

CLEARINGHOUSE FOR MILITARY FAMILY READINESS

Workload and Caseload Management: Rapid Literature Review

Clearinghouse Technical Assistance Team

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Summary

The Technical Assistance team at the Clearinghouse for Military Readiness at Penn State (Clearinghouse) conducted a brief, rapid review of the literature on the topics of what are recommended caseloads and how to determine workload and caseload levels for social services workers. Clearinghouse staff used search terms, such as caseload, workload, workload management systems, and workload models. This report includes an overview of the scope of the debate regarding recommended caseloads and workloads and definitions of relevant key terms. In addition, Clearinghouse staff provide a concise discussion of how workload may impact outcomes and include recommendations for determining appropriate caseload size and assessing workload. The Clearinghouse generated a list of eight online resources, which provide pertinent evidence-informed tools that may assist in developing a framework or model to address staff workload. Lastly, we list the references used to generate this review. This report is intended to provide an overview of research around the topic of interest but not to serve as a comprehensive review of literature.

Background

Despite a growing body of evidence that indicates a high caseload size negatively impacts the outcomes for children and youth, ambiguity exists regarding the discussion of optimal caseload volume. Various states have their own standards; there are no universally accepted caseload numbers used across states. Additionally, many states have failed to legislate caseload standards into statutes. Different states may measure and weigh cases differently when they determine compliance to standard caseloads, which further illustrates the ambiguity of a standardized process adopted by all

(Bonaventura, 2015). In other words, a report of case counts may capture the number of cases (volume) but may fail to account for the complexity of cases and how each state uniquely assigns weights to the difficulty level of each case. These circumstances make comparisons of case volume difficult between states.

For the purposes of this discussion, caseload is defined as “the number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region)” (Child Welfare Information Gateway, 2016, p. 2).

While a useful construct, caseload size alone may be an inadequate indicator of quality outcomes. For example, professionals with low caseloads may also have increased administrative tasks and experience complex and often difficult cases that necessitate additional time requirements. The result, regardless of the low caseload count, may be failure to achieve expected quality outcomes for children and families (Lipsky, 2010). For this reason, an important construct to include in the discussion of optimal caseload size is workload. Workload is defined as “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” (Child Welfare Information Gateway, 2016, p. 2). Jewell and Glaser define workload as encompassing “not only the number of cases but also the kinds of tasks and decisions each case requires” (Jewell & Glaser, 2006, p.341), or, at its simplest definition, workload is defined as the time required to complete all job tasks (Yamatani, Engel, & Spjeldnes, 2009).

The focus of attention on the child welfare work force is vital to impacting the quality of services children and families receive. Outcomes for children and youth may be negatively impacted by a variety of workforce challenges, including high caseloads and inappropriate workloads (Children’s Defense Fund, 2007). The Government Accountability Office (GAO) found that, in the majority of states, high caseloads, training deficiencies, and shortages in staffing were cited as impacting the attainment of outcomes (GAO, 2004). In all 27 of Child and Family Services Reviews (CFSRs) that were analyzed by the GAO, high caseloads and other workforce deficits negatively impacted at least one assessment measure.

Aside from quality outcomes, caseload size also impacts staff retention and job satisfaction. Caseload size is the single most significant predictor of job burnout levels (Thomas, Kohli, & Choi, 2014). Ultimately, caseload size may also influence staff

turnover and treatment outcomes (Hopkins, Cohen-Callow, Kim, & Hwang, 2010). Stress, more than any other factor, contributes to case worker's job withdraw, employment seeking behavior, and employment termination (Hopkins, Cohen-Callow, Kim, & Hwang, 2010). Retention of qualified and passionate staff is a key element in providing quality services to children and families. Therefore, creating manageable workloads, including a manageable caseload size, could contribute positively to retaining human service staff.

