

# Research Summary: Caseload Standards & Weighting Methodologies

Prepared by:  
Joanne Chen, MA, CPC  
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## EXECUTIVE SUMMARY

Despite recommended caseload standards set by organizations such as the Child Welfare League of America (CWLA) and the Council on Accreditation (COA), many case workers across the country are still feeling overtaxed under the weight of their caseloads while feeling pressured to provide high quality service to children and their families.

The objective of this report is to provide background information on the effects of caseloads on workers, considerations for developing caseload standards/measurements, workload assessment methodologies and tools, and child welfare workload studies conducted in North America so that child welfare directors can make informed decisions about caseload standards, and workload study design and implementation within their own jurisdictions.

To accomplish this objective, the preparer of this summary scoured the Internet for relevant websites, research papers, government reports, executive summaries, and briefs on caseload's impact on workers, caseload standards, and workload assessment and case-weighting methods. The dates of these publications ranged from 1990 to 2018; all, except for three, were published in the 2000's.

Background research has revealed that:

- According to the Children's Bureau, "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)."<sup>1</sup>
- Unmanageable workloads and caseloads impact worker well-being, job satisfaction, job burnout, and turnover rate.
- The 2030 Study<sup>23</sup> "proposed that a minimum caseload for California Child Welfare Services should range from 13 to 24 cases per worker. This aligns with other national standards. CWLA suggests a caseload ratio of 12 to 15 children per caseworker and the Council on Accreditation (COA) recommends that caseloads not exceed 18 children per caseworker. However, in its May 2001 report, the American Public Human Services Association (APHSA) reported that caseloads for individual child welfare workers ranged from 10 to 110 children, with workers handling an average of about 24 to 31 children each."
- Researchers are moving away from measuring worker activity and forecasting staffing needs by caseload numbers (caseload concept) and moving toward caseload/workload assessment methods that take into account: case type, case complexity, units of work per case (workload/time study), and staff experience and performance.
- A number of workload studies mentioned in this summary were conducted using multiple methods (e.g., survey distribution and discussion in focus groups, time study logs, analysis

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<sup>1</sup> [https://www.childwelfare.gov/pubPDFs/case\\_work\\_management.pdf](https://www.childwelfare.gov/pubPDFs/case_work_management.pdf)

<sup>2</sup> [http://www.fiscalexperts.com/pdf\\_files/SB2030Study.pdf](http://www.fiscalexperts.com/pdf_files/SB2030Study.pdf)

<sup>3</sup> <https://www.cdss.ca.gov/cfsweb/res/pdf/appendicesreport.pdf>

of job descriptions) to determine maximum caseload levels, caseload-weighting formulas, and staffing needs.

- Recommendations by researchers on system/caseload changes post-study were not always followed.

Here are some recommendations based on this background research:

1. Conducting a workload analysis/study is only one of several components of a workload management process. To ensure equity of workload for case workers, legislative changes, trends in poverty, changes in social work practice, partnership efficiencies, and other factors should also be examined and considered.
2. Workload analysis/study should not be a one-time event but should be performed as needed on an on-going basis to address trends in number of referral cases, changing case demands, political climate, and other external factors.
3. Using only average caseload number or maximum caseload size is not sufficient when establishing standards.
4. What's considered a manageable/unmanageable caseload/workload may change from month-to-month depending on several factors, such as case complexity. Thus, one standard would not fit all jurisdictions at all times (one size does not fit all).
5. Workload studies are time and energy-consuming endeavors. Stakeholder buy-in and involvement in study design should be sought to ensure implementation of any resultant recommendations from researchers.
6. The hiring of administrative support staff could go a long way in alleviating the workloads of case workers.

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"If you do good work, you get more and more work ... feels like a punishment." ~ A participant of the Connecticut Time Study of Department of Children and Families' Administration Social Work Staff (2017)<sup>4</sup>

## BACKGROUND

Workload management is the process of utilizing the data from the workload analysis to control caseloads in such a way as to ensure relative equity of workload among individual workers over a specific time frame and relative equity of quality of services to clients over a specific time frame. ~ "The Perpetual Journey: Managing Workloads in Child Welfare" by Richard De La Ronde (2009)<sup>5</sup>

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).<sup>6</sup>

From "Caseload and Workload Management" by the Children's Bureau (2016):<sup>7</sup>

### Definition of Terms

- Caseload: The number of cases (children or families) assigned to an individual worker in a given time period.
- 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.
  - Complexity of case will affect workload.

### General findings about caseload and workload in child welfare:

- Time Use - 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)

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<sup>4</sup> <https://portal.ct.gov/-/media/DCF/PIP/timestudypdf.pdf?la=en>

<sup>5</sup> <https://mpace.lib.umanitoba.ca/handle/1993/24098>

<sup>6</sup> <http://www.theprofessionalmatrix.com/docs/WorkforceReport2005.pdf>

<sup>7</sup> [https://www.childwelfare.gov/pubPDFs/case\\_work\\_management.pdf](https://www.childwelfare.gov/pubPDFs/case_work_management.pdf)

- 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)
- complexity of the case
- worker's caseload
- agency characteristics, such as location (i.e., urban, rural, remote), number of staff, number of support staff

Data on these characteristics can help establish standards for caseload sizes or weights for cases when calculating a worker's current caseload.

### Impacts of Reasonable/Unreasonable Caseloads and Workloads on Caseworkers

According to "Caseload and Workload Management" by the Children's Bureau (2016),<sup>8</sup> reasonable/manageable caseloads and workloads would lead to:

- Time to engage families and deliver quality services
  - Indicators of insufficient workforce capacity:
    - Whether caseworkers use overtime or unpaid time to complete their work.
    - 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).
- Achieving positive outcomes for children and families.
- Retaining workers who would otherwise opt to leave as a result of feeling overloaded.
  - 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. The workers may 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).
- Supporting worker attitudes, well-being, and job satisfaction
  - 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).
  - Workers may feel overwhelmed due to secondary traumatic stress (STS): workers may experience stress or symptoms of trauma while working

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<sup>8</sup> [https://www.childwelfare.gov/pubPDFs/case\\_work\\_management.pdf](https://www.childwelfare.gov/pubPDFs/case_work_management.pdf)

with traumatized children and families. This additional stress could exacerbate any stress they are feeling from high caseloads or workloads.

#### Additional Possible Negative Impacts If Caseload Standards Not Followed<sup>9</sup>

- Caseworker error (McCall, 1998)
- Harder to maintain service standards
- Lawsuits (Herman, 2005)
- High workloads and caseloads negatively impacted turnover rate and performance
  - Annual turnover rates ranged from 30 to 60 percent (Mor Barak et al., 2001)
    - As mentioned in the Report from the 2004 Child Welfare Workforce Survey of 42 states:<sup>10</sup>
      - The average number of weeks required to fill vacant positions varied from a low of seven weeks for in-home protective workers and multiple program workers, to 10 weeks for CPS workers, to a high of 13 weeks for foster care and adoptions workers.
      - It has long been acknowledged that the financial cost of replacing workers can be high. In child welfare, there are other costs of turnover; therapeutic relationships with vulnerable children and families need to be reestablished, workloads are increased as staff cover caseloads until a new worker can be hired and trained, and meanwhile the ASFA time clock continues to tick and the child and family continue to need vital services to heal as they face the challenge of their lifetime.
    - Turnover rate for protective service workers in 2004 was 69 percent. Causes: caseload and workload that intruded on family life
      - Costs of turnover (Graef & Hill, 2000)
        - Direct costs: separation costs (e.g., separation pay, unemployment tax, termination processes), rehire costs (e.g., job advertising, interviewing), and training costs.
        - Indirect costs: lower staff morale, lower productivity, lower well-being of clients who had rapport with the worker they lost.
        - Child Protective Services (CPS) worker turnover costed \$10,000 (in 1995 dollars) per vacancy in the agency studied.
        - Texas Dept. of Family and Protective Services turnover cost: \$54,000 per caseworker (Sunset Commission, 2014 – see Caseload and Workload Management article for citation).
- Excessive workloads and caseloads impact well-being (leading to stress), job satisfaction, job burnout (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Mor Barak et al., 2001)
  - Burnout and job dissatisfaction were top two reasons for child welfare workers quitting (Dickinson and Perry 2001)

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<sup>9</sup> [https://www.researchgate.net/publication/26837348\\_Child\\_Welfare\\_Worker\\_Caseload\\_What's\\_Just\\_Right](https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right)

<sup>10</sup> <http://www.theprofessionalmatrix.com/docs/WorkforceReport2005.pdf>

- In a survey conducted by the National Council on Crime and Delinquency (2006), 75 percent of former child welfare workers said their caseloads were excessive and required regular (often unpaid) overtime.
  - 2 main reasons for quitting job: never-ending workload (68 percent of respondents) and heavy caseload (66 percent), which averaged 31 families with 43 children. Administrative paperwork limited client follow-up.
    - 41 percent of these respondents left jobs within 2 year, and only 29 percent of workers who left took another child welfare job.
- Caseload size and feeling of lack of control over workload impacted health.

A meta-analysis (overall n = 336) of the workload literature revealed:<sup>11</sup>

- Social support was negatively associated ( $\rho = -.20$  for supervisor support;  $\rho = -.11$  for co-worker support) with workload.
- Trait negative affectivity ( $\rho = .22$ ), role ambiguity ( $\rho = .28$ ), role conflict ( $\rho = .44$ ) and work-family conflict ( $\rho = .44$  for work-to-family conflict;  $\rho = .20$  for family-to-work conflict) were each positively associated with workload.
- Workload is negatively associated with several indices of psychological and physical well-being ( $\rho$ s were generally in the  $-.20$ s and  $-.30$ s) and affective organizational commitment ( $\rho = -.11$ ).
- Workload is positively associated with turnover intention ( $\rho = .16$ ) and absenteeism ( $\rho = .07$ ).

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<sup>11</sup> [https://www.researchgate.net/publication/276421818\\_A\\_meta-analytic\\_examination\\_of\\_the\\_potential\\_correlates\\_and\\_consequences\\_of\\_workload](https://www.researchgate.net/publication/276421818_A_meta-analytic_examination_of_the_potential_correlates_and_consequences_of_workload)



## Current National Standards

Agencies strive to meet the standards set by child welfare organizations, such as Child Welfare League of America (CWLA) and the Council on Accreditation (COA).

Standards Set by CWLA<sup>12</sup>:

<b>Worker Type</b>	<b>Caseload Standard</b>
Workers making initial CPS assessments	No more than 12 active reports per month
Workers providing ongoing CPS support	No more than 17 active families, assuming the rate of new families assigned is no more than one for every six open families
Working both making initial CPS assessments and providing ongoing CPS support	No more than 10 active ongoing families and no more than 4 active initial assessments. <sup>5</sup>
Worker providing Intensive Family-Centered Services	2-6 families
Worker providing Family-Centered Casework	No more than 12 families <sup>6</sup>
Worker counseling with birth families, preparing and assessing adoptive applicants for infant placements and supporting these families following placement	20-25 families
Worker preparing children for adoption who are older or who have special needs	10-12 children
Worker assessing and preparing adoptive applicants for the placement of children who are older or have special needs and providing support to these families following placement	12-15 families
Worker assessing and preparing adoptive applicants for inter-county adoption	30-35 families <sup>7</sup>
Family foster care social worker	12-15 children, depending on the level of services required to meet the assessed needs of each child <sup>8</sup>

<sup>12</sup> <https://www.cwla.org/wp-content/uploads/2014/05/DirectServiceWEB.pdf>

## COA Standards<sup>13</sup>

- A manageable workload, which includes caseload and other organizational responsibilities:
  1. makes it possible for workers to meet practice requirements;
  2. does not impede the achievement of outcomes; and
  3. takes into consideration the qualifications and competencies of the worker and case status and complexity.
- Interpretation: Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case. Generally, investigative workers should manage no more than 12 active investigations at a time including no more than 8 new investigations per month. Ongoing and preventive services workers should be working with no more than 15-18 families (cases) at a time, with no more than 10 children that are in an out-of-home placement. However, there are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when organizations are faced with temporary vacancies on staff. New personnel should not carry independent caseloads prior to the completion of training.
  - The specific caseload sizes stated in the interpretation are only a suggestion of what might be appropriate. Each organization should determine what caseload size is appropriate.

## Are These Standards Followed?

As summarized by “Child Welfare Worker Caseload: What’s Just Right?” (2009):<sup>14</sup>

- The Council on Accreditation (COA) and the CWLA have suggested maximum caseloads – the number of cases manageable by workers without compromising service quality – but these standards are not followed by all jurisdictions.
- 15 states reported in a 2004 study that average caseloads for intake workers ranged from 8-76 while 9 states reported that in-home service workers’ caseloads ranged from 11-30.
- Some workers handled twice the recommended caseloads and spent 50-80 percent of time on administrative tasks (GAO 2003).
- Cited factors of heavy workloads: increase in number of referred cases, unpredictability of work (e.g., emergencies, wait times in court, unanticipated case demands)

As reported in “Characteristics of the Front-Line Child Welfare Workforce,”<sup>15</sup> which looked at data on 139,921 front-line caseworkers and 31,124 supervisors who were in the child welfare workforce between 2003 and 2015 across the United States:

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<sup>13</sup> <https://coanet.org/standard/cps/14/>

<sup>14</sup> [https://www.researchgate.net/publication/26837348\\_Child\\_Welfare\\_Worker\\_Caseload\\_What's\\_Just\\_Right](https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right)

<sup>15</sup> <https://www.sciencedirect.com/science/article/pii/S0190740918300823>

The median caseworker handles 55 cases annually and is on the job for about 1.8 years.

