

Workload Assessment Study
Allegheny County Office of Children, Youth and Families

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Executive Summary

Public child welfare is under great stress in the United States. The complex matrix of state and federal laws, regulations and agencies do not always function as a coherent system. Many child welfare agencies have been found deficient by the courts, and agencies in more than two dozen states have been taken over by receivers under court order. In virtually every public child welfare agency, personnel issues are among the most challenging. High personnel vacancy rates, high staff turnover rates and excessive caseloads are among the most significant obstacles of child welfare agencies striving to fulfill their legal mandate and achieve the standards of service expected of those entrusted with protecting the well being of society's most vulnerable children. Similar problems have been observed in Pennsylvania.

Almost every discussion of the difficulties in any child welfare system eventually raises the caseload issue. High caseloads can lead to burnout, turnover, emotional exhaustion and poor services. Caseloads are also important for other reasons, including (1) caseloads are a critical factor in agency funding formulas and (2) caseloads are subject to state regulation. But what is an appropriate caseload?

This study examines the questions of how much time is required for workers to fulfill their responsibilities, and how many cases might reasonably comprise the workload of one trained person. These are profoundly important questions that are notoriously difficult to answer, even with good research resources. Nevertheless, they are questions that must be answered for both legal and professional reasons. A better understanding of reasonable workload expectations for workers can provide the basis for enlightened administration and the data required to advocate for adequate resources. Both are cornerstones of quality client services and the recruitment and retention of qualified workers.

Because of the analytic complexity of this study, three parallel research methods were employed. A considerable amount of time was devoted to focus group sessions--listening to caseworkers, administrators, supervisors and managers. This is the process in which some sixty (60) employees participated in ten (10) focus group sessions. The second method was close observation of a sample of workers in two (2) different areas regarding how long they spent completing identified tasks. Referred to as "job shadowing," the activities and the amount of time those activities required for 34 randomly selected workers over an aggregate of 5,600 hours was observed and recorded. The third method was the review of over sixteen thousand (16,000) CYF cases from the past three (3) years. This made it possible to capture actual service times for a much larger sample of cases.

By analyzing the three (3) streams of data, it was determined that the recommended maximum caseload per worker at a point in time is sixteen (16) in the Intake Department and seventeen (17) cases in Family Services. The results are

noticeably compatible with national standards (e.g., the Child Welfare League of America) and studies completed in other states (e.g., California).

Recently adopted Pennsylvania Standards for Child Welfare Practice (2000) include the expectation that "agency management will conduct a workload study in order to determine staff levels necessary to perform the activities outlined in the Standards of Practice. The caseload size needs to reflect the intensity, type, and duration of services outlined in the Standards of Practice, and must be commensurate with Child Welfare League of America (CWLA) standards. The Workload study should be completed at a minimum of every five years."

This study was conducted by researchers of the School of Social Work University of Pittsburgh in collaboration with the agency in an effort to empirically define appropriate workload levels for the Intake and Family Service Departments at CYF.

I. Overview of Research Activities and Process

A major paradigm of the Community Enhancement Research Network (CERN) at the University of Pittsburgh School of Social Work is to help develop and enhance organizational performance by employing a collaborative research strategy—teaming University researchers with staff members of organizations, and involving them in the major steps of the research process. The researchers listen to administrators, staff and other stakeholders regarding the questions they would like to have answered. Jointly, the stakeholders and researchers develop a research plan which includes the delineation of specific research questions, data gathering instruments, and data collection strategies. This “ground up” method has many advantages over the traditional “top down” approach in which the research investigator controls the entire research process. Beginning with the fact that the initiative for this project came from the agency, every effort was made to assure this was a “ground up” project. The major research activities were as follows:

1. Met regularly with the CYF research committee (on average every two weeks) to collaboratively develop the research design, data collection strategy and debrief;
2. Conducted a total of 10 focus group sessions involving over 60 CYF staff members for gathering qualitative information and input for developing the research instrument;
3. Mapped the workflow tasks of the Intake and Family Services Departments;
4. Worked with CYF Management Information System (MIS) staff to identify databanks for calculating the casework/service duration during the past 3 years. Downloaded over 16,000 sample cases from the CYF MIS system for analysis;
5. Developed and field tested the data collection strategy (via a shadowing process);
6. Held briefing and update meetings with the Advisory Board;
7. Analyzed the MIS data set and designed a data storage and management system for the project;
8. Completed data collection for the Intake and Family Services departments based on a random sample selection of 34 caseworkers. Graduate student researchers shadowed the workers for 4 weeks (an aggregate total of approximately 680 staff days-- 5,440 hours);
9. Completed statistical data analyses and research report production.

II. Specification of Research Question and Method

A. Research Question

The key study question is: how many cases should a caseworker be assigned during a one-month period (average caseload)? The question is not how many cases can be completed per month, or how long does it take to process and complete a given case. Different cases require varying amounts of staff time, very often longer than one month. Family crises can occur at any time. No one can predict when and which families will experience crisis or how long CYF services will be needed. Consequently, this study's major challenges associated with measurement were as follows:

1. Cases are not processed in a predetermined sequence during a day or week. A caseworker may work on a case and stop to work on another case and then yet another even though the tasks are unfinished with the first two. This may happen, for example, when the caseworker needs to manage a crisis or work on an unanticipated request for information from court personnel;
2. Case workers tend to work on several cases per day, with varying amounts of time needed for different service tasks (e.g., family service plans, payment plans, petition hearings, referrals, travel and home visits, and case transfers/closures). Thus, many service tasks are continued until another workday;
3. Different caseworkers require varying amounts of time to complete service tasks—even across similar cases depending on the workers' knowledge, skills and abilities, and other factors in the environment;
4. Different cases require varying amounts of time to complete; and
5. The workflow for cases is rarely smooth and predictable—caseworkers face regular interruptions (e.g., from meetings, court visits, training, calls from families, contacts with other agencies).

Thus, like all human services, Children, Youth and Families is a dynamic, fast-moving, frequently changing system. Consequently, this study has been extraordinarily difficult both in terms of data collection and statistical data processing. Patterns in the data are subtle, and individual differences (client and worker) provide the diversity of problems and richness of responses that challenge researchers.

B. Research Approach

Because of this complexity, three parallel research methods were employed. As already indicated, considerable time was devoted to focus group sessions-- listening to caseworkers, administrators, supervisors and managers in an effort to (1) understand the tasks the workers perform and the normal sequence of these tasks and (2) the amount of time these professionals believed to be reasonable to accomplish their tasks. In short, the focus group sessions were designed to qualitatively identify what the workers do, and how long they think it should take them to do the work well. This is the process in which some sixty (60) employees participated in ten (10) focus group sessions.

