sometimes up to 1 year. Casual seasonal workers provide additional support by managing cases in areas with high caseloads or covering for employees on extended medical leave. Many of the casual seasonal workers serve in that role for an average of 5 to 7 months and then move into overhire positions.

Results: Although the number of child abuse or neglect reports has continued to increase, the number of screened-in investigations has decreased as a result of implementing SDM at the hotline (Delaware DSCYF, 2014). Moreover, the percent of screened-out reports with a subsequent screened-in report within 1 year has also gone down. Although some revisions to the process have been made since the initial implementation, DFS has achieved greater consistency in the screening of reports. The positive experience led DFS to adopt the full array of SDM assessments, which span the case process from intake to permanency.

The use of an online reporting process has helped to partially offset the increased workload resulting from a continued rise in call volume.

The use of overhires and casual seasonal workers has been an indispensable means of filling vacancies quickly, managing extra work, and stabilizing caseloads. Overhires are available to step into a position immediately when a worker resigns, thereby preventing the domino effect of turnover on caseloads. Casual seasonal workers provide the temporary assistance needed to successfully manage workload fluctuations and limit the burden on permanent workers when coworkers take extended leave.

For more information, contact Shirley Roberts, DFS, at 302.633.2601 or Shirley.Roberts@state.de.us.

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Conclusion

There is no one-size-fits-all approach to reducing and managing caseloads and workloads. However, there is a wide range of promising practices that administrators can choose from and tailor to meet the needs of their staff and agency. Additional funding or staffing can greatly assist agencies achieve improvements in caseloads and workloads, but many strategies can be implemented even without additional funding. Striving to ensure staff have manageable caseloads and workloads will help them better support families in achieving positive outcomes.

Additional Resources

Child Welfare Capacity Building Collaborative: Helps public child welfare agencies, Tribes, and courts enhance and mobilize the human and organizational assets necessary to meet Federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children, youth, and families (https://capacity.childwelfare.gov/)

Child Welfare Information Gateway: Presents research, tools, and other resources that describe a range of topics for enhancing the child welfare workforce, including organizational culture, management, supervision, recruitment and hiring, and retention (https://www.childwelfare.gov/)

- **Child Welfare Staff Recruitment and Retention Training Discretionary Grant Cluster:** Provides information about eight Children's Bureau grants that developed and implemented comprehensive training curricula and models for recruiting and retaining a competent workforce in public child welfare agencies (https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/randrt/)
- **Workforce:** Describes workforce issues in child welfare, including State and local examples, such as organizational culture, managing the workforce, supervision, recruitment and hiring, and workforce retention (https://www.childwelfare.gov/topics/management/workforce/)

National Child Welfare Workforce Institute: Seeks to increase child welfare practice effectiveness through partnerships that focus on workforce systems development, organizational interventions, and change leadership (http://www.ncwwi.org)

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