

BEYOND QUICK FIXES: WHAT WILL IT REALLY TAKE TO IMPROVE CHILD WELFARE IN AMERICA?

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Paper One: Want to Improve Child Welfare Outcomes? Reduce Case Transfers!

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This is one paper in a series of articles regarding the current status of child protection services in the United States and proposals to address its challenges. For decades, state and local agencies have struggled to provide the appropriate quality of responsive child protection services. Untold dollars have been spent at every level of government in an effort to protect children and, at the same time, address issues within the family structure that may put a child at risk of maltreatment. Too often the system's efforts to improve or correct the perceived deficiencies within an agency have been misdirected, misguided, or even inappropriate.

These articles are designed to identify specific issues, analyze typical or traditional responses to those identified issues, and propose fundamental and substantially new alternatives to addressing the issues faced by child protective agencies. It is important to note that no single recommendation will provide substantial improvement in the quality of response and services. The system is far too complicated and interrelated for a single improvement to successfully improve the system for any length of time. These articles must necessarily be integrated to allow for substantial transformation which will be real, meaningful, and long-lasting.

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EXECUTIVE SUMMARY

Continuity of case management care has been shown to be an important factor for positive child and family outcomes within the child protection system. When a case must be transferred due to turnover or other organizational factors, a new caseworker is required to review all of the work that has been done by the prior caseworker(s) across all of the different systems that may have been involved in the case. Every time a case is transferred to a different caseworker there will be a period of transition that prolongs the agency's involvement with the family and creates additional barriers and issues that have to be addressed.

Case transfer disrupts the trust that may have been developed with a child or family. When families have to tell their stories over and over again, they become frustrated and become distrustful in the system. This issue of trust is particularly important for children and youth involved in the child welfare system, who have already experienced instability in their lives.

Over the past several years, dozens of child protection agencies (hereinafter referred to as "agencies") around the country have been the objects of criticism and attack for a variety of reasons. When a child welfare agency is under scrutiny due to tragic or high profile event, one of the conclusions is often that caseworker turnover contributed to the circumstances leading to the tragic event. A common result of a review in these situations has been a recommendation to hire more caseworkers. While in most jurisdictions there is clearly a need for more caseworkers, this solution does little to address the core issues of case worker retention as well as the professionalism of caseworkers. It also does not take into account that research suggests that younger staff – millennials (born 1980 or after) – will change jobs more frequently than prior generations and that the workforce is aging with many nearing retirement age, potentially magnifying the concern. It also may or may not alleviate the disruptive effects of case transfers, which are caused in part by turnover. Other contributors include organizational and operational factors such as leaves of absence, promotions, and functional specialization (e.g. the categorization of cases as assessment, ongoing, permanency, and independent living). To create lasting improvements, agencies must carefully plan how to deploy additional workers, manage caseloads and transfers, and improve business processes.

The following recommendations are made to reduce case transfers and improve outcomes:

- Calculate reasonable caseloads that fully consider workload and allow workers to take on additional cases from time to time;
 - Overfill positions so that when one caseworker leaves another can step in immediately to permanently carry the case;
- *Enforce reasonable caseloads*
 - *Overfill positions*
 - *Implement teaming*
 - *Reduce specialization*
 - *Manage by data*

- Implement teaming or dual caseload assignments;
- Reconsider the need for and number of functional specializations; and
- Use data to effectively monitor and manage the items above.

BACKGROUND

Over the past several years, dozens of child protection agencies around the country have been the objects of criticism and attack for a variety of reasons. The most obvious and frequent is a tragic fatality or series of fatalities which present the opportunity for criticism of the agency, its leader, its policies, its operations, and its caseworkers. Most recently, child welfare agencies in Arizona,ⁱⁱ Florida,ⁱⁱⁱ Los Angeles County,^{iv} and the City of Richmond,^v to name just a few, have been the subject of criticism. Whether the criticism is justified or not, it is often repeated and sometimes hostile, prompting the system to over-respond. This not only causes misdirection of the often well-meaning efforts to address and improve the issues, but also causes those remaining with the agency to respond in ways that do not improve the individual circumstances of children and families. Sometimes the response by the system through its caseworkers is to remove more children, to resist returning children to a home or family when appropriate, to place children where their individual circumstances do not justify placement, and to keep children out of a family like setting for extended periods of time.