The second method was to closely observe a sample of workers in two (2) different areas to record exactly how long they spent completing the identified tasks. Referred to as "job shadowing," the activities and the times those activities required for a random selection of 34 workers over an aggregate of 5,600 hours was observed and recorded. The job shadowers identified the worker's tasks at hand and recorded how long each task took in minutes during the day. For each observation, case identification numbers were recorded (if applicable), and a record was kept of whether the client/family was being seen directly (face-to-face). Even lunch periods were recorded in minutes in order to allow for data accuracy and reliability checks before conducting the final statistical analyses.

The third method was the review of over sixteen thousand (16,000) CYF cases from the past three (3) years. This made it possible to capture actual service times for a much larger sample of cases. While this information provided some aggregate means, it has its own limitations. For example, a wide variety of cases were combined. Thus, it was not possible to remove from consideration individual cases which might have been exceptional for one reason or another such as those for whom service was provided by an inexperienced worker. Cases may have been included which were undertaken in an earlier period or under different policies such as before the passage of the Adoption and Safe Families Act of 1997. On the other hand, the very fact that every case was included assures a certain reality based in daily practice.

By bringing these three streams together (professional best judgements, instant observations and recent historical data), it is hoped that standards for caseload size can be identified for two areas of this agency (Intake and Family Services) at this time. After a review of the findings, comparisons will be made with the findings and standards suggested by others.

C. Sample Selection

CYF caseworkers were randomly selected from two departments to be "shadowed" by data recorders for a four (4) week period between December, 2001 and May 2002. Nine (9) case workers were selected from the Intake Department and twenty-five (25) family service case workers were selected from among five (5) regional offices. In the final analysis, the information from the observations of two (2) workers was not

included as a result of excessive missing data. Based upon various tests made during analyses of the data, it can be stated that this partial exclusion of data had no effect on the integrity or accuracy of the data or on the final results. The names of the workers selected for observation appears in Appendix A.

D. Data Instrument

Based on the findings of the focus group sessions and discussions with Intake and Family Services workers, the following task codes were selected for observation by job shadowers.

Intake Task Codes Family Services Task Codes

1 =Investigation/Risk Assessment	1= Case transfer/closure
2 =Safety Plan	2= Case review/investigation
3 =Removal Planning/Implementation	3= Crisis intervention
4 =Court Hearings	4= Family service plan
5 =Meetings	5= Lunch/break time
6 =In Home/Community Service	6= Meetings
7 =Travel Time	7= Payment plan
8 =Collateral Contacts	8= Petition hearing/preparation
9 =Supervision (Not Case Work)	9= Referral/resource connection
10 =Break Time/Lunch/Etc.	10= Shelter hearing/preparation
11= Transfer/Closure	11= Supervision (not case work)
12 =Other	12= Training
13 = Day Off	13= Travel time
	14= Visits (home, foster care, etc.)
	15= Other
	16 = Day Off

A separate observation form was filled out each day for each caseworker being observed. The job shadowers recorded the following information: (a) numeric task code; (b) case ID# (if applicable); (c) time taken for the task (in minutes); and (d) whether or not if the task function was completed with direct client contact. Job shadowers were instructed not to attend meetings or visits outside the building. They were also instructed to ask the supervisor for information when the case worker was absent from his/her office.

III. Intake Department Assessment

A. Available Work Hours per Month

The study of the Intake Department began with a calculation of the number of hours available to workers each month. The time availability can be estimated by the calculating total number of monthly workdays and adjusting for holidays, sick/personal days, and vacation days. The derived estimate must be further adjusted for lunch, training and staff meeting time. Based on this method, the average hours available during a month for casework is 118.3 hours as follows:

Table 1: Average Work Hours per Month

	Days/Month
A. Average work day/month.....	20.00
B. Holidays/month (11 per year, or 11/12).....	0.92
C. Sick/personal days (10 per year, or 10/12).....	0.83
D. Vacation/month (10 days per year, 10/12).....	0.83
E. Total work days per month ((A)-(B+C+D)).....	17.42
	Hour/month
F. Average total work hours per month (E x 8 hr).....	139.33
G. Total lunch hours/month (1hr. x E).....	17.42
H. Training time/month (20 hours/year, or 20/12).....	1.67
I. Monthly staff meeting (2 hours per month).....	2.00
J. Available work hours per month (F-(G+H+I)).....	118.25 hours/month

B. Average Amount of Time Spent per Case per Month

Based on the CYF MIS data, the sampled caseload average for regular Intake case workers (those with more than 15 cases) during the period between January and April, 2002, was 24. Recently hired case workers (trainees) are usually assigned 15 or fewer cases. Thus, on average, a regular case worker is working with 4.93 hours (i.e., 118.25 hours divided by 24 clients) per case during a month.

Table 2: Current Average Case Work Time per Month

A. Available work hours per month.....	118.25 hrs.
B. Average monthly case load.....	24 cases
C. Available time per case during month (A/B).....	4.93 hrs.

C. Time Expended for Family Visits

This average number of hours per case (4.93) per month includes family visits, though not all families were visited. In order to estimate the average caseload per month, the time needed for all family visits must be incorporated. Based on the data gathered from the selected Intake case workers, the average amount of time expended for a family visit is 201 minutes (or 3.35 hours).

Table 3: Average Amount of Time Expended for Family Visits

A. Travel time.....	90 minutes
B. Visit time (face to face).....	91 minutes
C. Revisits or related visits (11% of cases, or (0.11 x (A+B)).....	20 minutes
D. Time expended for home visits/case (A+B+C).....	201 minutes (3.35 hrs.)

D. Total Time Needed per Case During a Month

Thus, in estimating maximum case load per month, two major factors were considered: (a) time needed for family visits; and (b) time devoted to other case processing tasks (e.g., documentation, safety plan development, court hearings, supervisor meetings, transfers, etc.). The time needed for case processing tasks during the month was, on average, 3.85 hours per case. Thus, the total number of hours actually needed per case during a month in order to complete all family visits is 7.2 hours (3.85 hours for processing and 3.35 hours for family visits.)

Table 4: Total Time Needed per Case per Month

A. Average time spent on case processing.....	3.85 hrs.
B. Family visit.....	3.35 hrs.
C. Total Time needed per case during a month.....	7.2 hrs.

E. Estimated Maximum Caseload

Thus, the maximum caseload at a point in time should be no more than 16-- total work hours per month (118.25) divided by hours needed per case (7.2.)