Workers at the 25th percentile of the distribution have an annual caseload of about 19, while caseworkers at the 75th percentile of the data have an annual caseload 5 times larger, at 97 cases per year. A small proportion of workers have exceptionally high caseloads; 10 percent of caseworkers handle more than 130 cases per year.

The median state has an annual front-line caseworker turnover rate of between 14 and 22 percent annually, and a supervisor turnover rate of about 20 percent annually.

As reported in "CWS Redesign: The Future of California's Child Welfare Services" (2003):<sup>16</sup>

The table below compares individual and average caseloads to standards recommended by various sources. The 2030 Study<sup>17</sup> proposed that a minimum caseload for California Child Welfare Services should range from 13 to 24 cases per worker. This aligns with other national standards. CWLA suggests a caseload ratio of 12 to 15 children per caseworker and the Council on Accreditation (COA) recommends that caseloads not exceed 18 children per caseworker. However, in its May 2001 report, the American Public Human Services Association (APHSA) reported that caseloads for individual child welfare workers ranged from 10 to 110 children, with workers handling an average of about 24 to 31 children each (see Figure 4).

**Figure 4: Comparison of Average and Individual Caseloads to Standards**

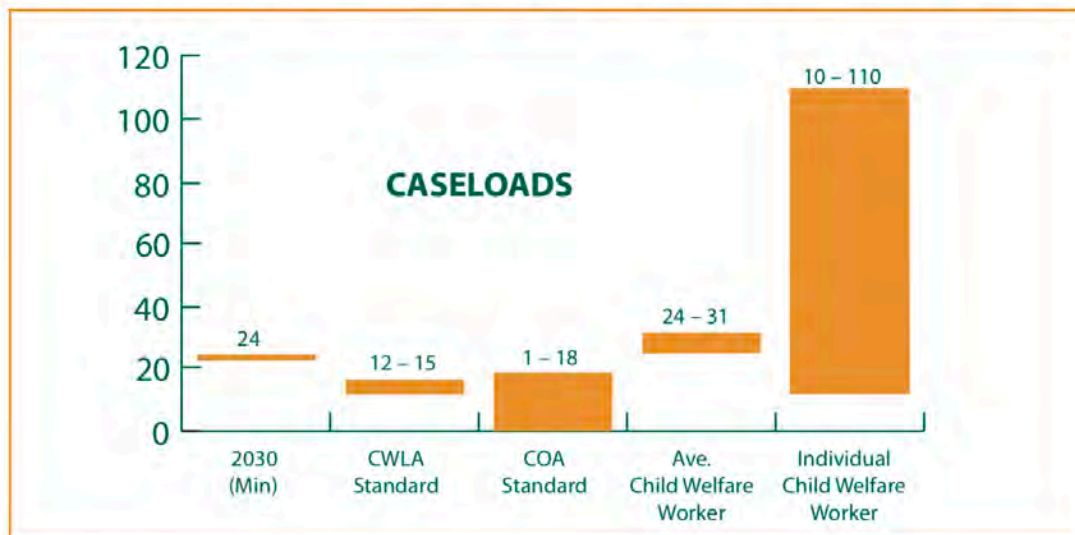


Chart adapted from "HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff," General Accounting Office, March 2003.

<sup>16</sup> <https://www.cdss.ca.gov/cfsweb/res/pdf/appendicesreport.pdf>

<sup>17</sup> [http://www.fiscalexperts.com/pdf\\_files/SB2030Study.pdf](http://www.fiscalexperts.com/pdf_files/SB2030Study.pdf)

The Report from the 2004 Child Welfare Workforce Survey conducted by the American Public Human Services Association (APHSA) offers the following statistics on worker caseloads from forty-two states that completed the survey.<sup>18</sup>

The survey asked about caseload sizes for each category of worker both where the child is defined as the case and where the family is defined as the case. When a family is defined as the case one or more children would be involved. Another question sought the average supervisor to full time employee (FTE) worker ratio for each category of worker. Data on averages and medians are provided. The results are summarized in Table 7.

<b>Table 7. Caseload Size and Supervisor Ratio</b>						
<b>Caseload Type</b>	<b>Number of States Responding</b>	<b>Child Protective Service Workers</b>	<b>In-Home Protective Service Workers</b>	<b>Foster Care/Adoption Workers</b>	<b>Multiple Program Workers</b>	<b>Front-Line Supervisors</b>
Child is defined as the case	3-19					
Average	--	24	42	23	27	9
Median	--	18	38	18	19	5
Range	--	11-51	18-80*	9-80*	15-80*	5-18
Family is defined as the case	2-16					
Average	--	28	17	14	21	4
Median	--	18	18	15	16	4
Range	--	12-100**	5-30	7-18	12-42	2-5
Average and median supervisor to FTE worker ratio	18-23	6	6	6	6	--
Range	--	3-10	2-10	3-10	2-10	--

\* One state was an outlier with 80 cases, with the next highest being 41, 37, and 40 cases respectively.

\*\* Two states were outliers with 100 and 77 cases, with the next highest being 30 cases.

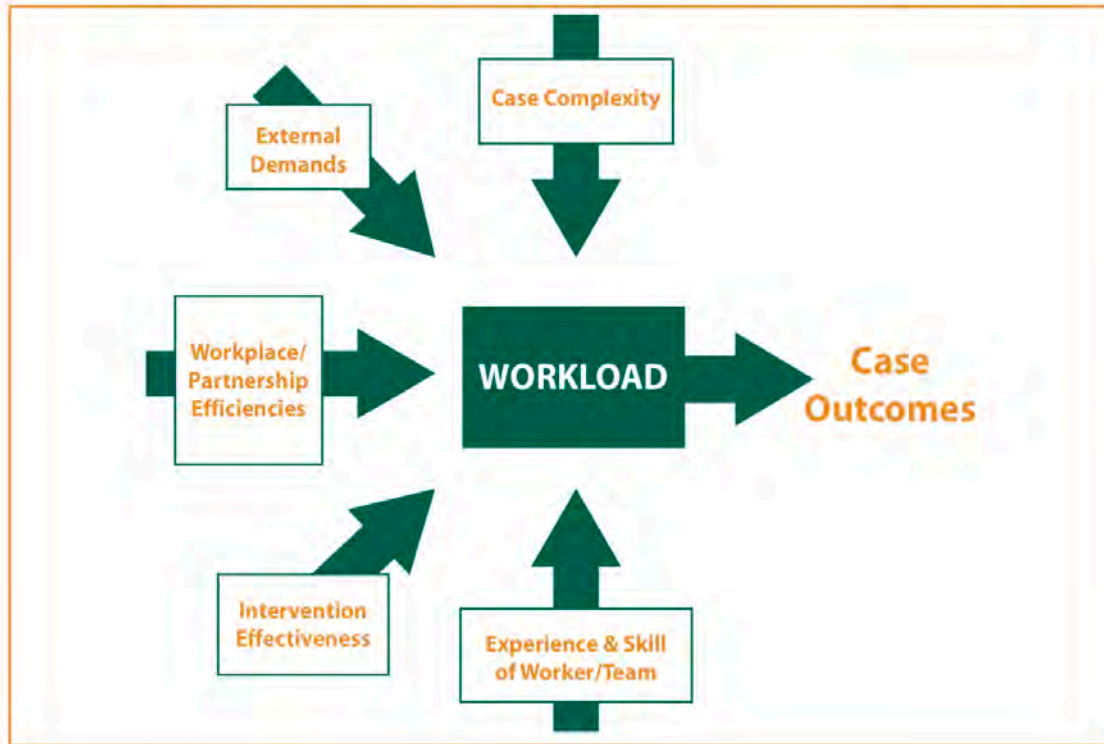
### Considerations for Developing Caseload Standards / Measurements

As reported in "CWS Redesign: The Future of California's Child Welfare Services" (2003):<sup>19</sup>

<sup>18</sup> <http://www.theprofessionalmatrix.com/docs/WorkforceReport2005.pdf>

<sup>19</sup> <https://www.cdss.ca.gov/cfsweb/res/pdf/appendicesreport.pdf>

**Figure 5: Factors Influencing Workload Manageability**



All these factors (as shown above) interact to produce the workload demand for each caseload assigned to a single caseworker or service intervention team. The way in which each factor impacts workload is described below.

- Case Complexity – The circumstances of a case can vary widely in terms of risk level, intensity of services, child and family functioning and other characteristics. The relative “weight” of a case is reflected in how these circumstances manifest and change over time. Conducting a comprehensive assessment with periodic updates becomes an essential method to determine the level of effort that may be required to intervene effectively. Some counties such as Alameda and Santa Clara currently use case weighting systems that classify child and family needs to take into account varying degrees of complexity (e.g., cases involving bi-lingual or medically fragile may have a higher “weight” than cases without these characteristics).
- Experience and skill of worker and team – Matching level of experience with intensity of case is an important element in workload manageability. Less experienced workers or a newly formed team should gradually take on more complex cases with support and guidance through quality supervision and mentoring by more experienced workforce members.
- Intervention Effectiveness – Applying the most appropriate intervention to meet the assessed needs of each case is another factor that impacts workload. While the nature of certain interventions can constitute greater effort than others, (e.g., family group conferencing versus referral to parenting classes), fitting the right solution to the child

and family's needs helps the case move toward resolution. To find the best fit, the team should be prepared and supported to know which interventions work best for a particular case situation; apply the intervention in a timely and accurate manner; and follow-up to adjust course as necessary.

- Workplace/Partnership Efficiencies – Characteristics of the work environment such as regular and effective supervision, sufficient administrative support, elimination of non-essential tasks, protecting the time of staff whose primary role is client engagement and relationship building, information systems that create workload efficiencies, policies and procedures that streamline workforce efforts and effective communication processes among team partners are key determinates in workload manageability.
- External Demands – Workload can also be affected by demands outside the domain of case assignment. Spending time on non-case related activities can be a significant distraction and burden to case carrying staff. Efforts to improve the current system can also fall into this category. Implementation of new initiatives, such as the Redesign, must be seen as immediately relevant to addressing current case situations. During implementation, consider relieving caseworkers of external demands (e.g., serving on non-Redesign related task forces, developing budgets) and introducing new strategies in the context of supervision, team consultation and mentoring around current case assignments rather than adding separate training events to their schedule.

Additional Recommendation for Establishing Caseload Standards from "Workload and Casework Review: Qualitative Review of Social Worker Caseload, Casework and Workload Management":<sup>20</sup>

Feedback from staff members and managers indicated the guidelines should consider:

- a definition of a case as an individual child or young person with an active assessment or plan, but reflecting time savings where multiple siblings are living together
- the optimal caseload for cases of differing complexity
- the optimal caseload for social workers of differing levels of experience and capability
- the amount of time needed to carry out the range of tasks for differing types and complexity of case, including time to work in a culturally responsive way with Māori and Pacific mokopuna
- clearer expectations around the types of roles that should and should not be allocated as the key worker in a case
- a cap on the number of children and young people a social worker could reasonably be expected to work with

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<sup>20</sup> <http://www.socialserviceworkforce.org/resources/workload-and-casework-review-qualitative-review-social-worker-caseload-casework-and>

- clearer organisational requirements around formal and informal co-working and its impact on work time
- cases held for financial purposes only being separated out in caseload data or allocated to one nominated person per site
- geographic factors affecting the time needed to deliver social work services to children and young people in that area.

## Caseload Concept Versus Workload Concept

According to "A New Management Model for Child Welfare" (1994):<sup>21</sup>

- Child welfare agencies traditionally use the caseload concept in assigning cases to workers and in forecasting staffing needs (e.g., each caseworker should carry 20 cases). The problem is that this assumes that all cases require the same amount of service. Not so: Services are not uniform for all cases but vary by type, frequency, and duration.
- A better approach is the workload concept, which is based on a measurement of how much service a child or parents within each population typically requires. This approach recognizes that there are different service needs associated with different types of cases (e.g., intake, investigation, family preservation, family reunification). It also takes into account the fact that a caseworker's time each month is limited.
  - One method of workload measurement is to quantify: 1) out-of-office visit with the child, parent, or guardian, and 2) indirect or support service time. Support service time is spent on activities such as travel, case recording, service planning, and case consultation.
    - Example: Every 52 minutes of face-to-face contact outside the office entails approximately 1.5 hours of supportive activities (72 minutes of paperwork plus an average of 25 minutes for supervisory consultations and travel).