Caseload and Workload Determinants

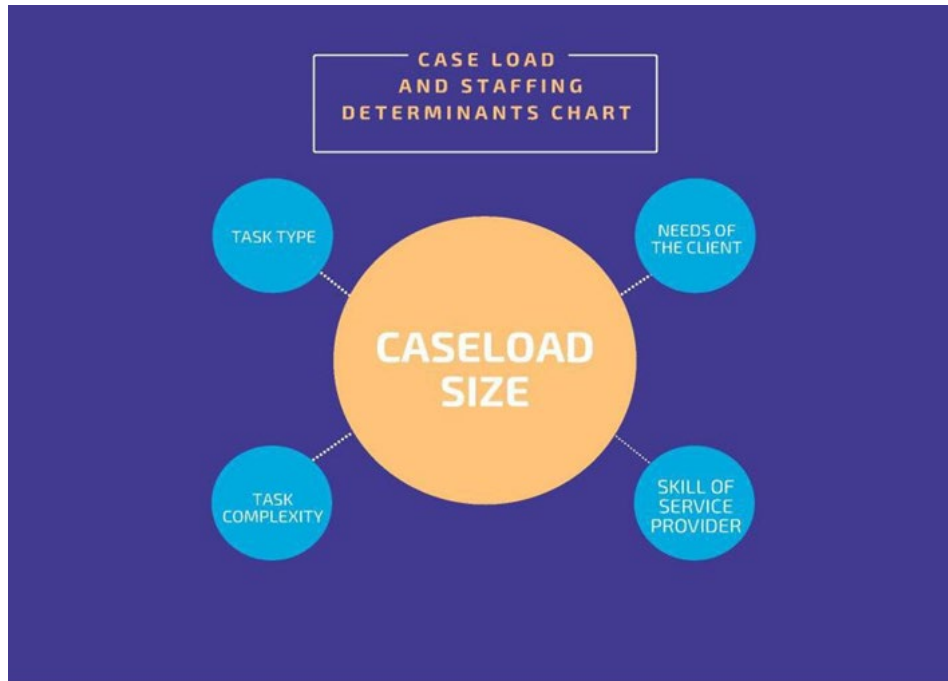
- Use state and national standards of recommended caseload size as a starting point.
- **Council on Accreditation Standards (Council on Accreditation, 2006)**
 - A manageable workload including caseload and other organizational responsibilities “makes it possible for workers to meet practice requirements; does not impede the achievement of outcomes; and takes into consideration the qualifications and competencies of the worker and case status and complexity” (Council on Accreditation, 2006, n.p.).
 - Investigative workers should manage 12 or less active investigations at a time and 8 or less new investigations per month.
 - Ongoing and preventive services workers should carry a caseload of no more than 15-18 families or cases at a time with no more than 10 children who are in an out-of-home placement.
 - Caseloads may surpass the recommended limits depending upon the volume of administrative duties (e.g., filing, paperwork) or in the event of a temporary staffing vacancy.
- **Child Welfare League of America (CWLA) (Bonaventura, 2015)**
 - Assessment workers (i.e., those investigating allegations of abuse and neglect) should carry a maximum of 12 cases per month.
 - Workers carrying ongoing protective services cases should carry no more than 17 families at a time.

Determining appropriate caseload and workload levels, as defined by more traditional staffing models, relies upon estimates of total population of a given service area and the quantity of service providers needed. While this method is simple in form, it fails to account for the quality of the efforts provided, the allocation of time among clients, intensity of the workload, and the environment in which one serves (McCabe & O'Connell, 2017). Approaching caseload and workload as more complex constructs than traditional staffing models suggests results in a more accurate estimate of caseload and workload capacity.

Across the literature, four key factors emerge as most influential in determining caseloads and staffing levels: task type, task complexity, needs of the client, and the skill of the service provider (Marine and Family Programs, 2015; Social Work Policy Institute, 2010). For instance, a caseload that contains highly complex cases or tasks with high-need clients and a staff of inexperienced service providers may warrant the need for more providers versus a caseload in which the service providers are experts in their field, have less complex cases, and serve lower-need clients (Social Work Policy Institute, 2010; Marine and Family Programs, 2015). How each of the four factors are weighted or given value is dependent upon the needs and values of the organization.

The diagram below (Figure 1) provides a visual illustration of how each of these four factors- task type, task complexity, needs of the client, and the skill of the service provider- contributes to conceptualizing caseload volume.

Figure 1. Caseload and Staffing Determinants



Evidence-Informed Recommendations for Caseload and Workload Decision-Making

- Identify critical factors to the delivery of a specific program that may influence the number of Family Advocacy Program Managers needed. Assign importance or weights to each factor in the model to calculate the appropriate staffing ratio (Marine and Family Programs, 2015).
- Conduct a caseload or workload assessment (Children’s Defense Fund, 2007).
- Consider conducting a comprehensive study of workload and caseload. Enlist the assistance of an outside agency or a university for additional support as needed (Child Welfare Information Gateway, 2016).
- Consider how training on topics, such as time management techniques, stress management, and other relevant topics may be implemented. Include training initiatives in the workload assessment process (Children’s Defense Fund, 2007).