Table 5: Estimated Maximum Caseload

A. Available work hours per month.....	118.25 hours/month
B. Family visits per case.....	3.35 hours
C. Casework processing.....	3.85 Hours
D. Average total time needed for case management (B+C)....	7.2 Hours
E. Estimated maximum caseload (118.25/(D)).....	16 cases

It should be noted that this projection makes following critical assumptions: (a) time expenditures based upon current practice are adequate to assure quality casework practice; and (b) cases of a full range of complexity are fairly represented in this sample. The averaging method used here takes into account the fact that some cases are very complex and require more time while others can be properly served in less time. For additional information regarding task time distribution, see Appendix B.

IV. Family Services Department Assessment

A. Available Work Hours per Month

An approach similar to that employed for the Intake Department has been used to arrive at a suitable caseload for Family Service Department case workers. As indicated previously, the average work hours (per month) available for a case can be estimated by dividing the total available work hours by the number of cases. On average, the work hours available per month for Family Services Department case workers is also 118.3 hours as follows:

Table 6: Average Work Hours per Month

	Days/Month
A. Average work day/month.....	20.00
B. Holidays/month (11 per year, or 11/12).....	0.92
C. Sick/personal days (10 per year, or 10/12).....	0.83
D. Vacation/month (10 days per year, 10/12).....	0.83
E. Total work days per month ((A)-(B+C+D)).....	17.42
	Hour/month
F. Average total work hours per month (E x 8 hr)	139.33
G. Total lunch hours/month (1hr. x E)	17.42
H. Training time/month (20 hours/year, or 20/12)	1.67
I. Monthly staff meeting (2 hours per month)	2.00
J. Available work hours per month (F-(G+H+I)).....	118.25 hours/month

B. Average Amount of Time Spent per Case per Month

Based on the CYF MIS data, the sampled caseload average for a regular Family Services case worker (those with more than 15 cases) during the period between January and April, 2002 was 24. Recently hired case workers (trainees) are usually assigned 15 or fewer cases. This means, on average, a regular case worker is working with 4.93 hours (i.e., 118.25 hours divided by 24 clients) per case per month.

Table 7: Current Average Case Work Time per Month

A. Available work hours per month.....	118.25 hrs.
B. Average monthly case load.....	24 cases
C. Available time per case during month (A/B).....	4.93 hrs.

C. Time Expended for Family Visits

This average number of hours per case (4.93) per month includes family visits, though not all families were visited. In order to estimate the average caseload per month, the time needed for all family visits must be incorporated. Based on the data gathered from the selected Family Services case workers, the average amount of time expended for a family visit is 197 minutes (or 3.29 hours).

Table 8: Average Amount of Time Expended for Family Visits

A. Travel time.....	90 minutes
B. Visit time (face to face).....	86 minutes
C. Revisits or related visits (12% of cases, or (0.12 x (A+B)).....	21 minutes
D. Amount of time needed for home visits/case (A+B+C).....	197 minutes (3.29 hrs.)

D. Total Amount of Time Needed per Case per Month

Thus, in estimating the maximum caseload per month, two major factors were considered: (a) time needed for family visits; and (b) time devoted for case processing tasks (e.g. documentation, safety plan development, court hearings, supervisor meetings, transfers). The time needed for case processing tasks during the month was, on average, 3.55 hours per case. Thus, the total number of hours actually needed per case during a month in order to complete all family visits is 6.84 hours (3.29 hours for family visits and 3.55 hours for other casework activities.)

Table 9: Total Time Needed per Case per Month

A. Average time spent on case processing.....	3.55 hrs.
B. Family visit.....	3.29 hrs.
C. Total Time needed per case during a month.....	6.84 hrs.

E. Estimated Maximum Caseload per Month

Using these time requirements, the maximum caseload at a point in time should be no more than 17 (total work hours per month (118.25 hours) divided by hours needed per case (6.84 hours.)

Table 10: Estimated Maximum Caseload

A. Available work hours per month.....	118.25 hours/month
B. Family visit per case.....	3.29 hours
C. Casework processing.....	3.55 Hours
D. Average total time needed for case management (B+C).....	6.84 Hours
E. Estimated maximum case load (118.25/(D)).....	17 cases

As noted previously in the estimation of caseload for Intake Department, the estimated maximum caseload per month does not allocate time for other tasks that case workers may have to complete. The ideal caseload, however, can not be quantitatively estimated without more information regarding average time needed for “best practice.” For example, more time may be needed for risk assessment, safety plan development,

collateral contacts, etc. Thus, focus groups were convened to contribute their views on the amount of time required to complete the basic casework tasks. For additional information regarding task time distribution, see Appendix C.

V. Overview of Focus Group Findings

Through a series of focus group sessions, two major types of qualitative and quantitative data were gathered: (a) information generated through think tank sessions; and (b) survey data gathered at the end of the sessions. As noted previously, a total of 10 focus group sessions involving sixty-two (62) persons were held with the research team to examine workload challenges, the study design, and to debrief after data collection. A wide range of CYF staff members participated. Their names appear in Appendix D.

The estimated aggregate total number of hours contributed by those individuals who participated in the groups exceeded 120 hours, or the equivalent of 15 workdays. Three major sets of findings came from the focus groups. They are: (a) case-based assessments; (b) survey findings and (c) common information.

A. Case Based Focus Group Assessment

As noted previously, quantitative and qualitative information regarding “best practice” is necessary for gaining insight about ideal caseload size. Thus, a case example was generated for discussion and the focus groups delineated appropriate case work tasks and estimated the amount of time required for each. In other words, the goal of this exercise was to generate an outline of how a case is handled and how long it takes to complete each task based on “best practice.”

1. Case Example

The case example discussed by the focus groups is as follows:

A medically fragile baby is born to a mother who is active with the agency. This is the mother’s fourth child. The other children have a goal of adoption. The mother is not visiting the baby and did not identify the father. One month after the baby was born a woman calls the caseworker identifying herself as the possible paternal great grandmother. She expresses an interest in caring for the child and informs the caseworker that her 18-year-old great grandson believes he is the father of this baby, but currently he is in jail in the county. The caseworker has already begun the process of identifying a pre-adopt home for the baby. The baby remains in the hospital for three months before being placed.

2. “Best practice” Related to the Case Study

The following scenario was generated by one of the three focus groups, and it was selected for inclusion in this report due to its comprehensive and detailed delineation of how the case should be processed using “best” casework practice.