"A Caseload-Weighting Formula for Child Welfare Services" (1990)<sup>22</sup> discusses other ways to determine caseload weighting:

1. Relying on the judgment of professional staff, who determine the amount of time that is spent serving different kinds of cases (children in foster care compared to those in their own homes), or the time spent performing specific activities
2. Workload studies track the actual amount of time staff members spend in different activities. or the actual time spent serving different types of cases. Studies result in the identification of time units for the activities involved in providing services, such as visiting children in foster care, attending court hearings, and staff meetings, product of workload studies. Time units may be weighted to take account of the differential time involved in similar activities. For example, adjudicatory and dispositional court hearings

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<sup>21</sup> Gustafson, L., & Allen, D. (1994). A new management model for child welfare. *Public Welfare*, 52(1), 31.

<sup>22</sup> <https://eric.ed.gov/?id=EJ404274>

may be more time-consuming than court reviews. Hence the former would be assigned a greater weight than the latter. Caseload size is set by determining the number of units that a full-time staff person can provide. Workload studies will be discussed further in this report.

## WORKLOAD STUDIES: Benefits of Conducting Workload Studies

According to the Children's Bureau, a workload study can:<sup>23</sup>

- Help agencies compare how much time is available to complete casework with how much time is spent or should be spent completing it.
- Help agencies develop caseload standards, assess the number of workers or positions necessary to complete the required work, and institute methods to regularly monitor caseload and workload.
- Help agencies assess data across the entire staff or by region, office, or unit.
- Enable agencies to use the results from the study to justify requests for additional funding or staffing, as well as to help develop legislation or other policies outlining caseload or other practice standards.

## Overview of Workload Assessment Methodologies in Child Welfare

As summarized by "The Perpetual Journey: Managing Workloads in Child Welfare" (2009):<sup>24</sup>

- Measuring Activity by Caseload Numbers (caseload concept)
  - Often used by social service agencies
  - In an urban setting, allocation based on number rather than the intensity of cases.
  - In a rural setting, allocation by area rather than activity but adjustment may often be made in between regional offices and cases reassigned based on caseload numbers per area office.
  - Advantage of this method:
    - Enable agencies and governments to easily identify staffing needs and allocate funding based on the number of workers needed to cover a specified caseload.
  - Concerns with this method:
    - Area supervisors may create greater inequity of workload over time by assigning caseload based on a worker's experience in the field.
    - Does not provide accurate measurement of workload.
      - Two workers may have an equal number of cases but different workloads due to the varied intensity of each individual case.

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<sup>23</sup> [https://www.childwelfare.gov/pubPDFs/case\\_work\\_management.pdf](https://www.childwelfare.gov/pubPDFs/case_work_management.pdf)

<sup>24</sup>

[https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/24098/DeLaRonde\\_A\\_workload.pdf?sequence=1&isAllowed=y](https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/24098/DeLaRonde_A_workload.pdf?sequence=1&isAllowed=y)



- Workload also dependent on factors, such as intervention strategies used.
- Measuring Workload by Case Type
  - by categorizing cases according to a pre-determined set of criteria of the amount of work involved.
    - i. For example, a child protection case involving neglect could be categorized based on the following levels of severity
      - Slight - lacks basic need, educational neglect, etc.
      - Moderate - occasional neglect, not chronic
      - High - chronic, evident and continuous patterns over a long period of time
      - Critical - life threatening
    - ii. Tool developed in 1991 by the Ontario Association of Children's Aid Societies (OACAS): The Eligibility Spectrum is a two-dimensional matrix which identifies the reason for service with guidelines for rating the service into the four levels of severity. The scale is then used to plot the case along an Intervention Line. Those cases that score above a certain point on the line require an intake/investigation and those cases that score below a certain point do not.
  - An assessment tool is developed that outlines the factors that must be present in order to categorize an individual case as low, moderate, or high activity.
  - Caseload number may be determined by the intensity label for each case. A typical caseload may involve five high-level, four moderate-level and 12 low-level cases.
  - Assumption: Cases categorized as high need are also the cases that are going to require more of the workers time and vice versa.
  - Advantage of this method:
    - Flexibility of applying it to any, if not all, aspects of human service delivery.
    - Straight forward and not very time consuming
    - Takes into account many of the factors that impact on workload, such as case intensity
  - Disadvantage of this method:
    - This methodology is quite subjective - dependent on the input of experienced staff
    - It may also be difficult to reach consensus among staff in the development of an assessment tool that dictates what constitutes a difficult case.
    - The complexity of a case may increase over time that in turn may result in an inaccurate indication of workload.
- Measuring Units of Work Per Case (a.k.a. time study)
  - Used by CWDA & DSS to establish caseload standards in 1984.
  - The most empirically based process utilized to analyze workload.

- The system is based on an intensive evaluation of time spent on different tasks or activities within certain types of cases (units of work).
- "Measuring Workloads in Social Services" (Saskatchewan, 1997) states that a study utilizing this method should include the following stages:

Stage 1: Workload Measurement	Measuring the amount of time workers currently spend on the different tasks associated with a case
Stage 2: Work Standardization	Developing judgments of how long the task should realistically take
Stage 3: Workload Analysis	Reviewing all caseloads and applying the standards of time required for a case to the actual individual worker's situation
Stage 4: Workload Management	Process by which the data from the analysis is used to control caseloads in such a way as to ensure relative equity of workload among workers and in order to improve quality of services.

- Advantages of this method
  - i. Provides the most accurate estimate of workload because it breaks down each case into its simplest tasks and attaches a time to it
  - ii. Makes it possible to know what the workload level is for individuals or groups of individuals, agencies, or regions.
  - iii. Allows for comparisons of time that is required to complete identified tasks. The amount of time is then compared against recognized caseload standards (such as the ones published by the CWLA).
  - iv. provides the most equitable distribution of caseload based on actual work performed.
- Disadvantages of this method
  - i. The most time intensive method; requires the most on-going research and refinement as legislation and policy change
    - 1. Author notes that sometimes studies were done but no changes occurred afterwards. His advice: "If you start with some agreed upon assumptions and a clear purpose that all stakeholders would have difficulty rejecting, the better the chances you have in achieving implementation."
  - ii. Case-related tasks that require more attention than outlined in the benchmarks may not receive the attention they require. For example, workers may spend less time on an abuse investigation to meet recognized benchmarks and take short cuts to complete the task in the required time.
  - iii. Getting staff consensus on identifying exactly when a task starts and ends may be difficult.
- Formulating standards based on data from a time study

- i. Standards should be stated in terms of the average time it takes an experienced staff member to complete regular tasks and services under normal conditions.
- ii. Once time frames for job related tasks have been defined, it is theoretically possible to determine the ideal caseload size a person can carry based on the number of available hours to perform those tasks.

Additional Methods as Discussed/Implemented by the Author of "A Caseload-Weighting Formula for Child Welfare Services" (1990):<sup>25</sup>

- Determining caseload size based on staff experience
  - Workers determine the amount of time that is spent serving different kinds of cases (children in foster care compared to those in their own homes), or the time spent performing specific activities such as coordinating service delivery, attending court hearings, and providing transportation to clients.
    - i. Relying on the judgment of staff members
  - Utility is a function of whether the staff members whose experiences are elicited are successful in achieving agency goals.
- Selecting as a standard the number of cases carried by workers that do achieve agency goals for children and their families. For example, both the Oregon and Alameda Projects were successful in discharging significant numbers of children from substitute care. Recommendations from these projects were for maximum caseloads of 20 families (Alameda) and 15 children (Oregon) (Emlen 1977; Stein et al. 1978).
- A case-weighting formula to determine maximum caseload size for mixed caseloads using a model case:

Assumption: There is consistency to cases with similar goals and differences would average out over time such that any one worker would receive both complex and simpler cases.

Step 1. Create a model case (e.g., a substitute care case with a goal of return home)

Step 2. Identify 7 activity categories and determine percentage of time required to undertake each activity.

Step 3. Consider activities that occur in all cases (e.g., administrative work, staff meetings, case coordination) in varying degrees.

- Caseload Weights  
For each case type, the percentage of time assigned to the activity categories is summed, yielding the number of points of credit (analogous to the percentage of time assigned to each case) a worker will receive for the case in question. The maximum number of points for any worker is 2,000 (20 families defined by the consent decree times 100% in the model case of return home).

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<sup>25</sup> <https://eric.ed.gov/?id=EJ404274>

**FIGURE 1**  
**Percentage of Time Spent in Seven Activities by Plan Type\***

Plan Type	Return Home	Maintain-at-Home Custody	Non-custody	Long-Term Care	Adoption <sup>1</sup>	Adoption <sup>2</sup>	Day Care
<i>Activity</i>							
Administration <sup>3</sup>	20	15	10	10	25	25	7
<i>Services to:</i>							
Biological Parents/Family	20	20	20	5	5	20**	
Child in Foster Care	10			5	15	20***	
Case Coordination <sup>4</sup>	25	20	15	5	15	15	3
Staffings	10	10	5	5	15	10	1
Hearings <sup>5</sup>	5	5		5	10	5	
Driving	10	10	10	5	15	5	
<i>Percentage of Time</i>	100	80	60	40	100	100	11
<i>Case Size</i>	20	25	33	50	20	20	182

\* Case types not shown here but included in the formula are legal guardianship, emancipation, and semi-independent-living youth services, which cover CHINS and delinquent children, and adult services such as adult protective services.

\*\* Home studies.

\*\*\* Work with the child after placement in preadoptive home.

<sup>1</sup> The child's case stays with the original worker until free for adoption. This worker prepares court papers and works the child and biological parents if they are surrendering their rights.

<sup>2</sup> This is the caseload of the adoption worker who is responsible for home studies and who will take over responsibility for the child once moved into an adoptive home.

<sup>3</sup> All paper work for the agency and court.

<sup>4</sup> Negotiating with collaterals and monitoring services they provide.

<sup>5</sup> Court and citizen review board meetings.

If a worker carries a specialized caseload of return-home or adoption cases, each of which is worth 100 points, the task in assigning cases is straightforward; she or he carries a maximum of 20 families. Likewise, if a worker carries all long-term care cases, each of which is worth 40 points, she or he may carry a maximum of 50 cases. If a worker's caseload is mixed, cases are grouped by plan type and points assigned.

**Table 1 Application of Caseload-Weighting Formula to Determine Maximum Number of Cases for a Worker with a Mixed Caseload**

<i>Plan</i>	<i>No. of Cases</i>	<i>Points Per Case</i>	<i>Total Points</i>
Maintain at home (custody)	6	80	480
Return home	5	100	500
Long-term care	8	40	320
Adoption	7	100	700
<i>Total Points</i>			2,000

In "The Development of a Caseload Weighting Tool" (2006),<sup>26</sup> Constance Lechman shares the results after testing the validity of a caseload weighting tool that she developed:

- Research shows that the measurement of the psychosocial acuity or severity of the case is the best indicator of the complexity of a case. The PIE (Person-in-Environment) Classification System formed the basis for the development of a caseload weighting tool.
- To develop her caseload weighting tool, Lechman followed a point-accumulation model, which allows a case to accumulate up to six points, each point comprising an element such as:
  - 1 point: frequent emergency situations
  - 1 point: unpredictable demands on social worker's time
  - 1 point: complex family situation
  - 1 point: person at risk
  - 1 point: considerable travel time
  - 1 point: social work department has statutory responsibility for case

Lechman came up with this point system:

FIGURE 1. MUHC Social Service Department Caseload Weighting Tool

- **1 point: Differing Expectations Between Hospital and Patient**
  - reflects a situation where there are conflicting demands between hospital needs and the perspective of the patient and/or family
  - for example, patient/family anxiety about transfer between ICU and regular ward, refusal to be placed, staff resistance to working with patient, etc.
- **1 point: Multiple Resources—Locating, Referral, Documentation**
  - reflects situations where the social worker must interface with several external resources or bureaucracies that are *not routinely accessed* within that service.
  - For example, DYP screening, adoption, lack of Medicare, lack of medication coverage, out-of-province issues, patient in ER with no documentation, etc.
- **1 point: Multiple Health Concerns—Dual Diagnosis**
  - patient profile includes several significant medical diagnoses *requiring social work intervention for discharge plan and/or continuing care*.
  - for example, neurological condition causing sudden onset of blindness; Alzheimer's plus hip fracture; substance abuse and physical or mental illness; mental illness and significant medical diagnosis.
- **1 point: No Available Resources**
  - a situation where there are no resources available to respond adequately to patient's needs, or where admission to resources is extremely restrictive, making them inaccessible.
  - for example, resources for patients with an intellectual handicap resources for young quadriplegics; residential resources for dual diagnosis psychiatric patients; services for pre-terminal patients.
- **1 point: Caregiver Problems and/or Severe Family Adjustment Reactions**
  - situations where the existing caregiver is or becomes unavailable (e.g., is physically or mentally ill or exhausted; has moved out of town, etc.);
  - situations where the family is having severe difficulty in adjusting to the patient's diagnosis and/or treatment.
- **1 point: Severe Social Role Problem**
  - PIE Factor I: Problems in Social Functioning with a severity of 4-5-6 plus a coping index of 5-6 and/or a duration index of less than one month.
  - e.g., financial abuse of cognitively impaired senior; TBI of parent with young children; sudden loss of financial livelihood due to medical crisis.
- **1 point: Absence of Affectional Support System**
  - PIE Factor II, No. 10: Absence of Affectional Support System
  - For example, patient has no relatives, no friends, or neighbors to provide needed support, concrete help, or services.

