

CHILDREN AND FAMILY RESEARCH CENTER

Caseload Size in Best Practice Literature Review

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Executive Summary

The number of cases that should be carried by caseworkers in the child welfare system is a subject of debate. In order to offer the best possible outcomes for children in placing them in permanent homes, it would seem wise for social service agencies to determine the ideal caseload size for each of its workers. However, this determination is quite complicated due to the many subjective issues related to child welfare cases.

This literature review examines the existing research related to casework size and outcomes for children in the child welfare system.

Is there an “Ideal” Caseload Size for Best Practice?

- Most research indicates that caseload size should not be greater than 15 cases per worker (Child Welfare League of America, 1995; Emlen, Lahti, Downs, McKay, & Downs, 1978; Illback & Neill, 1995; Stroul, 1996).

What Factors are involved in Determining Best Caseload Size?

- *Caseworker Performance*
 - While caseload size is cited as a reason for worker dissatisfaction and burnout (Daley, 1979; Gunderson & Osborne, 2001), job satisfaction is not an important predictor of desired service outcomes (Banjeree, 1995).
- *Permanency Outcomes and Caseload Size.*
 - While Rose (1992) makes the case for smaller caseloads, Stein, Gambrill, and Wiltse (1978) caution that it is not the size of the caseload that is most important but the type of activity required.
 - Shapiro (1976) found that those caseworkers with either higher or lower caseloads discharged children more frequently than those with average caseloads.

- “Banking children” is a time-saving practice to alleviate large caseload size by not regularly visiting a non-problematic child on a worker’s caseload (Pers, 1976).
- *Caseload Allocation*
 - In California, current workload standards were greater than the measured workload time actually expended, with the conclusion that there was sufficient justification to warrant a reduction in caseloads (American Humane Society, 2000).
 - “A caseload-driven funding mechanism can have the unintended effects of driving up child welfare caseloads.” (Albert and King, 1996, p.74).
- *Caseload-weighting Formulas*
 - In New Mexico, a case-weighting formula identified types of case-related activities and the time required to perform each of these. Cases were awarded points based on the percentage of time assigned to activity categories (Stein, Callaghan, McGee, & Douglas, 1990).
 - Mills and Ivery’s (1991) case weighting looked at type and severity of cases, as well as their placement type. Workers noted improved workloads.
 - Kentucky has found it difficult to define the intensity levels and measures in establishing a weighting system for caseloads (Illback & Neill, 1995).

Introduction

Child welfare case managers serve a wide range of child and parent clients. The number of persons, or cases, they are to manage also varies but is traditionally characterized as being too great to allow for an adequate amount of time to be spent moving the child through the child welfare system expeditiously. The child is served ineffectively and may languish in foster care. Furthermore, the birth parent of the child may receive insufficient services which may lead to termination of parental rights.

Caseload size has been evaluated in various research efforts to determine effective case management. There have, however, been several approaches used to determine what might be termed the “ideal” caseload size to allow for child and parent clients to be best served. This review of the research will look at the following questions: (1) Is there an “ideal” caseload size for best practice? (2) What factors are involved in determining best caseload size?

Search Strategy

Using the DCFS Best Practices research protocol, the following sources were used to locate relevant literature about caseload size for best practice: Eric, Social Science Abstracts, Social Work Abstracts, PsychINFO, and the National Clearinghouse on Child Abuse and Neglect Information. To be included in this review, a study must have: (a) been published in a psychological, sociological, and/or social work journal, (b) been an empirical study which included caseload size as it related to outcomes, or (c) been a professional and accrediting organization standard.

Results

Is there an “Ideal” Caseload Size for Best Practice?

According to the CWLA (1995), the per caseworker caseload size for family foster care should be between 12 and 15 children, depending upon the level of service required for each child. Factors to be considered in determining appropriate caseload size include: the complexity of the needs of the child and family, the level of competency of the worker, the functions assigned and the time required for activities related to the case, and the geographic area served.

The Oregon Project, which was designed to reduce the number of children placed inappropriately in foster care, determined that workers were most effective with a caseload size of about 15 child cases. Caseload size was also very dependent on the number of court hearings for which the caseworker had to prepare. The most productive project worker had from 3 to 56 cases at any one time and a range of from 0 to 11 court hearings per month (Emlen et al., 1978).

Both Illback and Neill (1995) and Stroul (1996) found the optimum caseload size to be no more than 15 cases, with Illback and Neill citing a range of 10-15 cases and Stroul finding the range to be from 5 to 15.

What Factors are involved in Determining Best Caseload Size?

Caseworker performance. The North Carolina Department of Social Services conducted a statewide survey of social workers to address the crisis of staff turnover in child welfare (Gunderson & Osborne, 2001). One of the reasons cited for why they wanted to leave their positions was that they were overworked, citing caseloads as too high, inadequate staffing, and burnout. A reduction in caseloads was among the responses of what could be done to prevent social workers from leaving their jobs.

Daley (1979) points out the factors identified by research associated with burnout. Among these, organizational factors, including caseload size, have been identified. Daley points out that hidden within this measure is “case difficulty, which can make even small caseloads overwhelming” (p. 447).