1. Call (30 min) Document call, The call is transferred directly to Family Services
2. Consult with Supervisor (30 min)
3. Pre-placement Conference (Staffing) (30 min)
4. Call Mother to Schedule Appt. (prior knowledge mentioned in case study) (15min)
5. Mother’s Interview (4 hrs) Travel to and from mother’s house, Assessment, Consult with supervisor
6. Relative Search (MIS) (15 min)
7. Make Appointments with Relatives (possible placement with siblings) (2hrs)
8. Consultation with Supervisor (15 min)
9. Add to Mainframe (15 min)
10. File Petition (45 min)
11. Hospital Visit (2 hrs) Travel to and from, Assessment, Med. Records, etc.
12. Case Recording Summaries (1hr)
13. Complete Family Services Risk Assessment (30 min) Document Safety Plan
14. Court (Dependency) (90 min) Hearing Notice, Subpoenas, Court Summary
15. Complete Referral Packet (#412) (30 min)
16. Placement Assessment Tool (15 min)
17. Relative Search (8hrs)
18. Follow- up Visitation with Mother (2 hrs) Travel to and from, Visitation (Discuss intentions, Legal representation, ASFA letter, etc.)
19. Visit Other Children (3 children, 2 homes) (8hrs)
20. Pre-hearing Conference (30 min)
21. Telephone Contact with Child and Parent Advocate (1hr)
22. Call From Potential Grandmother [case study (1 month after initial call)] (30 min)
23. Consult with Supervisor (30 min)
24. Phone Contact with Mother/ Pursue Alleged Father (Send letter to father) (1 hr)
25. Follow-up Phone Call to Father (15 min)
26. Court (8 hrs, 45 min) Send request for parking by 3pm. (15 min), Drive to court/ be rejected from parking garage, Find parking (1 hr), Dependency Petition Hearing (7 hrs), Drive home (1/2 hr)
27. Permission to Place (1/2 hr) #350, CYF 16
28. Arrange Paternity Testing (8hr)
29. Interview Assessment with Great Grandmother (4 hrs)
Travel, Social and medical history, #399, #400
30. Prepare and Present FSPR (4 hrs)
31. Prepare for Court Documentation (90min)
Hearing Notice, Addendum, Subpoenas, Witness Prep.
32. Pre-hearing Conference (30 min)
33. Review Hearing Activities (8 hrs)

Thus, total Aggregate Number of Hours Needed = Approximately 73 hours

Another focus group, using the same case example, projected that less time would be needed for processing this case using “best” casework practice (58 hours). For more specific information, see Appendix E.

3. Estimated Caseload Based on “Best Casework Practice”

Based on the focus group findings related to “best casework practice,” the average caseload can be estimated by comparing the length of time cases are typically active with CYF to the average number of hours needed to handle the cases. The median amount of time a case is active with CYF is 5.12 months (based on a sample of 16,381 CYF cases processed between January 1, 1997 and July 31, 2001). By incorporating the total number of work hours available during that time and the time needed for “best casework practice,” the average caseload can be estimated as follows:

Table11: Caseloads Based on Suggested Focus Group Estimates

A. Median time a case is active with CYF.....	5.12 months
B. Available work hours per month.....	118.25 hours
C. Total number of work hours during 5.12 months (A x B)...	605.44 hours
D. Amount of time needed for “best practice” casework per case (focus group A’s estimate).....	73 hours
E. Amount of time needed for “best practice” casework per case (focus group B’s estimate).....	58 hours
F. Number of cases per month based on focus group A’s estimate (C/D).....	8 cases
G. Number of cases per month based on focus group B’s estimate (C/E).....	10 cases

It should be noted, however, that the above estimations are based on qualitative assessments by focus groups centered on one case example. In order to attain a more accurate estimate, three additional pieces of information are needed, including: (1) time variances associated with the seriousness and complexity of cases (e.g., parental strengths and liabilities, age and number of children and their needs); (2) caseworker variances (e.g., skill levels, knowledge and experience, work attitudes); and (3) work climate and support for “best casework practice.” Nonetheless, the focus group sessions were helpful for providing insight regarding complexities of CYF casework practice and for delineating the major tasks involved in the casework process.

B. Summary of Focus Group Survey Findings

The following summary reflects the responses of thirty-eight (38) participants in the focus groups to six (6) questions about best practices and caseload. The 38 staff represented in the focus group surveys included: 26 line staff, 8 supervisors, 3 trainers, and one director.

1. Define “Best Practice”

The definitions offered by respondents fall into three themes. Most responses deal with the process or activities that would be reflective of "best case practice." Some definitions integrate or focus exclusively on what might be the outcomes of best practice. Finally, some responses reflect what it would take to create the conditions for best practice. A number of respondents used language suggesting the importance of individualization, that is, focusing on each case and identifying a particular family's strengths and needs.

For example, one definition was:

The ability to work with a family, focusing on their strengths and providing them with supportive services they need to resolve what initially brought them to our agency's attention. Spending time with a family and getting to know what they feel they need and then help them see what is needed for treatment. Recognizing that all people are individuals. Most focus group participants mentioned something about services.

Some respondents simply alluded to providing services, while others mentioned casework, assessment, coordination, goal-setting, and linkages to community resources. Typical comments included: “providing quality services consistently to clients in an efficient way in order to facilitate positive change,” and “service provided to families in a holistic, culturally sensitive and relevant manner by competent staff.”

Nearly half of the respondents commented on desired outcomes of best case practice in their definition. These comments went beyond simply saying "positive outcomes" or "helping families meet their goals." Rather, they focused on the end result of the activities. The comments typically fell into three categories: safety, reunification, and permanence. The interrelationship of these categories was also reflected in some comments.

As can be seen by the types of responses to this question, “best practice” integrates different ideas from different perspectives. One focus group participant's response captured many of the different ideas presented by the groups:

The practice of providing safe, efficient, effective services to families in a respectful manner that takes into consideration the culture, financial, educational, developmental, emotional, and spiritual orientation and needs of the family. In order to make this occur, you must have properly trained staff that wants and is dedicated to perform this service for families and management structure that can facilitate this and will do the things necessary to allow this kind of training, hiring, and staffing to occur.

2. Achieving Best Practice

Respondents were asked to suggest ways to achieve “best practice” levels for all children and families. A total of 167 responses were given with every respondent contributing at least one. The responses were classified into twenty-two (22) categories and then further refined into five (5) broad themes. Factors associated with workload and the related matter of time to complete tasks were mentioned most frequently. The number of cases, specialized caseloads or units, the number of caseworkers, and the time consumed by certain tasks were also noted. A number of suggestions were made, but the overall tone of the responses underscored the importance of workload size in achieving “best practice.”