<sup>26</sup> [https://doi.org/10.1300/J147v30n02\\_04](https://doi.org/10.1300/J147v30n02_04)

- Note that this tool is designed for use by social workers in hospital settings.
- Each case in the randomly selected samples of 12 and 15 cases, respectively, was scored by raters using this tool. Scores were compared afterwards to determine if there were any similarities and differences in rating.
- The social workers who were involved with these cases were then asked to read the case file and rate each case, based on their recollection, as average, demanding, or heavy. A comparison between the tool scores and the social worker's scoring based on subjective recall of the case were then compared. There was consensus on 18 out of 27 cases or 66% of the scores.
- With this point-accumulation method, each case was rated as light, average, demanding, or heavy.

### Other Methods of Caseload Weighting / Weighted Caseload Distribution

1. The "Near Death Report" from State of Delaware Child Protection Accountability Commission ("CPAC")<sup>27</sup> recommended that cases with a chronic risk of recurring abuse and/or neglect (i.e., families with a long child protection history with multiple children) are counted differently than a less complex and time-consuming case, resulting in a more balanced workload for social workers.
2. Auditor General Eugene DePasquale in the "State of the Child Action Plan"<sup>28</sup> recommends that workload be determined by how many children one caseworker should be working with at a time. Currently, one case could have one child, while another could have 10.
3. Random Moment Survey, which electronically captures and calculates the amount of time staff spend on specific job tasks. For an illustration, please see the Alaska Workload Study<sup>29</sup> as described in the next section.

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<sup>27</sup> <https://courts.delaware.gov/childadvocate/docs/fordneardeathreport101206.pdf>

<sup>28</sup> [https://www.paauditor.gov/Media/Default/Reports/RPT\\_StateofChild\\_Action\\_Plan\\_051618\\_FINAL.pdf](https://www.paauditor.gov/Media/Default/Reports/RPT_StateofChild_Action_Plan_051618_FINAL.pdf)

<sup>29</sup> [http://akhouse.org/docs/120513\\_OCS\\_workload\\_study.pdf](http://akhouse.org/docs/120513_OCS_workload_study.pdf)

## Summaries of Workload Studies Conducted in North America

A Caseload-Weighting Formula from "A Strategy for Workload Management in Child Protective Practice":<sup>30</sup>

- The agency in the study is a voluntary child welfare agency under contract with a mid-western state department of social services to provide foster care services.
- The systematic weighting of cases was the strategy employed by the agency as the best way to distribute the workload more equally, improve staff morale, and reduce staff turnover.
- The committee isolated two factors that differentially determine work and time demands in service delivery; location of the child, and type and severity of the case. It should be noted that in this agency, a case is equal to one child.
  - Six location sites were identified as differentially related to time demands associated with client and collateral contacts as well as case documentation. It was determined that children placed in one of the first four locations would require about twice as much worker time as those placed in the last two locations.
  - The other factor, type and severity of the case, was determined by assessment, and cases were assigned a descriptive label within each of three abuse/neglect categories: neglect, physical abuse, and sexual abuse
  - Severity was determined in accordance with case particulars and actual demands on time and resources:

Slight	<ul style="list-style-type: none"> <li>● Very low demands on worker time and resources. All resources have been mobilized.</li> <li>● Assessments and service plans have been developed and implemented.</li> <li>● The client system is stable and demands on worker are minimal.</li> <li>● Monthly contact is sufficient just to monitor progress.</li> </ul>
Moderate	<ul style="list-style-type: none"> <li>● Demands on worker time and resources are low to moderate.</li> <li>● Case is progressing well.</li> <li>● Assessments and service plans have been developed and implemented.</li> <li>● Client system is fairly stable but biweekly contact with client and or collaterals are required.</li> </ul>
High	<ul style="list-style-type: none"> <li>● Case needs a great deal of worker time and resource input.</li> <li>● Assessments and service plans not completed or under review,</li> <li>● Client system not stable. Worker is required to deal with some aspect of case at least once a week.</li> </ul>
Critical	<ul style="list-style-type: none"> <li>● Case in crisis. Demands on worker and resources high.</li> <li>● Worker required to spend three or more hours each week on the case.</li> </ul>

<sup>30</sup> <https://eric.ed.gov/?id=EJ421830>

- The formula for case weighting reflects the time demands associated with the above-identified case characteristics or factors. Each case is weighted independently and entered into a caseload weight. Caseloads are then adjusted in relation to time demands where such demands would not exceed 75 hours within a biweekly period. As such, travel time, work organization, paperwork, consultation, and so on, of all cases on the caseload would not exceed 75 hours in a biweekly period.
- Working with an agency standard of face-to-face contact of at least one hour biweekly with the child and/or biological parents for the average foster care case, the formula included contact time, travel time (a maximum of 20 minutes in each direction), and paperwork processing time (one-half hour per face-to-face contact). The total case time allotted for basic contact is two hours and ten minutes- Given the necessity and value of collaboration with other providers, consultation, and supervision, an additional 50 minutes was allotted per case yielding a base of three hours of worker time biweekly to handle one moderately demanding foster care case.
- Using these standards, a worker could reasonably make contact with 25 moderate foster care cases within a biweekly period. These standards provide the base for the weighting formula.
- The factor "location of the child" is represented in the formula as "Z" and "X" respectively, where  $Z = W(t)$  and  $X = 2W(t)$ . Translated,  $W(t)$  equals worker's time.
- With respect to type and severity of the case, the committee determined that "slight" cases would require approximately one-fourth the time as "critical" cases. Therefore, in the formula, time considerations were incremented in the following way based on type and severity of the case: slight = .25; moderate = .50; high = .75; and critical = 1.0.
- As an example: If we have a caseload that's comprised of ten moderate cases and two are in foster care (X) and eight are in aftercare (beyond 30 days) (Z). Using the formula, the caseload weight would be as follows:  
Caseload = 10 moderate cases (2 are "X" cases and 8 are "Z" cases)  
Moderate = .5 x location  
          = .5 (2X + 8Z)  
          = .5 (2 x 2 + 8 x 1)  
          = .5 (4 + 8)  
          = .5 (12)  
          = 6 cases  
This computation indicates that the caseload with ten moderate cases in the identified locations actually carries the weight, in terms of worker time demands, of only six cases. Translated into time, six cases would consume 18 hours biweekly.
- Outcomes: The caseload weighting system described here has successfully increased worker-client contact and improved the quality of service delivery at a large child welfare agency.



Alaska Office of Children’s Services (OCS) Workload Study (2012)<sup>31</sup>

Conducted by a consulting firm, study utilized three methods to assess the workload needs for the identified staff:

- 1) random moment surveys that electronically capture and calculate the amount of time staff spend on specific job tasks;
- 2) time study logs, which captures the amount of time individual staff spent on specific job tasks over a six-week period; and
- 3) information on actual caseloads for each worker.

From these three data sets the following formula was utilized to assist with determining what the staffing needs were for each of the three work groups: Social Services Associates, Office Assistants and Community Care Licensing Specialists.

$$\text{Amount of time each type of case requires} \times \text{Number of cases of each type} = \text{Amount of time staff have available for casework}$$

A random moment survey was utilized to measure how much time staff was devoting to case work for the agency. Random moment surveys were sent out to caseworkers, community care licensing specialists, social services associates, and office assistants. The four areas that were tracked through the RMS were: Case specific, administrative, training, leave (97.4% response rate from the OCS staff in the RMS portion). Offices were also categorized as Urban, Medium or Remote, which were determined based on location and size of the individual OCS offices.

Staff Type	Case Specific	Administrative	Training	Leave	Total
Caseworkers	75.9%	8.7%	3.8%	11.6%	100%
Community Care Licensing Specialists	62.1%	17.7%	3.8%	16.5%	100%
Social Services Associates	66.3%	19.6%	1.9%	12.2%	100%
Office Assistants	23.1%	55.6%	2.4%	18.9%	100%
<b>Total</b>	<b>60.0%</b>	<b>22.7%</b>	<b>3.1%</b>	<b>14.2%</b>	<b>100%</b>

Workload study data was used to identify work that could be shifted from case carrying staff to support staff (a strategy that could be employed and possibly increase efficiencies with less addition to the overall staffing levels). A monthly average of 13.2 to 14.6 hours/worker would

<sup>31</sup> [http://akhouse.org/docs/120513\\_OCS\\_workload\\_study.pdf](http://akhouse.org/docs/120513_OCS_workload_study.pdf)

be made available for case carrying staff to devote to case work activities, were various administrative tasks shifted away from case carrying workers, and reassigned to OA or SSA staff.

- a total of 2,695 hours each month that caseworkers spend on activities that could otherwise be provided by the Social Services Associates or the Office Assistants.
- 41 total FTEs are needed in the support positions (SSA and OA) while 13 Community Care Licensing Specialists position are also needed. This equates to:
  - 1 SSA for every 4.2 caseworkers
  - 1 office assistant for every 3.9 caseworker
  - 1 SSA for every 4.7 Community Care Licensing Specialists
  - 1 office assistant to every 4.3 Community Care Licensing Specialists

### Criticisms of the Study

OCS also found the report to be lacking in key areas and disagreed in part with the recommended new positions required.

- First, the analysis of data entry functions that are currently provided by caseworkers was not fully analyzed in the final report and does not assist OCS in identifying data entry functions that may be able to transfer to SSA or OA positions.
- Second, the methodology for determining the CCLS workloads was confusing and difficult to follow, and appears somewhat overly inflated to the actual needs of the individual regions.
- Based on prior analysis, OCS recognizes that staffing shortages are more acute in some areas of the state than others; however, these adjustments were not mentioned or factored into the final analysis by the consulting firm.
- OCS has long recognized that some of the administrative burdens that caseworkers and licensing staff carry could be appropriately transferred to the SSA and OA staffs within OCS, but without a clear analysis of the day-to-day data entry functions in ORCA, this is difficult to determine without additional scrutiny.

## The California Department of Social Services Senate Bill 2030 Child Welfare Services Workload Study (2000)<sup>32</sup>

- One of the most comprehensive child protective services time studies done to date
- Analyzed time data from almost 16,000 California Department of Social Services (CDSS) staff members, who recorded their work time using over 100 task descriptions and approximately 50 definitions of services (American Humane Association, 2008).
- This was followed by direct measurement of the amount of time taken by employees to provide case and administrative services for a two-week period.
- Focus groups were then convened to discuss work areas that were determined to require special consideration and set standards for how long casework should take at a minimum practice standard and a best-practice standard.
- Additionally, a methodology for the budgeting of child welfare services was undertaken to understand the cost implications for reducing caseload to meet the minimum and best practice targets for the child welfare system.
- The study revealed that caseload standards per worker had been previously set too high by the CDSS. The report did not result in a change of the caseload standards.

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<sup>32</sup> [http://www.fiscalexperts.com/pdf\\_files/SB2030Study.pdf](http://www.fiscalexperts.com/pdf_files/SB2030Study.pdf)

## Colorado Workload Study (2014)<sup>33</sup>

### Methodology

Workload studies identify the level of work that is appropriate for staff performing different types of services.

- Conducted a 4-week time study with 54 Colorado counties and about 1,300 child welfare workers participating. Participants recorded how much time they spent on 11 major services, 15 task categories within each service, and 69 sub-tasks within each task category during February 2014.
- Analyzed the time study data and obtained input from over 60 county child welfare staff to construct estimated workloads, which are the expected amount of time necessary to perform a service for a case if all requirements are met.
- Comparing the workload estimates to the actual amount of time workers spend performing a service and current staffing levels, estimated the number of caseworker positions needed to meet requirements and achieve program objectives.

### Findings

- Overall, caseworkers participating in the time study spent about 68 percent of their time on case-related activities.
- Of the 11 major services studied, time study participants spent the highest percentage of time (36 percent) on case support, which includes any work activities that are not related to a specific case (e.g., staff meetings and training).
- Of the 15 task categories studied, time study participants spent the highest percentage of time (38 percent) on documentation and administration, which includes TRAILS documentation, human resource tasks, and other general office tasks. This time may or may not be related to a specific case.

### Conclusions

- Estimated workload levels (i.e., amount of time that should be spent on a case per month) would require between 18 and 157 percent more time per month for each service than the actual amount of time child welfare workers spent on each service during the time study.
- Based upon the county child welfare workers participating in the time study (from 54 counties), an estimated 574 additional caseworker FTE positions, plus 122 related supervisory positions, are needed to handle the caseloads associated with time study participants.
- Improving operational efficiencies in the child welfare process could help provide more staff time and resources to counties for delivering services from current resources. This could reduce the amount of additional resources needed to meet requirements and achieve desired outcomes.