- Review and understand budgeting restraints when considering staffing levels.
- Utilize caseload standards as established by a specific state to inform, revise, and create best practice policies and guidelines (Children’s Defense Fund, 2007).
- Consult state reports on workforce and caseload initiatives to gather strategies and other pertinent, evidence-informed resources for guidance on how to reform current policies and procedures. Although the resources and initiatives may have been developed for other agencies and locations, they can be modified for specific use or inform the development and creation of a tool that fits a particular setting. The Child Welfare Information Gateway (https://www.childwelfare.gov/pubPDFs/case_work_management.pdf) provides a relevant list and summary of noteworthy state initiatives (Child Welfare Information Gateway, 2016).
- Collect meaningful input from Family Advocacy Program Managers and other stakeholders on the delivery and design of services, including appropriate workload capacities. Use this feedback to prioritize and inform the decision-making process (Hopkins, Cohen-Callow, Kim, & Hwang, 2010).
- Create an ongoing evaluation process that will monitor and adjust workload as necessary.

Conclusion

A wide range of strategies and practices are available to manage workload and caseload. No one solution exists as a gold-standard of workload capacity and caseload. Administrators and organizations must select and tailor promising practices to meet the unique needs of their settings. Clearly, ongoing efforts to create and monitor manageable workloads and caseloads for staff will ultimately lead to creating and maintaining a more positive work environment and to attaining better outcomes for the children and families served.

Resources

Council on Accreditation

- Developed by the Council on Accreditation (COA), the Staff Caseload Size Worksheet is a tool designed to gather data on average workload/caseload information for workers. Information on types of cases, the severity of clients' concerns, and assistance of any other staff with the caseload is collected and then discussed. The Staff-Client Ratio and Caseload Size Tip Sheet offers standards in various service sections and defines staff/client ratios and caseload-size recommendations.
- <http://coanet.org/trainings-resources/tools-search/>

Child Welfare Information Gateway's Caseload and Workload Management Issue Brief

- This issue brief aims to build the knowledge base about caseload and workload issues and helps State child welfare managers, administrators, and others learn how they can improve caseload and workload situations in their agencies.
- https://www.childwelfare.gov/pubPDFs/case_work_management.pdf

Child Welfare Capacity Building Collaborative

- Summary: The Children's Bureau's Child Welfare Capacity Building Collaborative helps public child welfare agencies, Tribes, and courts enhance and mobilize the human and organizational assets necessary to meet federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children, youth, and families.
- <https://capacity.childwelfare.gov/>

Community Care Inform

- This guide provides an overview and summary of Community Care Inform's Guide to Implementing Employer Standard 3: Workload Management and Case Allocation. This is one of a series of guides that addresses employer standards for social work and the supervision framework. The guide presents three basic models to approach workload - caseload-based, time-based, and tasks-based - and offers other helpful recommendations.
- <https://fostercarereresources.files.wordpress.com/2015/12/cc-inform-workload-management-web-2.pdf>

Indiana Department of Child Services (DCS)

- Conducted by Deloitte Consulting, the Caseload and Workload Analysis: Final Recommendations Report used a caseload and workload analysis to assess the current state of DCS. Caseload standards were evaluated with existing agency practices, activities, and performance. DCS's current practices are set against leading national child welfare practices that are linked to improvements in caseload management and service delivery. This report provides a prioritized roadmap and profile of recommended options to improve ability to meet future caseload standards while improving services to children and families.
- https://ncwwi.org/files/Job_Analysis_Position_Requirements/IN_DCS_Caseload_and_Workload_Analysis.pdf

National Child Welfare Workforce Institute (NCWWI)

- An interactive website with workforce development resources. With a search feature and the option to register to populate the page with resources that match your interests, the site has thousands of workforce tools and information.
- <http://ncwwi.org/index.php/component/jak2filter/?Itemid=396&isc=1&sear%20ch%20word=workload>

Social Work Reform Board

- The Social Work Reform Board (SWRB) was created to carry out the recommendations of the Social Work Task Force in the United Kingdom to improve social work training and practice across the nation. The Task Force was supported by England's Department of Health and the Department for Children, Schools and Families. Annex: Workload Management Systems provides information about workforce management systems and is intended to capture a holistic picture of workload.
- <https://www.local.gov.uk/sites/default/files/documents/workload-management-syste-147.pdf>

Skills for Care

- The Workforce Capacity Planning Model helps employers determine whether they have the right mix and numbers of workers with the right skills and knowledge to implement care and support reform. The principles of workforce capacity planning are applicable across all services undergoing radical change. The workforce capacity planning model has been developed to support workforce transformation and to ensure that resources are used in the best possible way to

achieve better outcomes for people with care and support needs and their careers and families in the context of the care and support reforms.

- <http://www.skillsforcare.org.uk/Documents/Standards-legislation/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning-model.pdf>

Suggested Citation

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