3. Tasks Requiring the Most Time

Focus group participants were asked, "On what tasks do you spend the most time?" Virtually all respondents offered the same several answers. A significant number of respondents indicated that one task taking an inordinate amount of time is documentation. The next most frequently identified category was court-related activities, which were mentioned by fifteen respondents (21.7%). Typically, the responses focused on either preparation for court (8) and/or time spent waiting for court to begin as well as the proceedings (13).

The remaining tasks were identified by far fewer respondents. Some respondents noted spending time in a variety of different types of meetings including at the agency, case consultation, at the hospital, or meetings with other professionals. Six respondents identified permanency planning and finding placements as major tasks, and three respondents identified home visits. Five respondents mentioned administrative tasks. Finally, seven respondents identified a wide range of different tasks such as phone calls, travel, eligibility determination, and community meetings.

4. Tasks for Which Workers Would Like More Time

After identifying tasks that consume the most time, respondents were asked, "On which tasks do you wish you had more time?" Regardless of position, the vast majority (80%) reported wanting to spend more time directly with clients, whether that time be in interactions with the family during home visits or seeing families in the office. Most respondents did not expound beyond statements such as "family contacts," or "home visits with staff." Several respondents, however, spoke in terms of the value or the purpose of such increased contact.

There was no other category that generated such a large response, and the emphasis depended upon whether the respondent was working directly with clients or in an administrative capacity. For example, nearly 40% of the administrative staff expressed the desire to be able to spend more time providing supervision. Five (20.8%) line staff wished they had more time to do a variety of services collapsed under the term "social work."

5. Maximum Case Loads

Focus group respondents were asked, "How many children and families can a caseworker be responsible for and still be able to do "Best Case Practice" with all families?" The nature of the question led to different kinds of responses including reporting the number of families only, the number of children only, or a combination of children and families.

Nearly half the respondents did not report a single number rather reported a range of number of families. The maximum number of cases ranges from 5 to 22.5. The overall average number is 13.4 cases. Fewer respondents believe that the number should be greater than 15. Only 7 respondents mentioned a maximum number of children. The reported number ranged from 15 to 50 with an average maximum caseload including 31 children.

VI. Discussion

Combining the three (3) streams of data described earlier (professional best judgements, instant observations, and recent historical data), the recommended maximum caseload per worker at point in time is sixteen (16) cases in the Intake Department and seventeen (17) cases in Family Services.

Formulae for calculating optimal workforce size are desperately needed, not only by child welfare agencies, but also by many other social service organizations. According to a California Study conducted by the American Humane Association (2000), the recommended caseload per child welfare case worker is 16.59 family cases per month. It should be noted, however, that there are still a number of unanswered questions related to that study, as well as concerns regarding the reliability of the data (which involved staff reporting on the amount of time expended for major tasks at the end of the day.)

The Child Welfare League of America (CWLA; 2000) recommended two systems for developing workload standards. The first is casework standards — the amount of time that workers devote to direct contacts with clients. The second is work unit standards — the amount of time required to perform a specific task such as processing an application for service. Two of the specific League recommended “caseload/workload” ratios are pertinent here. For initial assessment/investigation, the League recommends twelve (12) active cases per month per worker and fifteen (15) families per worker offering family-related services designed to strengthen and preserve families with children. An article in Child Welfare called *Caseloads: Weighting Formula for Child Welfare Services* (1990) uses the same concept as the CWLA, but has six levels of measurement for determining the number of cases for a mixed caseload.

The first three measurements focus on activities that occur in all cases such as administrative work, staff meetings and case coordination. The last three factors include travel time (rural and urban), court time, and services to foster homes. The authors transfer the amount of time spent into a point value with the criteria that no one can go over 2,000 points. For example, they give 10 points to administrative work, 5 points to case coordination and 3 points for driving. The overall criteria on caseload size is based on the staff person’s experience in providing services, the number of units that a full time staff person can provide, and the number of cases a worker can have while also achieving the agency’s goals for children and families.

An article in the journal Public Welfare (1994) describes a study conducted by the Institute for Family Self-Sufficiency on the client to staff ratios for a Job Opportunities and Basic Skills Training Program. This study focused on case workers and devised four ways to provide case workers with supervisory and community support. The Institute found that with the following improvements case management would become more efficient:

- Administrators should solicit information from staff to identify potential time saving measures, such as streamlining paperwork or eliminating unnecessary forms.

- Supervisors should shift decision-making authority to case workers for items such as purchasing things for their clients.
- Supervisors and case workers should meet on a periodic basis to discuss approaches for serving individual families.
- Agency personnel should collaborate with supervisors, case workers and frontline staff from outside agencies to develop a directory for all community services.

As noted previously, the recently adopted Pennsylvania Standards for Child Welfare Practice (2000) include the expectation that "agency management will conduct a workload study in order to determine staff levels necessary to perform the activities outlined in the Standards of Practice. The caseload size needs to reflect the intensity, type, and duration of services outlined in the Standards of Practice, and must be commensurate with Child Welfare League of America (CWLA) standards. The Workload study should be completed at a minimum of every five years." This study was conducted in collaboration with the agency in an effort to rationally define appropriate work load levels for the Intake and Family Service Departments at CYF. The results are remarkably consistent with national standards (e.g., the Child Welfare League of America) and studies completed in other states (e.g., California).

Appendix A: Randomly Selected Caseworkers

The randomly selected caseworkers from two major departments and regional offices are as follows:

Intake

Karen Nepach
Richard Edmunds
Steve Beshenich
Leeann Hart
Jennifer Surgent
Ralph Rivett
Janetta Massey
Adella Dixon
Glenda Williams