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<sup>33</sup>[https://leg.colorado.gov/sites/default/files/documents/audits/1354s\\_\\_colorado\\_childrens\\_welfare\\_workload\\_study\\_report\\_august\\_2014.pdf](https://leg.colorado.gov/sites/default/files/documents/audits/1354s__colorado_childrens_welfare_workload_study_report_august_2014.pdf)

Connecticut Time Study of DCF Social Work Staff During March 2016 as Requested by the Department of Children and Families' Administration and AFSCME Local 2663 (2017)<sup>34</sup>

- Mix-method study examined how well workers adhered to policy standards in regards to client contact (1-2 times a month, visitation standard), case planning, documentation (how soon to put in system), legal work, investigations, placement, children's health care and mental health care, supervision, and required training.
- For comparison with the study findings, here are the DCF caseload standards as mentioned in this report:

By July 1, 2004 the caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days:

Investigators	17 cases maximum at any time
In-Home treatment workers	15 cases maximum at any time
Out-of-Home treatment workers	20 children maximum assigned to them at any time. <ul style="list-style-type: none"> <li>• This includes voluntary placements.</li> </ul>
Adoption and Adolescent specialty workers	20 cases maximum at any time
Probate workers	35 cases maximum at any time <ul style="list-style-type: none"> <li>• If assigned to provide services to the family, those families shall be counted as in-home treatment cases with a ratio of 1:20 cases.</li> </ul>
Social workers with in-home voluntary and interstate compact cases	49 cases maximum at any time
A worker with a mixed caseload	Not to exceed the maximum weighted caseload derived from the previously mentioned caseload standards

- Findings
  - The quality of the Social Workers' case management and documentation is negatively impacted as caseloads increase. The quantity and quality of work was clearly compromised when caseload levels exceeded a range of 75%-80% of the maximum caseload standard.
  - Even with 20 hours of overtime, all of the fundamental or key DCF policies and state requirements cannot be met by one individual with the current systems in place.
    - One SWS did an unofficial study of his time based on the allocated 160 available hours in a month, the basic tasks which were rated conservatively totaled 260 hours.
  - Many workers feel compelled to work unpaid overtime and/or work through lunch in order to meet the most basic elements of their work, including visits, data entry, court work (can't multitask while waiting for court), and case plan development.

<sup>34</sup> <https://portal.ct.gov/-/media/DCF/PIP/timestudy.pdf?la=en>

- Unpaid work is being done because many social workers feel that the process for overtime is cumbersome or because offices close before work gets done.
    - Flexible work hours would help meeting caseload obligations
  - Workers spend much of their work time on tasks that do not involve direct contact with children, families or stakeholders (e.g., travel time, data entry, court preparation, written communications).
    - Need additional staffing to support case workers.
  - Meetings for families, currently prescribed by policy, are considered to be too many, too frequent, and repetitive.
  - Outdated information system and technology for case record documentation and case management activities
  - Need to streamline redundant, inefficient and ineffective mandates and procedures
  - New hires and trainees leave soon after being hired, as the Department assigns far too many cases to them too early in their training.
- Methodology
    1. Focus groups involving 115 workers (supervisors and non-supervisory) from different regions.
      - Survey distributed at the beginning of each meeting.
      - Questions during meeting about work schedules and task activities.
      - Short tool which estimated the percentage of time spent completing the following activities:
        1. Direct contact with clients
        2. Non-direct but client specific tasks
        3. Provider Communication
        4. Administrative/clerical tasks
        5. Supervision
        6. Career enhancement/development
        7. Non-casework activities
    2. Time study review involving 30 participants (5 from each of the six regions; both Investigation and Ongoing Services social workers) logging time for daily activities (i.e., key practice requirements) at 15-minute intervals each work day for a month. Total work hours in a month per person: 143

<b>Table 10: Top Ten Work Tasks of the Sample of 30 Social Workers</b>	
Written Communication	440.5 hours
Actual Travel Time for Client Purposes	421.9 hours
Case Record Maintenance	408.3 hours
Court –Reading of documents/Writing or Verbal Preparation of Documents	387.5 hours
Actual Travel Time for Agency Purposes	320.0 hours
Investigation Protocol Documentation/Entry	291.2 hours
Face to Face Contact with Parent/Guardian (Successful)	244.8 hours
Case Plan Preparation	223.2 hours
Face to Face Contact with Children in-Home (Successful)	176.2 hours
Supervision – SWS or PM	162 hours

Activity Code Sheet:

Activity Code	Activity
1	ACR/CPC
2	Actual Travel Time for Agency Purposes
3	Actual Travel Time for Client Purposes
4	Arranging for Personal Transportation
5	Arranging for Transportation of Clients
6	Assisting/Coverage Duty
7	Case Plan Preparation
8	Case Record Maintenance
9	Clerical tasks (faxing, copying, filing)
10	Complete Background Checks
11	Consultation - FASU
12	Consultation - RRG, BHPD
13	Court
14	Court - Reading of Documents/Writing or Verbal Preparation of Documents
15	Court Related Wait Time
16	Face to face visit with caretaker of child in placement - successful
17	Face to Face visit with Collateral Providers ( Community , Educational or Medical - Successful
18	Face to Face visit with Collateral Providers ( Community , Educational or Medical - Unsuccessful
19	Face to face with caretaker of child in placement - unsuccessful
20	Face to face with child in out of home care - successful
21	Face to face with child in out of home care - unsuccessful
22	Face to face with child in-home - successful
23	Face to face with children in-home - unsuccessful
24	Face to face with parent/guardian - successful
25	Face to face with parent/guardian - unsuccessful
26	FAR Assessment Documentation
27	Investigation Protocol Documentation/Entry
28	Lunch/Breaks
29	Meetings (Case Related)
30	Meetings (Non Case Related)
31	Placement of Client
32	Provider Referral
33	Relative Search/Family Connections/Family Assessment
34	Safety Planning with Clients
35	SDM
36	Supervision - Peer
37	Supervision - SWS or PM
38	Telephone calls to client or collateral contact - no message left/wrong number/disconnected, etc.
39	Telephone Contact - All Other
40	Telephone contact with Caretaker of Child in Placement
41	Telephone contact with Child in Placement
42	Telephone contact with collateral providers
43	Telephone contact with parent or guardian (in-home custodial)
44	Telephone contact with parent or guardian (in-home non-custodial)
45	Telephone contact with parent or guardian of Child in Placement
46	Telephone/Voice mail exchanged with client or collateral contact (message left or received)
47	Time Off (Sick/PL/Vacation)
48	<i>Time Study Activities</i>
49	Training
50	Translation/Interpretation
51	Transportation of Clients (Direct)
52	Visitation Observation (Parent/Child or Other Significant Adult/Child)
53	Visitation Observation (Sibling)
54	Wait Time (Medical/Therapeutic Appointments)
55	Written Communication
99	Other: _____



3. Deeper dive with 12 people out of the 30 – looking at accounting of their workload and narratives (focusing on quality of work)
  4. Mathematically calculated the total time it would take a social worker to comply with the required tasks across a month.
- Findings
    - Participants often multitasked with much greater frequency than they gave themselves credit for on the coding sheet
    - They often work through their breaks and lunches without expectations of payment.
    - The bulk of the 30 Social Workers' time during the available hours were spent in non-contact activities. The majority fell short of the mandated contact and visitation requirements in their assigned cases as outlined earlier in this document.
    - None of the Ongoing Service SW in the sample worked only the 143 physical hours expected of them during the month.
    - Disparity between estimated hours for tasks and actual hours logged by SW. Major differences shown in: transportation of client (double amount of time), face-to-face contacts with parents/guardians, case plan development/writing – only 5 out of 6 were written. SW logged an additional 34.3 hours above the maximum 184 hours of regular hours in a 23-day work month but still could not meet standards.

## Florida Workload Study (2010)<sup>35</sup>

- Data were collected from focus groups of caseworkers and supervisors. This data indicated which case characteristics these active professionals believe impact caseworker time the most. Additionally, the focus groups identified which tasks caseworkers are required to perform that are critical to understanding and measuring the actual time a caseworker spends on a specific case.
- Included in this first phase of analysis was the collection of job descriptions from various agencies employing child welfare caseworkers in Florida. The job descriptions were analyzed to determine the professional tasks commonly required of the caseworkers. The data from these sources were then compared with the actual case characteristics and tasks that are recorded in the Florida State Automated Child Welfare Services Information System (SACWSIS). This first phase analysis indicated the strength of the SACWSIS data base by identifying the case characteristics and job tasks common to the data base, focus group findings of the active professionals, and the job descriptions.
- The second phase of analysis was a secondary data analysis of the SACWSIS data. The dependent variable was the recorded caseworker time, and the independent variables were the case characteristics in the database. This analysis revealed those characteristics that have a significant impact on the amount of caseworker time spent on a case.
- Conclusions: This study clearly demonstrates that the characteristics of race/ethnicity, placement in foster care, with a relative or non-relative, in a shelter, group home, or institution, or other placement will result in more time spent on a case by the caseworker. Additionally, the presence of the characteristics of substance abuse as a reason for referral, or a living arrangement with mother and father or with a relative indicates that a caseworker will spend less time on a specific case. Further, an existing caseload can be evaluated by identifying cases with these characteristics as being cases that will consume more or less time than others, and the caseload can be weighted by the number of cases that have multiples of these characteristics. This will allow the supervisor to evaluate the capacity of a caseworker to handle a new case with these characteristics or to handle a case without these characteristics.

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<sup>35</sup> Card, C., (2010) "Examination of the effect of child abuse case characteristics on the time a caseworker devotes to a case. Graduate Theses and Dissertations. Retrieved from <https://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=4757&context=etd>

## Idaho Workload Study (2006) - Workload Assessment Study and Staff Allocation Model<sup>36</sup>

- American Humane Association contracted with the Idaho Department of Health and Welfare to conduct an empirical analysis of child welfare workload and construct a staff allocation model. The purpose of the month-long workload study was to develop reasonable workload standards and an optimal staffing allocation for the Child and Family Services program.
- The scope of the study included constructing a task inventory to identify and classify 41 discrete caseworker activities. More than 400 social workers, clinicians, and specialists provided data on 45,124 hours of staff time and 11,084 cases. The study, which had widespread participation by all regional and central office staff, measured all case-related child welfare activities in each program area and produced a local infrastructure and methodology for replication.

The Office of Performance Evaluations' 2017 Evaluation Report summarizes the outcomes of this study as follows:<sup>37</sup>

Children and Family found that 36 percent more staff are needed to achieve the outcomes expected by federal outcome standards. The study also provided Child and Family Services with the foundation of a staffing allocation model that it continues to use. The staffing model has improved staff allocation throughout the state.

- The Child and Family Services study provided a point-in-time understanding of overall staffing needs and a good starting point for understanding and measuring workloads. However, determining the total staff needed to effectively balance workloads and efficiency is an ongoing challenge.
- The Idaho Office of Performance Evaluations subsequently conducted their own survey found that, on average, program managers, supervisors, and social workers believe that social workers are carrying approximately 38 percent more cases than they can effectively serve. Our finding is similar to the 36 percent found in the Child and Family Services' workload analysis.

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<sup>36</sup> <http://www.americanhumane.org/children/professional-resources/research-evaluation/workload.html> [currently error message received in access attempts]

<sup>37</sup> <https://legislature.idaho.gov/wp-content/uploads/OPE/Reports/r1701.pdf>

## Indiana Workload Study (2015)<sup>38</sup>

- Department of Child Services (DCS) engaged Deloitte to conduct a field workload analysis to better understand Indiana's workload concerns, and to analyze how specific aspects of operations may be furthering or inhibiting its ability to meet its caseload standards. The goal was to identify process and practice improvements to support quality case management, and to determine whether the existing standard is an appropriate measure of staff caseloads.
- Over seven weeks, Deloitte used five methods to gather information about DCS's practices and operations, including analysis of agency data, work sessions with staff, field observations of frontline staff, case reviews, and a time study. Additionally, Deloitte conducted a review of national leading child welfare practices.
- Summary of Deloitte's Recommendations
  1. Improve Current Caseload Calculation for 12/17: Review definitions for ongoing caseloads and focus on improving the method used to calculate assessment workload.
  2. Case Closure Initiative: Design a case closure initiative to help monitor and manage backlogs.
  3. Increase Worker Skill and Use of Technology: Better train FCMs on the functionality of the MaGIK case management system, which will allow FCMs greater time efficiency and remove duplicative efforts.
  4. Workforce Planning: Use workforce analytics to identify current and forecasted staffing needs, and build a recruiting and retention strategy to fill existing vacancies and minimize future staffing shortages.
  5. Realignment of FCM Duties: Identify routine FCM duties and realign resources to better support FCMs.
  6. Performance Metrics: Implement a performance management methodology for the case lifecycle, including a routine pipeline analysis and performance metrics to provide insight into critical trends and patterns.
  7. Data Use Training for Administrators and Supervisors: Better familiarize supervisors with institutional data resources and train them in data-informed management practices.
  8. Management Training for Supervisors: Design improved training to include employee development techniques, focusing on mentoring and management strategies to better support FCMs.
  9. Evidence-Based Informal Adjustment (IA) Criteria: Devise a set of evidence-informed criteria to promote consistent statewide use and practice of IAs.
  10. Centralized Project Management Office (PMO): Creating a PMO to provide oversight and governance is critical to implementing the other efficiencies identified in Deloitte's analysis.
- Based on February 2015 data, DCS would need 142 additional staff for compliance with the 12/17 standard:

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<sup>38</sup> [https://www.in.gov/children/files/DCS\\_Caseload\\_and\\_Workload\\_Analysis\\_Brief.pdf](https://www.in.gov/children/files/DCS_Caseload_and_Workload_Analysis_Brief.pdf)

- o 100 new FCM positions (in addition to filling the existing 77 vacant FCM positions)
- o 17 new FCM supervisors (1:6 ratio of supervisors to FCMs)
- o 8 attorneys to support the new FCMs and help move children to permanency

o 17 new administrative positions to support office operations, as Deloitte identified that administrative tasks consume roughly 30% of an FCM's time

- Adding new positions will require expanding current staff training in both capacity and programming. Adding staff to local offices will require a statewide discussion on space needs, as many offices are at or nearing maximum capacity even with reconfiguration efforts being made to accommodate previous staffing increases.
- Estimated annual fiscal impact is \$7.5 million, which includes cost of 100 FCMs and 17 FCM supervisors. Funding for attorney salaries, administrative staff salaries, training, and office space will be achieved through agency efficiencies and maximizing existing resources.