However, in examining the multivariate relationship among competing values effectiveness, job satisfaction, client-centeredness, and service outcomes, Banjeree’s (1995) findings validated earlier studies. Job satisfaction did not contribute to service outcomes and was not an important predictor of desired service outcomes.

Permanency outcomes and caseload size. Rose (1992) makes the case for smaller caseloads that allow for more client contact, opportunities for building close relationships, and the ability to anticipate problems rather than to just respond to crises. However, Stein, Gambrill, and Wiltse (1978) caution that it is not the size of the caseload that is most important but the type of activity required. In their evaluation of the Alameda Project in Oakland, California, they found that caseload size alone was not the determinant in decisions concerning who received services. Most services were directed toward children and foster parents, with birth parents often being viewed from a pathological model and, therefore, getting less attention. Worker competence and attitudes were stressed as being as crucial to outcomes as was caseload size.

In her study of the child welfare population in New York City, Shapiro (1976) found that those caseworkers with either higher or lower caseloads discharged children more frequently than those with average caseloads. This longitudinal study looked at a single point in time for each of four years. In three of the four years, workers with low or high caseloads discharged children more frequently. In one of the years, this was true of only those with the highest

caseloads. Shapiro speculates that workers with high caseloads are likely forced to make a decision rather than to defer it in order to move their cases to some resolution.

Pers (1976) discusses the concept of “banking children,” a practice she discovered in her review of administering foster children in California. In cases where a child seems to be doing well in their foster care placement, the caseworker does not regularly visit the child, as required. This frees valuable time to be used on children needing special services. According to Pers, “when a child is banked, the agency effectively withdraws from the placement, without insuring that the child’s situation is the best one possible, and without exploring the availability of more stable long-term placement” (p. 88). While alleviating what may seem an unreasonable caseload size, banking does not ensure the best interest of the child in moving them to permanent placement.

Caseload allocation. In the American Humane Society’s (2000) workload study conducted in California, they reviewed the average monthly time workers are expending on cases and determined the minimum and optimum standards that should be established based on changes in laws and policies, standard-setting focus groups, and outcome expectations. California allocated budget expenditures on standards used since 1984 for caseloads for the five basic areas of Intake, Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. However, the current workload standards were greater than the measured workload time actually expended. Based on this evaluation, there was sufficient justification to warrant a reduction in caseloads; however, “more information regarding the numbers of children with different permanent placement conditions would be needed to refine the required workload” (p. 4).

In a previous study, Albert and King (1996) evaluated California's caseload-based allocation criterion for child welfare funding. Current funding was based on the number of children served by a particular county the previous year. County funding was not dependent on the quality of services they provided or whether cases were opened or closed appropriately. This method of funding also does not give greater consideration to serving needier clients. In their evaluation, Albert and King determined that "a caseload-driven funding mechanism can have the unintended effects of driving up child welfare caseloads" (p.74).

Caseload-weighting formulas. Stein, Callaghan, McGee, and Douglas (1990) state that three approaches had been used in determining caseload size: judgment of professional staff members; workload studies that look at the actual amount of time staff members spend on different activities, or the actual amount of time spent serving different types of case; and a standard based on the number of cases carried by workers that achieve agency goals for children and their families. They then offer a fourth approach, which they implemented in New Mexico, of a case-weighting formula to determine maximum caseload size for mixed caseloads.

Caseload-weighting was determined by first creating a model case, a substitute care case with a goal of return home. Seven types of activities were identified as related to the case, and the percentage of time required to perform each of these categories of activities was determined by meetings with workers, supervisors, and office managers. Cases were then awarded points based on the percentage of time assigned to activity categories, with a goal of having 2,000 maximum points equivalent to 20 family cases. However, the number of cases would increase based on the level of activities for each case, allowing a worker with less time-consuming cases to carry a maximum of 50 cases.

Mills and Ivery (1991) offer another formula for case weighting based on the idea that time demands not exceed 75 hours within a biweekly period. In looking at type and severity, cases were categorized as slight, moderate, high, or critical, with “slight” cases requiring approximately one-fourth the time of “critical” cases. Location was also used as a factor in the case weighting formula, with foster care, aftercare (first 30-days), relative placement, and home supervision cases being allocated twice the time of residential and aftercare (beyond 30 days) cases. When this case weighting formula was first introduced to agency staff, it was met with resistance. However, as workers perceived that incoming cases were being assigned more appropriately, they noted improved workloads, and staff morale has improved.

In Kentucky, some regions have developed a weighting system for caseloads based on levels of intensity but have found it difficult to define the intensity levels, as well as how to measure them (Illback & Neill, 1995).

Discussion

Caseload size is a subject of much debate and uncertainty. Research is inconclusive as to how caseload size affects best practice and outcomes for children. While organizations, such as the CWLA, have set standards for caseload size at no more than 15 cases per worker, the reality is that caseloads often are higher than these standards. While this may lead to worker job dissatisfaction and burnout, the impact of caseload size on outcomes for children remains uncertain. Much in the literature points to the importance of the type of case activity as of utmost importance rather than caseload size. In response to this, several formulas for case weighting have been created. While these offer some guidelines for better case management, there is little research to indicate their success in creating more positive outcomes for children in the child welfare system.

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