East

Amy Eskevich
David Reagen
Sharon Gatto
Roberta Lefakis
Eugene Elliot

Central

Rade Stone
Deborah Witham
Laurel Phillips
Alva Smith
Harrison Ross

Mon Valley

Wendy Kraus
Melissa Dunbar
Jamie Kulpa
Janeen Morrison
Gayle Hyde

South

Debbie Bolling
Amy Trinko
Charles Wawryzniak
Danielle Morrison
Summer Clapper

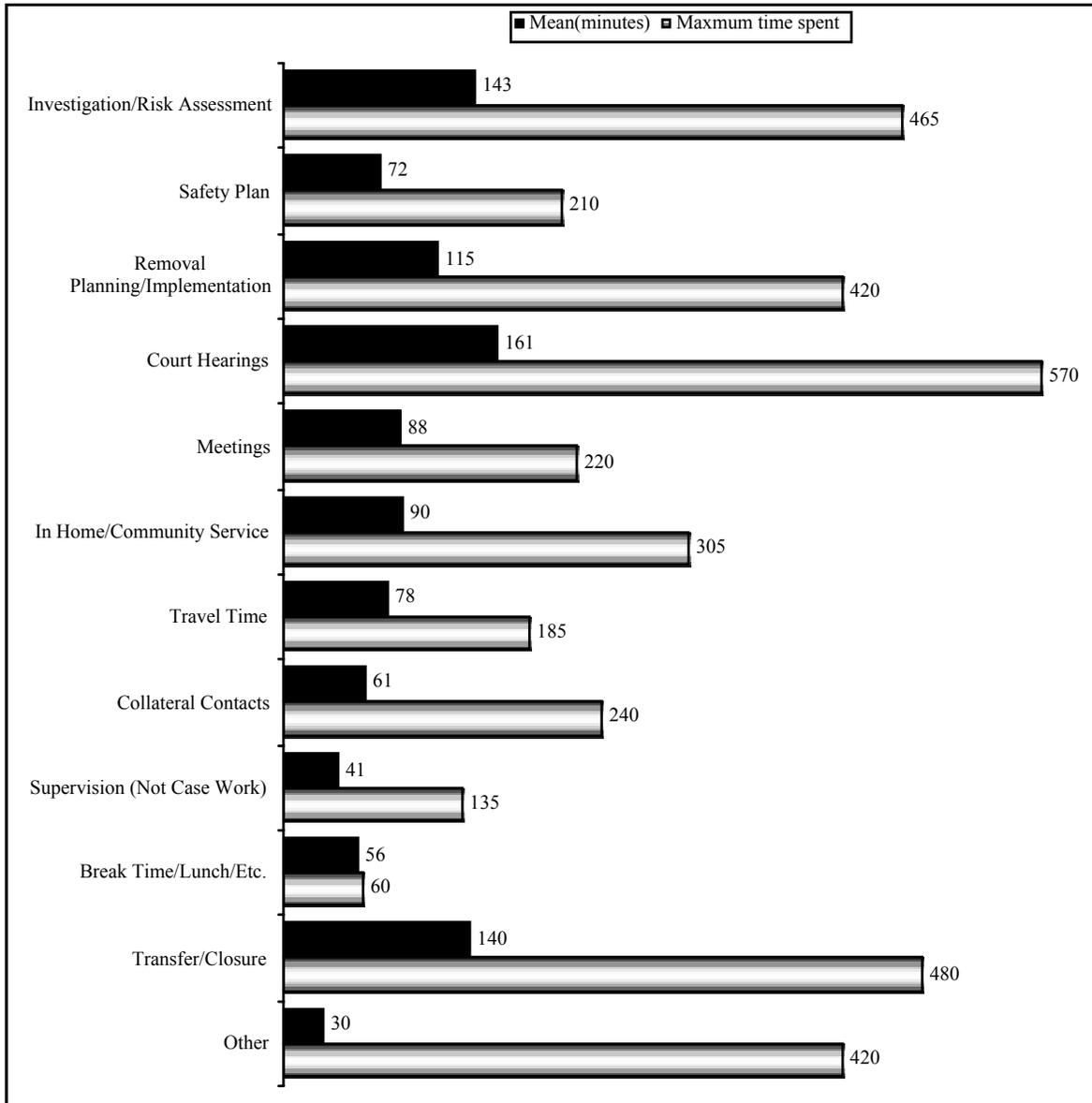
North

Craig Price
Barbara Campbell
Linda Hagens
Kristen Erwin
Gwen Chein

**Appendix B: Distribution of Task Time
Spent on Case per Day--
Intake Department**

A. Intake Service Workers—Distribution of Task Time Spent on Case per Day

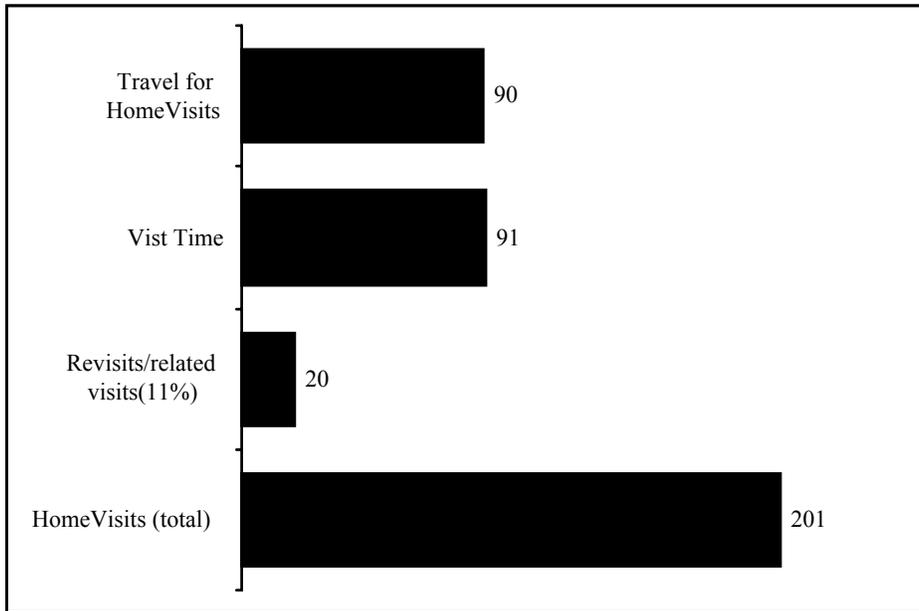
Chart 1: Distribution of Task Time among Intake Workers
(Mean and maximum time spent in minutes; N= 180 staff days)



It should be noted that the aggregate total task time exceeds 8 hours (480 minutes). This is because various caseworkers are working on different tasks during the day and some caseworkers are working over-time—beyond 8 hours. For example, some case workers may be spending considerable morning time on a safety plan while others are spending considerable morning hours in preparation for a court hearing, and so forth. It is very unlikely that tasks are being completed on all sample cases on any given day. Thus, the derived average task time is accurate but their combined total time will tend to exceed 8 hours.

It should also be noted that the previous Chart 1’s travel time (average of 78 minutes) includes all travel—not limited to travel for home visits. In addition, the “In home/Community Service” time (average of 90 minutes) is not solely limited to home visits. Thus, below Chart 2 specifies average time expended by the intake caseworkers on family visits.