## Maryland Workload Study (2012)<sup>39</sup>

This study expands on previous weighted caseload approaches by offering a program-level estimate of staffing needs to achieve optimal caseloads for providing risk and safety based in-home services, using existing administrative data and a simple formula.

The purpose of this study was to develop and test an optimal caseload calculation methodology that categorized service recipients for in-home services in one state into levels of service based on their unique case characteristics relative to safety and risk and then to consider varying levels of effort required to provide adequate levels of service to client families.

### Methodology

The research team used statewide administrative data on risk and safety assessments to estimate the numbers of cases in each service category within each local jurisdiction and then applied a simple equation to calculate optimal staffing levels using CWLA standards in conjunction with those levels. The monthly in-home caseload was estimated by using all active in-home cases at the end of the study month.

The state uses standardized assessment tools to guide worker's assessment of safety and risk. The Safety Assessment for Every Child (SAFE-C) is a tool designed to assess 19 safety influences and provide information regarding the following: situations that pose immediate danger to a child, a caregiver's protective capacity, and the safety of a child with a caregiver. The SAFE-C provides workers with an overall score of Safe, Conditionally Safe, or Unsafe

The Maryland Family Risk Assessment (MFRA) instrument is used to assess risk in five domains that, if present, may indicate the likelihood of child maltreatment in the future. The five domains are child, caretakers, family, ecological environment, and maltreatment history. Workers rate each family at none, low, moderate, or high risk based on clear guidelines and then provide an overall rating. The MFRA assessment is conducted as part of the initial investigation process and then reassessed at least every 3 months while the child is receiving services through the local child welfare agency.

The in-home services workgroup conferred with the local departments to categorize those extant programs into three levels of service that were consistent with the caseload ratio recommendations from the CWLA (2007). In partnership with the research team, the workgroup operationalized each level of service by defining the number of weekly contact hours and assessment requirements for ongoing safety management.

Data were obtained from the SACWIS on open in-home services cases and completed investigations during the time period. An examination of the data revealed that some of the data was not being entered into the SACWIS system, but was maintained in a paper record.

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<sup>39</sup> [https://www.researchgate.net/publication/235383867\\_Estimating\\_Staffing\\_Needs\\_for\\_In-Home\\_Child\\_Welfare\\_Services\\_with\\_a\\_Weighted\\_Caseload\\_Formula](https://www.researchgate.net/publication/235383867_Estimating_Staffing_Needs_for_In-Home_Child_Welfare_Services_with_a_Weighted_Caseload_Formula)

The research team developed a simple equation to estimate staffing needs based on CWLA's recommended staffing ratios:  $\Sigma \text{staffing needs} = (nL1/6) + (nL2/12) + (nL3/15)$ .

For each jurisdiction, the number of cases at each level of service was divided by the recommended staffing ratio for that level of service. Those numbers were then summed to obtain a total number of staff to serve all in-home service cases. The total staffing need for a jurisdiction was calculated by dividing the total number of Level 1 cases by the caseload staffing ratio for that level of care (6 to 1), and adding the total number of Level 2 cases divided by its staffing ratio (12 to 1), and adding the total number of Level 3 cases divided by its staffing ratio (15 to 1).

## Findings

Using the equation above to calculate case staffing needs based on CWLA caseload standards, a total of 403 case-carrying in-home service workers were estimated to be needed to provide appropriate safety- and risk-based services to children and families across Maryland's 24 jurisdictions. Compared with current staffing levels reported by local departments and aggregated to the state level, there was a need to increase overall child welfare in-home staffing by 108 in-home services workers across the state.

There was considerable variation in the difference between estimated need and current staffing across local departments. One-third of jurisdictions had more staff than needed to achieve optimal caseloads, while more than one half did not have enough. Differences ranged from being understaffed by 43 to being overstaffed by 8.

## Outcomes

The results from this study were used as rationale for a budget request for additional funding for in-home services staffing. Although the request was denied due to budgetary constraints, the methodology continues to inform state-level decisions about the allocation of existing staff resources across the state.

## Minnesota Workload Study & Workload Analytic Tool (2010)<sup>40</sup>

- 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.
- According to the [Minnesota Local Workload Analytical Tool User's Reference Guide](#):
  - The automated tool, constructed using MS Excel, calculates resource need and workloads for workgroups managed by child welfare and children's mental health caseworkers, at the county level by unit or staff person for small counties, from point of intake through to closure. The tool also gives county administrators the ability to assess the impact of workloads in achieving successful outcomes and satisfying process standards.
  - The Workload Analytic Tool is comprised of two Excel workbooks: [Workload Study Analytic Tool](#) and [Workload Study Measures](#). The first workbook or file, [Analytic Tool](#), provides answers to questions such as, "How many staff are needed to manage a caseload in a quality manner?" and "To what extent did an increase in staff help to improve outcomes for children and families served?" The second file, [Workload Study Measures](#), provides a structured means for using outcome and performance reports available to administrators, managers and supervisors in SSIS in measuring resource impact.
  - The Administrator's Reference Guide and System Documentation can be found [here](#).

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<sup>40</sup> [https://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/dhs16\\_151037.pdf](https://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_151037.pdf)



## New York State Workload Study (2006)<sup>41</sup>

- This was the first child welfare workload study to address the work of both contract agency staff and public agency staff. Eleven district offices, including the Administration for Children’s Services in New York City, and 42 contract agencies participated in the study.
- Detailed time-log data from more than 2,200 caseworkers were analyzed along with the review of State policies, best practice guidance, indicators of current performance, national standards, and findings of other workload studies.
- Findings:
  - The data show that, on average, more time per case was spent in providing case planning services than in case management services. This is consistent with policy.
  - In general, cases that were served during the study are estimated to receive a little less than a day of case-related services in a month. These data may not reflect some additional assigned cases, which were not projected as having received services. In some districts, currently assigned caseloads may be greater than the estimated monthly caseloads, based on time spent per case. If these cases were counted, the average time of case-related services provided per case, per month, would be lower.
  - Patterns of service provision vary throughout the State. ACS and the other districts differ in the amount of case-related time that is being provided per case in each of the major services. The variation is, in general, more than one hour per case per month.

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<sup>41</sup> <http://www.ocfs.state.ny.us/main/reports/WorkloadStudy.pdf>

**Table 5.1 Workload: Estimated Average Time per Case, Per Month<sup>1</sup>**

Program or Service	All Participating Agencies			ACS Plus Its Voluntary Agencies			10 Districts Plus Their Voluntary Agencies		
	Estimated Number of Unique Cases Served	Total Case-Related Time	Average Time per Case (Workload)	Estimated Number of Unique Cases Served	Total Case-Related Time	Average Time per Case (Workload)	Estimated Number of Unique Cases Served	Total Case-Related Time	Average Time per Case (Workload)
<b>Workload Calculation by Program</b>									
Child Protective Services <sup>2</sup>	15,007	82,219	5.5	5,306	35,083	7.0	9,971	47,136	4.7
Preventive Svcs	10,942	62,587	5.7	5,399	27,403	5.1	5,543	35,184	6.3
Foster Care Svcs	14,632	112,242	7.7	7,969	58,206	7.3	6,663	54,036	8.1
Article 10 Direct Placements Svcs	647	2,782	4.3	61	397	6.5	586	2,384	4.1
Adoption Svcs	1,823	8,353	4.6	484	2,598	5.4	1,339	5,755	4.3
Post Adoption Services	78	193	2.5	20	73	3.7	59	120	2.0
After Care Svcs	342	2,294	6.7	254	1,992	7.9	89	302	3.4
Management/Admin	1,815	8,406	4.6	700	3,925	5.6	1,115	4,481	4.0
<b>Workload Calculation by Service</b>									
CPS Intake	415	1,366	3.3	130	812	6.2	285	554	1.9
CPS Investigation	10,557	54,600	5.2	2,976	19,053	6.4	7,581	35,547	4.7
Ongoing Protective	4,943	26,253	5.3	2,369	15,219	6.4	2,573	11,034	4.3
Preventive Case Management	2,453	7,639	3.1	1,006	4,006	4.0	1,447	3,633	2.5
Preventive Case Planning	8,215	42,152	5.1	4,162	19,257	4.6	4,054	22,894	5.6
Preventive Casework	2,765	12,797	4.6	1,052	4,140	3.9	1,714	8,657	5.1
Foster Care Case Management	5,322	14,281	2.7	3,528	8,168	2.3	1,794	6,113	3.4
Foster Care Case Planning	9,346	64,009	6.8	4,639	34,885	7.5	4,707	29,124	6.2
Foster Care Casework	5,365	33,951	6.3	2,083	15,153	7.3	3,282	18,798	5.7
Article 10 Direct Placements	569	2,782	4.9	61	397	6.5	508	2,384	4.7
Adoption Case Management	280	712	2.5	9	6	0.8	272	706	2.6
Adoption Case Planning	1,347	5,382	4.0	364	1,672	4.6	983	3,709	3.8
Adoption Casework	654	2,260	3.5	183	920	5.0	471	1,340	2.8
Post Adoption Case Management	24	52	2.2	7	20	2.8	17	32	1.9
Post Adoption Case Planning	35	86	2.5	5	34	7.4	30	53	1.7
Post Adoption Casework	22	55	2.4	7	19	2.6	15	36	2.4
After Care Services	342	2,294	6.7	254	1,992	7.9	89	302	3.4
Management/Admin	1,815	8,406	4.6	700	3,925	5.6	1,115	4,481	4.0

<sup>1</sup> The average per program will vary from the averages per service depending upon the amount of duplication of cases across services. Duplication of cases within program varied from 1.09 to 1.46 when it was examined for ACS and the 10 districts.

<sup>2</sup> CPS does not include voluntary agency time.

**Table 5.2 Caseload: Estimated Average Cases Per Month A Caseworker Could Carry Based on Current Time Spent Per Case<sup>1</sup>**

Program or Service	All Participating Agencies			ACS Plus Its Voluntary Agencies			10 Districts Plus Their Voluntary Agencies		
	Average Time per Case (Workload)	Hours per Month of Case-Related Time Available	Caseload: Estimated Cases per Month a Caseworker Could Serve	Average Time per Case (Workload)	Hours per Month of Case-Related Time Available	Caseload: Estimated Cases per Month a Caseworker Could Serve	Average Time per Case (Workload)	Hours per Month of Case-Related Time Available	Caseload: Estimated Cases per Month a Caseworker Could Serve
<b>Caseload Calculation by Program</b>									
Child Protective Services	5.5	126	23	7.0	126	18	4.7	126	27
Preventive Services	5.7	126	22	5.1	126	25	6.3	126	20
Foster Care Svcs	7.7	126	16	7.3	126	17	8.1	126	16
Article 10 Direct Placements Svcs	4.3	126	29	6.5	126	19	4.1	126	31
Adoption Svcs	4.6	126	27	5.4	126	23	4.3	126	29
Post Adoption Services	2.5	126	51	3.7	126	34	2.0	126	62
After Care Services	6.7	126	19	7.9	126	16	3.4	126	37
Management/Admin	4.6	126	27	5.6	126	22	4.0	126	31
<b>Caseload Calculation by Service</b>									
CPS Intake	3.3	126	38	6.2	126	20	1.9	126	65
CPS Investigation	5.2	126	24	6.4	126	20	4.7	126	27
Ongoing Protective	5.3	126	24	6.4	126	20	4.3	126	29
Preventive Case Management	3.1	126	40	4.0	126	32	2.5	126	50
Preventive Case Planning	5.1	126	25	4.6	126	27	5.6	126	22
Preventive Casework	4.6	126	27	3.9	126	32	5.1	126	25
Foster Care Case Management	2.7	126	47	2.3	126	54	3.4	126	37
Foster Care Case Planning	6.8	126	18	7.5	126	17	6.2	126	20
Foster Care Casework	6.3	126	20	7.3	126	17	5.7	126	22
Article 10 Direct Placements	4.9	126	26	6.5	126	19	4.7	126	27
Adoption Case Management	2.5	126	50	0.8	126	165	2.6	126	49
Adoption Case Planning	4.0	126	32	4.6	126	27	3.8	126	33
Adoption Casework	3.5	126	36	5.0	126	25	2.8	126	44
Post Adoption Case Management	2.2	126	58	2.8	126	45	1.9	126	67
Post Adoption Case Planning	2.5	126	51	7.4	126	17	1.7	126	73
Post Adoption Casework	2.4	126	51	2.6	126	49	2.4	126	53
After Care Services	6.7	126	19	7.9	126	16	3.4	126	37
Management/Admin	4.6	126	27	5.6	126	22	4.0	126	31

<sup>1</sup>The average per program will vary from the averages per service depending upon the amount of duplication of cases across services. Duplication of cases within program varied from 1.09 to 1.46 when it was examined for ACS and the 10 districts.

## Ontario Workload Study<sup>42</sup>

- OACAS, in 1999, embarked on what has probably been the most intensive workload project in Canadian history. The Workload Measurement Project (WMP), as it was called, attempted to analyze the amount of time it took Ontario child welfare workers to complete identified tasks associated with all frontline service areas. These areas included foster care, adoption, Intake, and child protection services.
- The WMP conducted a huge workload analysis, and the end result was the establishment of a detailed task list for each of the selected four services, along with the actual time it took to complete mandated service delivery tasks within each service. These times were then compared to established benchmarks set up by the Ministry of Community, Family, and Children's Services (MCFCS). When no benchmarks were available, the average time measured for that task list was used as the benchmark.

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<sup>42</sup> <https://mspace.lib.umanitoba.ca/handle/1993/24098>

Pennsylvania/Pittsburgh Caseload Study (2009)<sup>43</sup>

- This study, conducted on the Children, Youth, and Families Department, located in Pittsburgh, was designed to establish a caseload standard for child welfare workers.
- Results indicated that, on average, some CYF workers had been assigned twice as many cases as the 16 to 17 per month suggested as reasonable by the present findings.
  - Issues:
    - Too many cases
    - Specialized caseloads
    - Number of caseworkers
    - Time consumed by certain tasks (e.g., documentation, court-related activities such as preparation for court or time spent waiting for court to begin).
    - Workers wanting more direct contact with families and more time to complete tasks
- The mixed methods methodology included three approaches:
  1. Focus group sessions involving 60 Children, Youth and Families (CYF) workers
    - Identification of tasks from a typical case story and time needed to perform tasks by members of focus group

<b>Table 1: Major Sets of Case Management Tasks for Intake and Family Services</b>	
Major Intake Task	Major Family Services Task
Investigation/risk assessment	Case transfer/closure
Safety plan	Case review/investigation
Removal planning/implementation	Crisis intervention
Court hearing	Family service plan
Meetings	Meetings
In-home/community service	Payment plan
Travel time	Petition hearing/preparation
Collateral contacts	Referral/resource connection
Supervision	Shelter hearing/preparation
Transfer/closure	Supervision
Other	Training
	Travel time
	Visits (home, foster care, and so forth)
	Other

2. Analysis of service times throughout a 3-year period for 16,000+ CYF cases to assess average caseload distribution. Results:
  - As determined by the 3<sup>rd</sup> method (historical data analysis), CYF workers actually were assigned to work on 24 or more cases on average per month.
  - For intake department:
    - As determined through job shadowing method, avg. # case hours = 7.2 per month

<sup>43</sup> [https://www.researchgate.net/publication/26837348\\_Child\\_Welfare\\_Worker\\_Caseload\\_What's\\_Just\\_Right](https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right)

- Avg. hours available for case were ~ 118.3 per month (not including lunch time, training, etc.)
- Recommended maximum caseload of 16 families

<b>Table 2: Estimated Maximum Caseload for the Children, Youth and Families Intake Department</b>		
<b>Variable</b>	<b>Maximum</b>	<b>Time per Month</b>
Available average days		
A. Work days		20.00
B. Holidays (11 per year, or 11/12)		0.92
C. Sick/personal days (10 per year, or 10/12)		0.83
D. Vacation days (10 per year, or 10/12)		0.83
E. Total work days (A - (B + C + D))		17.42
Available average hours		
F. Work hours (E × 8)		139.33
G. Lunch hours/month (1 × E)		17.42
H. Training hours (20 per year, or 20/12)		1.67
I. Monthly staff meeting hours (2 per month)		2.00
J. Total work hours (F - (G + H + I))		118.25
Estimated maximum caseload		
K. Average total time needed for case management per case	7.2 hours	
L. Caseload (J/K)	16 cases	

- For family service caseworkers:
  - Avg. case hours: 6.84 per one-month period
  - Maximum total caseload of 17

<b>Table 3: Estimated Maximum Caseload for the Children, Youth and Families Family Services Department</b>		
<b>Variable</b>	<b>Maximum</b>	<b>Time per Month</b>
A. Available work hours		118.25
B. Family visit hours per case		3.29
C. Casework processing hours per case		3.55
D. Average total hours needed for case management per case (B + C)		6.84
E. Caseload (A/D)	17 cases	

3. Job shadowing of 34 randomly selected CYF workers for an aggregate of 5,600 work hours to classify and record case management tasks (including recording start and end times)

## Additional Considerations for Determining Caseload Standards

### Weighting in Cases of Substance Abuse

Combining evidence from statistical analysis and qualitative research, authors of "The Relationship between Substance Use Indicators and Child Welfare Caseloads"<sup>44</sup> found a strong positive relationship between select indicators correlated with substance use and each of the three examined measures of child welfare involvement:

- From 2011 through 2016, counties with higher rates of drug overdose deaths and drug-related hospitalization had higher rates of child maltreatment reports, substantiated reports, and foster care entries.
- In addition, higher rates of substance use indicators are correlated with more complex and severe cases of child maltreatment.
- The increase in overdose death and drug hospitalization rates is correlated with a greater increase in rates of foster care entries, relative to increases in reports of child maltreatment and case substantiation.
- Interviews in 11 distinct communities across the country corroborated the finding that child welfare cases involving parental substance use can be more difficult to manage and less likely to result in reunification.

Concerns as Discussed in the "Effects of Excessive Workload on Child Welfare" (2017) with Using Average Caseload Size as Indicator of Workload Pressures in a Child Welfare System:<sup>45</sup>

Currently, child welfare agencies usually depend on computer counts of open cases to determine a caseload average, a practice that tends to distort caseload statistics in several ways:

- Computer counts may include inactive cases, i.e., cases in which there has been no client contact for long periods of time, but that require some additional documentation to close. Counting inactive cases inflates caseload averages and will eventually render any alleged caseload average meaningless. Counting inactive cases acts as an incentive to keep cases open long after all actual work with a child or family has ended.
- Casework requirements among types of cases in foster care caseloads vary widely. If computer systems lack weighting formulas for "low maintenance" cases such as "tribal payment only" or 'courtesy supervision' cases, including these cases in caseload counts will inflate caseload averages, sometimes to an extreme degree.
- Child welfare agencies sometimes use funded positions rather than filled positions to compute caseload averages. Agencies may also include new employees who cannot be assigned cases or can only assigned a limited number of cases in computing caseload averages. When this practice occurs, caseload averages will appear far more reasonable than they actually are for experienced staff who, in effect, are carrying the load for vacancies and for new employees.

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<sup>44</sup> <https://aspe.hhs.gov/system/files/pdf/258831/SubstanceUseCWCaseloads.pdf>

<sup>45</sup>

<http://depts.washington.edu/acwewa/Social%20Media/Documents/effects%20of%20excessive%20workload%201%202017.pdf>

- In CPS units, the most important indicator of workload is the average number of new investigations assigned per month rather than the number of open cases at a point in time. New investigations impose unavoidable requirements regarding response time, interviews with children, parents and collateral sources, while most ongoing investigations or assessments can be abbreviated or closed almost at will for many cases. Workload requirements over which caseworkers have the least control are always the main determinant of workload pressures. In CPS, it is newly assigned investigations and the court actions arising out of these investigations that create the most severe workload pressures. In foster care units, it is the number of children in foster care and the legal requirements of these cases, especially visitation requirements, that impose out-of-control workload pressures.
- The availability or lack of administrative support positions has a large influence on workload. A caseload of 18 foster care cases might be barely manageable in child welfare agencies with ample administrative and visitation support but completely overwhelming without it.
- Using a caseload average as a stand-alone metric to justify requests for additional positions virtually eliminates the possibility of legislative proposals that would greatly reduce child welfare workloads without reducing average caseload size. For example, adding administrative support positions and case aides in large numbers would have a dramatic, positive effect on workload reduction in CA and other child welfare systems.

Concern about Using Just Average Caseload Numbers to Establish Caseload Standards (from Ventura County Grand Jury 2017-2018 Report on Child Welfare Social Worker Caseloads):<sup>46</sup>

Average caseloads as defined by HSA are a moving target with no relationship from one month to the next. For instance, a social worker could have what is considered a reasonable number of 17 cases one month and have the same 17 cases considered excessive the next month. Using monthly averages as the basis of determining excessive caseloads is often misleading. A social worker could have a caseload not exceeding the monthly average by 10% yet still significantly exceed HSA's ideal caseload standards.

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<sup>46</sup> [https://vcportal.ventura.org/GDJ/docs/reports/2017-18/GrandJuryReport\\_2017-2018\\_ChildWelfareSocialWorkerCaseloads.pdf](https://vcportal.ventura.org/GDJ/docs/reports/2017-18/GrandJuryReport_2017-2018_ChildWelfareSocialWorkerCaseloads.pdf)



## Additional Tools for Assisting with Caseload Weighting / Measurements

Estimated Timetables from “Agency Workforce Estimation: Simple Steps for Improving Child Safety and Permanency” (can be used as templates):<sup>47</sup>

### Estimating Staff Time Available

The table below displays a median estimate drawn from several CRC workload studies for experienced workers (training time would be much higher for new workers). The estimate assumes an average work month of 173.3 paid hours and subtracts unavailable time from it. Annual leave or training records were converted to monthly figures for this purpose. Additionally, staff cannot serve cases during training, leave (vacation, sick, holiday, and personal time), or break hours. The subtraction of training, leave, and break time reduces time available to 136.0 hours per month.

Experienced Social Worker	Median Time in Hours
Total work hours per month	173.3
Median training time	-4.2
Median leave time (vacation, sick, holiday, personal)	-23.9
Daily break time (usually .5 hours per day)	-9.2
Total work hours minus training, leave, and break time	136.0
Median case support time	-6.5
Median administrative time	-7.3
Monthly hours available to experienced social worker	122.3

Note: Table 1 reports median values for every category, and results therefore differ slightly from a summation.

### Estimating Worker Time Required to Serve Clients

Workers are trained to record daily, under actual field conditions, the time they require to (a) serve a randomly sampled foster care or in-home family case for one month; and (b) complete a random sample of intakes, CPS investigations, and other case studies from assignment to completion.

<sup>47</sup> [https://www.nccdglobal.org/sites/default/files/publication\\_pdf/focus09\\_agency\\_workforce\\_estimation.pdf](https://www.nccdglobal.org/sites/default/files/publication_pdf/focus09_agency_workforce_estimation.pdf)

Sample case times are averaged to estimate the time required to meet standards for each case type. Random sampling ensures that both difficult, time-consuming case events and routine practice conditions are represented. Table 2 shows the median time estimate observed across five child welfare agency workload studies. It reflects the time required to meet agency standards for several hundred randomly assigned cases. Agency standards varied, but all required a minimum of one monthly contact with the child and parent or substitute caregiver for in-home and foster care cases. The CPS investigation standards also vary by agency, but the times shown are broadly representative.

These estimates are prescriptive in that they reflect the time required to serve clients at the best practice standard employed by each agency.

Table 2	
Median Monthly Worker Time Estimates for Cases That Met Standards	
Agency Service Area	Median Worker Time in Hours
CPS intake	
Maltreatment report	1.1
Informational call	0.3
CPS investigation/assessment	
Non-placement investigation	8.1
Placement investigation	18.6
Child and family services	
In-home family case	6.6
Child placement case	
New child case	9.5
Ongoing, return home goal	7.5
Ongoing, other goal	5.6

### Constructing an Agency Workload Estimate

Table 3 provides an example estimate for a typical operating month. The agency's monthly intake and investigation activity and average in-home or foster care caseloads could be observed by computing averages across a prior 6- or 12-month period. Then the worker time

associated with each case type is multiplied by the number of intakes, investigations, or service cases.

Staff hours shown for each service delivery area are summed to represent a total workload demand of 32,141.3 staff hours. Total staff hours are converted to staff positions by dividing the total demand by the 122.3 available hours per worker (see Table 1 on pg. 48).

The example indicates that 262.8 staff positions are required to meet agency standards given the current demand for child welfare services. This estimate may be compared to authorized agency positions or available positions (authorized positions minus vacancies). In this example, the agency's available workforce capacity is 216 positions. Since 262.8 positions are required to meet workload demand, it is understaffed by 46.8 positions (262.8 minus 216). If, for example, 230 positions were authorized, an additional authorization of 16.8 positions would be required.