Chart 2: Distribution of Time Expended for Home Visits (in Minutes)

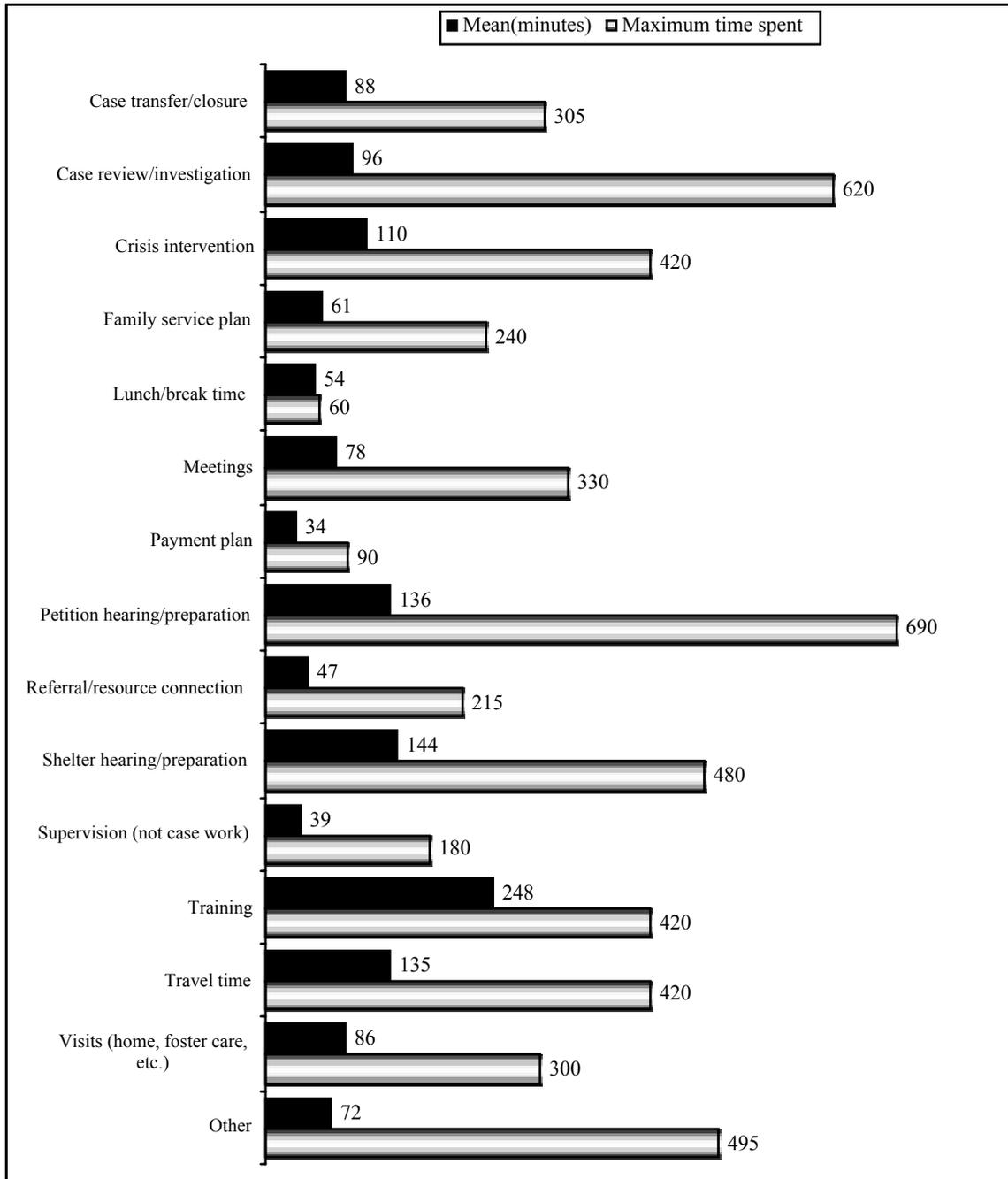


Thus, the total amount of time expended for family visits by the intake caseworkers is 201 minutes (or 3.35 hours.)

**Appendix C: Distribution of Task Time
Spent on Case per Day--
Family Services**

B. Family Services Workers—Distribution of Task Time Spent on Case per Day

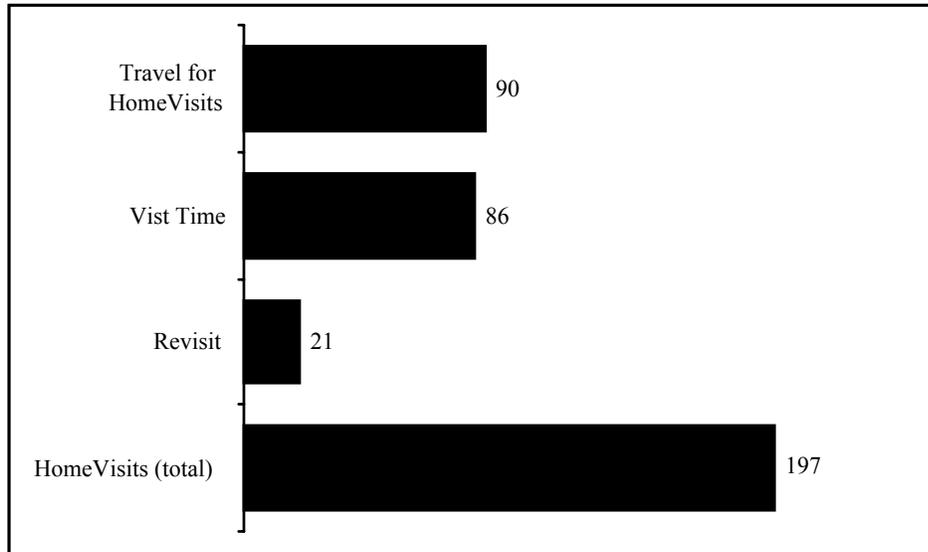
Chart 3: Distribution of Task Time among Family Service Workers
(Mean and maximum time spent in minutes; N= 460 staff days)



As noted previously, the time distribution reflects an overall average of the time CYF Family Service caseworkers spend on various tasks for several family cases during the selected workdays.

It should also be noted that the previous Chart 3’s travel time (average of 135 minutes) includes all travel—not limited to travel for home visits. In addition, “Visits” time (average of 86 minutes) is not solely limited to home visits. Thus, below Chart 4 specifies the average time expended by the Family Services caseworkers on home visits.

Chart 4: Distribution of Time Expended for Home Visits (in Minutes)



Thus, the total amount of time expended for family visits by the Family Service caseworkers is 197 minutes (or 3.28 hours.)