Agency Service Area	Work Hours/Case	Average Monthly Cases	Total Worker Hours
<b>CPS intake</b>			
Maltreatment report	1.1	2,291	2,520.1
Screened out	0.3	4,694	1,408.2
Intake subtotal			<b>3,928.3</b>
<b>CPS investigation/assessment</b>			
Completed, no placement	8.1	812	6,577.2
Completed with placement	18.6	63	1,171.8
Investigation/assessment subtotal			<b>7,749.0</b>
<b>In-home service cases</b>			
In-home family case	6.6	1,356	8,949.6
In-home case subtotal			<b>8,949.6</b>
<b>Child placement cases</b>			
New child case	9.5	123	1,168.5
Ongoing child case, return home goal	7.5	921	6,907.5
Ongoing child case, other goal	5.6	614	3,438.4
Placement case subtotal			<b>11,514.4</b>
Total agency workload demand in worker hours			<b>32,141.3</b>
<b>Staff required to meet estimated workload demand</b> (total demand divided by worker time available [122.3 hrs. per month])			<b>262.8</b>
Agency workforce capacity (available staff)			216
Additional staff needed to meet estimated workload			46.8

- La Crosse County, as mentioned in the “National Study of Child Protective Services Systems and Reform Efforts,”<sup>48</sup> has developed a case-weighting matrix. The county expects that the new Statewide Automated Child Welfare Information System (SACWIS) will include a case-weighting capability to achieve the same objective.

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<sup>48</sup> <https://aspe.hhs.gov/system/files/pdf/108491/64561.pdf>

## Further Considerations on Workload Management

As discussed in “The Perpetual Journey: Managing Workloads in Child Welfare” by Richard De La Ronde (2009):<sup>49</sup>

- Workload cannot be reduced by efficiencies alone. Many jurisdictions, including Manitoba are re-tooling many of their tracking and reporting systems to make data entry and documentation more efficient. Although this is an important factor in regards to non-case related time, it is not enough to make a substantial impact on workload.
- If the purpose of your strategy is to improve the quality of service to children and families, then you have to figure out how to connect social workers with the clinical aspects of their jobs. One way to achieve this is through the focus of tasks of frontline protection workers.

Recommendations for Successful Implementation of Workload Studies:<sup>50</sup>

- A leader who understands the utility of specific workload data in support of budgeting efforts.
- An early, clear, and consistent commitment to improved services by agency leadership.
- A commitment to accept the findings once they are confirmed to be valid.
- Staff or others’ belief that there is more work than the current staff can handle.
- A belief that more facts will be useful in justifying and planning change. It is axiomatic that relevant data can enhance decision making.
- A focus on children, rather than on staff.
- A recognition that workload studies seek to identify the level of work that is appropriate for staff performing different types of services.
- 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.
- 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.
- An understanding that the workload study results are best presented in accordance with a carefully constructed dissemination plan for communication to key 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.

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<sup>49</sup> <https://mspace.lib.umanitoba.ca/handle/1993/24098>

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[https://www.researchgate.net/profile/Robin\\_Perry3/publication/237430886\\_A\\_Critical\\_Appraisal\\_of\\_What\\_Child\\_Welfare\\_Workers\\_Do\\_Findings\\_From\\_a\\_Task\\_Analysis\\_Study\\_in\\_Florida/links/54662f200cf25b85d17f5b5b/A-Critical-Appraisal-of-What-Child-Welfare-Workers-](https://www.researchgate.net/profile/Robin_Perry3/publication/237430886_A_Critical_Appraisal_of_What_Child_Welfare_Workers_Do_Findings_From_a_Task_Analysis_Study_in_Florida/links/54662f200cf25b85d17f5b5b/A-Critical-Appraisal-of-What-Child-Welfare-Workers-)

- 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.
- The involvement of key stakeholders in designing the approach.
- The understanding that employees at all levels desire a “doable” job.

#### Beyond Workload Studies:

- Relying on studies focusing on case counts and time-based measurements is not sufficient; legislative/program change, socio-economic factors (i.e., poverty, housing, employment), and social work practice factors should be considered and looked at as well.

## REFERENCES

Alaska Office of Children's Services. (2012). Executive Summary of the 2012 Hornby, Zeller and Associates Workload Study. Retrieved from [http://akhouse.org/docs/120513\\_OCS\\_workload\\_study.pdf](http://akhouse.org/docs/120513_OCS_workload_study.pdf)

American Public Human Services Association. (2005). Report from the 2004 Child Welfare Workforce Survey: State Agency Findings. Washington, DC. Retrieved from <http://www.theprofessionalmatrix.com/docs/WorkforceReport2005.pdf>

Arnold-Williams, R. and D.H. Graham. (2008) Prerequisites for Workload Studies. *Protecting Children*, 23 (3): pp. 20-27.

Bonaventura, M. B. (2015). Field Workload Analysis Brief. Indiana Department of Child Services. Retrieved from [https://www.in.gov/children/files/DCS\\_Caseload\\_and\\_Workload\\_Analysis\\_Brief.pdf](https://www.in.gov/children/files/DCS_Caseload_and_Workload_Analysis_Brief.pdf)

Bowling, N. A., Alarcon, G. M., Bragg, C. B., & Hartman, M. J. (2015). A Meta-Analytic Examination of the Potential Correlates and Consequences of Workload. *Work & Stress*, 29(2), 95-113. [https://www.researchgate.net/publication/276421818\\_A\\_meta-analytic\\_examination\\_of\\_the\\_potential\\_correlates\\_and\\_consequences\\_of\\_workload](https://www.researchgate.net/publication/276421818_A_meta-analytic_examination_of_the_potential_correlates_and_consequences_of_workload)

California Dept. of Social Services. (2003). CWS Redesign: The Future of California's Child Welfare Services Final Report. Sacramento, CA. Retrieved from <https://www.cdss.ca.gov/cfsweb/res/pdf/appendicesreport.pdf>

Card, C. (2010). Examination of the Effect of Child Abuse Case Characteristics on the Time a Caseworker Devotes to a Case. Graduate Theses and Dissertations. Retrieved from <https://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=4757&context=etd>

Child Protection Accountability Commission (CPAC). (2006) State of Delaware Child Protection Accountability Commission ("CPAC") 16 Del. C. § 912 NEAR DEATH REPORT in the Matter of Oliver Ford, a Minor Child. Retrieved from <https://courts.delaware.gov/childadvocate/docs/fordneardeathreport101206.pdf>.

Child Welfare Information Gateway. (2016). Caseload and Workload Management. Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubs/case-work-management/>

Constance Lechman MSW, MBA. (2006). The Development of a Caseload Weighting Tool, *Administration in Social Work*, 30:2, 25-37.

Council on Accreditation. (n.d.). Child Protective Services 14: Personnel. Retrieved from <https://coanet.org/standard/cps/14/>.

DCF Court Monitor's Office. (2017). Time Study of DCF Social Work Staff During March 2016 as Requested by the Department of Children and Families' Administration and AFSCME Local 2663. Retrieved from <https://portal.ct.gov/-/media/DCF/PIP/timestudypdf.pdf?la=en>

De La Ronde, R. (2009). A Workload Review Project the Perpetual Journey: Managing Workloads in Child Welfare. Practicum report. University of Manitoba (Canada). Retrieved from [https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/24098/DeLaRonde\\_A\\_workload.pdf?sequence=1&isAllowed=y](https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/24098/DeLaRonde_A_workload.pdf?sequence=1&isAllowed=y)

DePasquale, E. (2018). State of the Child Action Plan. Pennsylvania Department of Auditor General. Retrieved from [https://www.paauditor.gov/Media/Default/Reports/RPT\\_StateofChild\\_Action\\_Plan\\_051618\\_FINAL.pdf](https://www.paauditor.gov/Media/Default/Reports/RPT_StateofChild_Action_Plan_051618_FINAL.pdf)

Edwards, F., & Wildeman, C. (2018). Characteristics of the Front-Line Child Welfare Workforce. *Children and Youth Services Review*, 89, 13–26. doi: 10.1016/j.childyouth.2018.04.013

Fluke, J. et al. (2000). SB 2030 Child Welfare Services Workload Study Final Report. American Humane Association Children's Division. Retrieved from [http://www.fiscalexperts.com/pdf\\_files/SB2030Study.pdf](http://www.fiscalexperts.com/pdf_files/SB2030Study.pdf)

Ghertner, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The Relationship between Substance Use Indicators and Child Welfare Caseloads. Report prepared for Office of the Assistance Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved from <https://aspe.hhs.gov/system/files/pdf/258831/SubstanceUseCWCaseloads.pdf>

Gustafson, L., & Allen, D. (1994). A New Management Model for Child Welfare. *Public Welfare*, 52(1), 31.

Hughes, S., & Lay, S. (2012). Direct Service Workers' Recommendations for Child Welfare Financing and System Reform. Child Welfare League of America.

ICF International Incorporated. (2014). Colorado Department of Human Services Colorado Child Welfare County Workload Study. Fairfax, VA. Retrieved from [https://leg.colorado.gov/sites/default/files/documents/audits/1354s\\_-\\_colorado\\_childrens\\_welfare\\_workload\\_study\\_report\\_august\\_2014.pdf](https://leg.colorado.gov/sites/default/files/documents/audits/1354s_-_colorado_childrens_welfare_workload_study_report_august_2014.pdf)

Kaye, Sarah & Shaw, Terry & Depanfilis, Diane & Rice, Karen. (2012). Estimating Staffing Needs for In-Home Child Welfare Services with a Weighted Caseload Formula. *Child welfare*. 91. 61-76. Retrieved from [https://www.researchgate.net/publication/235383867\\_Estimating\\_Staffing\\_Needs\\_for\\_In-Home\\_Child\\_Welfare\\_Services\\_with\\_a\\_Weighted\\_Caseload\\_Formula](https://www.researchgate.net/publication/235383867_Estimating_Staffing_Needs_for_In-Home_Child_Welfare_Services_with_a_Weighted_Caseload_Formula)

Lechman, C. (2006). The Development of a Caseload Weighting Tool. *Administration in Social Work*, 30(2), 25–37. doi: 10.1300/j147v30n02\_04

Mills, C.S., & Ivery, C. (1991). A Strategy for Workload Management in Child Protective Practice. *Child Welfare*, 70 (1), 35-43.



Ministry of Social Development. (2014). Qualitative Review of Social Worker Caseload, Casework and Workload Management. New Zealand. Retrieved from <http://www.socialserviceworkforce.org/system/files/resource/files/workload-and-casework-review.pdf>

Hornby Zeller Associates, Inc. (2010). Minnesota Local Workload Analytic Tool Administrator's Reference Guide & System Documentation. Prepared for Child Safety and Permanency Division, the Minnesota Department of Human Services. Retrieved from [http://ncwwi.org/files/Job\\_Analysis\\_Position\\_Requirements/MN\\_Local\\_Workload\\_Analytic\\_Tool\\_-\\_Administrators\\_Reference.pdf](http://ncwwi.org/files/Job_Analysis_Position_Requirements/MN_Local_Workload_Analytic_Tool_-_Administrators_Reference.pdf)

Hornby Zeller Associates, Inc. (2010). Minnesota Local Workload Analytic Tool User's Reference Guide. Prepared for Child Safety and Permanency Division, the Minnesota Department of Human Services. Retrieved from [https://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/dhs16\\_151037.pdf](https://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_151037.pdf)

Stein, T. J., Callaghan, J., McGee, L., & Douglas, S. (1990). A Caseload-Weighting Formula for Child Welfare Services. *Child Welfare*, 69(1), 33-42.

Ventura County Grand Jury. (2017-2018). Child Welfare Social Worker Caseloads Final Report. Retrieved from [https://vcportal.ventura.org/GDJ/docs/reports/2017-18/GrandJuryReport\\_2017-2018\\_ChildWelfareSocialWorkerCaseloads.pdf](https://vcportal.ventura.org/GDJ/docs/reports/2017-18/GrandJuryReport_2017-2018_ChildWelfareSocialWorkerCaseloads.pdf)

Wagner, D., Johnson, K., & Healy, T. (2009). Agency Workforce Estimation: Simple Steps for Improving Child Safety and Permanency. Children's Research Center. Retrieved from [https://www.nccdglobal.org/sites/default/files/publication\\_pdf/focus09\\_agency\\_workforce\\_estimation.pdf](https://www.nccdglobal.org/sites/default/files/publication_pdf/focus09_agency_workforce_estimation.pdf)

Walter R. McDonald & Associates, Inc. (2003). National Study of Child Protective Services Systems and Reform Efforts Site Visits Report. Prepared for Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, etc. Retrieved from <https://aspe.hhs.gov/system/files/pdf/108491/64561.pdf>

Walter R. McDonald & Associates, Inc. (2006). New York State Child Welfare Workload Study. Retrieved from <http://www.ocfs.state.ny.us/main/reports/WorkloadStudy.pdf>

Wilson, D. (2017). Effects of Excessive Workload on Child Welfare. University of Washington. Retrieved from <http://depts.washington.edu/acwewa/Social%20Media/Documents/effects%20of%20excessive%20workload%201%202017.pdf>

Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child Welfare Worker Caseload: What's Just Right? *Social Work*, 54, 361-368. Retrieved from [https://www.researchgate.net/publication/26837348\\_Child\\_Welfare\\_Worker\\_Caseload\\_What's\\_Just\\_Right](https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right)

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