Appendix D: CYF Focus Group Participants

CYF staff members who participated in the sessions include caseworkers, supervisors, trainers and others as follows (in alphabetical order of first name):

Adella Dixon	Ken Rudeck
Al Martin	Kim McGinnis
Alva Smith	Kristin Erwin
Amy Trinko	Linda Lopata
Andrea Torbic	Lisa Chambers
Angela Filotei	Lisa Ford
Barb Moore	Marcia Sturdivant
Bob Zebraski	Marty Dorfman
Bonnie Bloch	Mary Anne Gorman
Bruce Noel	Mary Young
Cassie McIlwain	MC Henderson
Charlene Templin	Melba Palashoff
Chuck Martin	Melissa Dunbar
Chuck Wawrzyniak	Michelle Ruperto
Cynthia Howard	Mike Gill
Eunice Stover	Misha Zorich
Eva Bey	Natalie Jones
Glenda Williams	Penne Fabian
Gwen Chein	Ralph Rivett
Gwen Henderson	Roberta Leffakis
Harrison Ross	Rade Stone
Heather Copenhaver	Rose Haberchak
Jack Stiner	Sarah Myers
Jackie Loos	Sharon Gatto
Jamie Folkens	Stacy Davis
Janetla Massey	Stacy Good
Jennifer Surgent	Stacy Davis
Joann Hannah	Steave Beshenich
Julius Hill	Stephan Glenn
Karen Gethen	Tammi Hilko
Karen Neppach	
Thresa Braun	

Appendix E: Second Focus Group's Delineation of "Good Casework Practice"

Based on the above case example, the focus group members were asked to specify how this case should be processed based on “best practice” and how long should such a process take. One focus group's opinions are as follows:

1. Call Screening - Risk Assessment (30 min Hours)
2. Family Services pre-placement (1 Hour)
3. Risk Assessment: (approx. 17 hrs)
 - Worker makes calls and contacts
 - Pulls closed records
 - Locate parents
 - Identify other family members
 - Diligent search, Criminal background check, CYF #399, Home check assessment,
 - Parent handbook explaining ASFA
 - Completion of court paperwork
 - Visit two neighbors
 - Restraining order/ECA
 - Schedule shelter hearing
4. Pre-placement Meeting.
3. Case Documentation (20 min)
4. See the Child (1hr, 15 min)
5. Risk Assessment/ Paperwork (7 hrs)
6. 412 Packet and RAT (20 min)
7. Meet R. Coordinator (20 min)
8. Shelter Hearing (Ideally = 1hr, Realistically = 5 1/2 hrs)
 - D/A screening , Take Mom home
 - Arrange paternity testing
 - Arrange Transportation
9. File Petition (30 min)
10. Summary, Notices, JC Court work (1 hrs)
11. Pre-hearing Conference, Contact Witnesses, & Subpoenas (2hrs)
12. Home and Jail Visits (3-4 hrs)
13. FSP (1hr ideally)/ PP Mtg. Supervision (1 hr)
14. 10- day Petition Hearing (Ideally =3 hrs, Realistically = 5 hrs)
 - Travel, waiting, and hearing
15. Follow Court's Order
 - Schedule Visitation
 - Investigate any Relatives
16. Read Pre-adopt Home Studies/ Visit Families (5 x 2= 10 hrs)
17. Meet Chosen Family at Hospital (3 hrs)
 - Training, Dialogue, and Discharge of baby to pre-adopt family
18. Set-up Visitation. Paperwork (Placement loc. info, visitation letters, up-date fact sheet, managed care form, #16, up- date sue dates)
19. Case Transfer Conference (1/2 to 1 hr)

Total Amount of Hours Expended = Approximately 58 hours

Consulted Literature and References

- Albers, Eric C., Reilly, Thom, and Ritter, Barbara. (1993). Children in Foster Care: Possible Factors Affecting Permanency Planning. *Child and Adolescent Social Work Journal*, 10, (4), 329-341.
- American Humane Association (2000) SB2030 Child Welfare Services Workload Study. Englewood, Colorado.
- Anderson, Dinah Gattis (1994). Coping Strategies and Burnout Among Veteran Child Protection Workers. Doctoral dissertation, University of South Carolina.
- Booz-Allen and Hamilton, Inc. (1987). Maryland Social Work Services Job Analysis and Personnel Qualifications Study. Research report.
- Callaghan, J., Douglas, S., McGee, L., & Stein, T.J. (1990 January/February). Caseloads: Weighting Formula for Child Welfare Services. Child Welfare, Vol.LXIX
- Child Welfare League of America (1989). Membership Survey. Washington, DC: author; cited in Helfott, K.P. (1991). Staffing the Child Welfare Agency: Recruitment and Retention. Washington, DC: Child Welfare League of America.
- Child Welfare League of America, Inc. (1984) Child Welfare League of America Standards for Organizations and Administration for All Child Welfare Services. New York, New York. Child Welfare League of America, Inc.
- Cicero-Reese, Bessie A. and Black, Phyllis N. (1997). Child Welfare Workers Who Remain on the Job: Why They Don't Quit. A research paper presented at the Annual Program Meeting of the National Association of Social Workers in Baltimore, MD, October, 1997.
- Dhooper, S.S., Royse, D.D., and Wolfe, L.C. (1990). Does social work education make a difference? *Social Work*, 35, (1), 57-61.
- Drake, Brett and Yadama, Gautam N. (1996). A structural equation model of burnout and job exit among child protective services workers. *Social Work Research*, 20, (3), 179-187.
- Douglas J. Besharov (1987), Statement Before The Select Committee On Children, Youth, And Families.
- Helfgott, K.P. (1991). Staffing the Child Welfare Agency: Recruitment and Retention. Washington, DC: Child Welfare League of America.
- Institute for Family Sufficiency (1994 Summer) Managing Job Caseloads. Public Welfare, Vol. 52, NO.3 pages.5-13.
- Lieberman, A., Russell, M., and Hornby, H. (1988). National Survey of Child Welfare Workers. Portland, Maine: National Child Welfare Resource Center for Management and Administration, 48p. (A study of 5360 public child welfare personnel in 16 states.)
- Olsen, L. & Holmes, W.M. (1982) Educating child welfare workers: The effects of professional training on service delivery. *Journal of Education for Social Work*, 18 (1), 94-102.
- Common Wealth of Pennsylvania (2000) Pennsylvania Standards for Child Welfare Practice. Harrisburg, Pennsylvania: Department o Public Welfare Office of Children, Youth and Families.
- Rittner, Barbara and Wodarski, John S. (1999) Differential uses for BSW and MSW educated social workers in child welfare services. *Children and Youth Services Review*, 21 (3), 217-238.
- United State Government Accounting Office. (1995). Child Welfare: Complex Needs Strain Capacity to Provide Services. Washington, D.C.: The United States Government Accounting Office.