Too frequently these matters become personal attacks against leadership. Over and over again, the terms "embattled" or "troubled" are used to describe child welfare agencies and their leaders. The criticism may extend to middle managers and even case workers. Child protection workers face the reality that their

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recommendations or decisions may result in termination, negative media attention, or even criminal charges even when they have exercised professional judgment and carefully considered all available information. This is a unique reality. Virtually every caseworker comes into that position wanting to do a good job, caring about children and families, and hoping that their efforts result in children being "saved" or placed in a better circumstance than when they were reported to the agency. While there are certainly situations in which grave and serious fundamental mistakes are made, in many of the circumstances that ultimately lead to agency criticism, the actions taken by the individual caseworker have been well-meaning and even appropriate but unsuccessful in resolving the family's issues.

THE ROLE OF THE CASEWORKER

The structure, size, and oversight of child protection agencies vary greatly from jurisdiction to jurisdiction. Some are county-

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based systems, some are statewide systems, some are stand-alone agencies, and some are housed within larger umbrella organizations. But in every system and every scenario, caseworkers are the single most important factor for child protection agencies, responsible for providing services on behalf of the agency ranging from assessment, investigation, counseling, and a host of other responsibilities. The caseworker is not just a part of the agency; the caseworker is the final analysis for the agency.

Caseworkers are the eyes and ears of the agency and society, serving children and intervening with families at their most vulnerable moments whenever those moments occur. Most often, a caseworker first answers the call alleging abuse or neglect, typically through a hotline or designated call-in system. They are the ones who visit the child or other family members, interview witnesses, review available information, and make decisions on how to proceed with the information obtained. Caseworkers are responsible for engaging in an emotionally charged environment and making life-changing recommendations about whether to remove a child and/or put in place services that will address the family's needs. They are asked to perform this work:

- at locations that may be unsafe, remote, and unhealthy;
- with individuals who may be resistant, combative, disengaged, threatening, or mentally ill;
- under circumstances that require immediate decisions, often without sufficient data and information;
- without sufficient technology (portable or otherwise) that is often available to other first responders;
- under the watchful oversight of legislative committees, ombudsman, advocates, and media;
- in high-risk circumstances that, if not handled appropriately, timely, accurately, or successfully, may result in termination or criminal action;
- with caseloads far beyond a number which would allow them to perform their tasks as required; and
- without the respect, professionalism, and pay that they deserve and which comparable positions are allowed.

All that and more contributes to an issue that is well documented in child welfare: **TURNOVER**. Turnover is most often described as the time when a caseworker leaves the agency and no longer serves in the capacity of working with and serving children and families. Turnover among child welfare caseworkers has been estimated to be between 30 to 40% annually nationwide.^{vi} In some jurisdictions it is even higher. For example, in 2013, 55% of Milwaukee County's child welfare case workers left

The recommendation merely to hire more caseworkers is a "quick fix" that will not fully resolve systemic issues.

their jobs.^{vii} An aging workforce, as well as the tendency for millennials to change jobs more frequently, will likely exacerbate these trends. When a child welfare agency is under scrutiny due to tragic or high profile events, one of the conclusions is often that caseworker turnover contributed to the circumstances leading to the tragic event. Over the last few years, a common result of a review in these situations has been a recommendation to hire more caseworkers.^{viii,ix} This is the result of the review systems seeking quick fixes. While in most jurisdictions there is clearly a need for more caseworkers, the solution merely to hire more caseworkers may not significantly improve the system because:

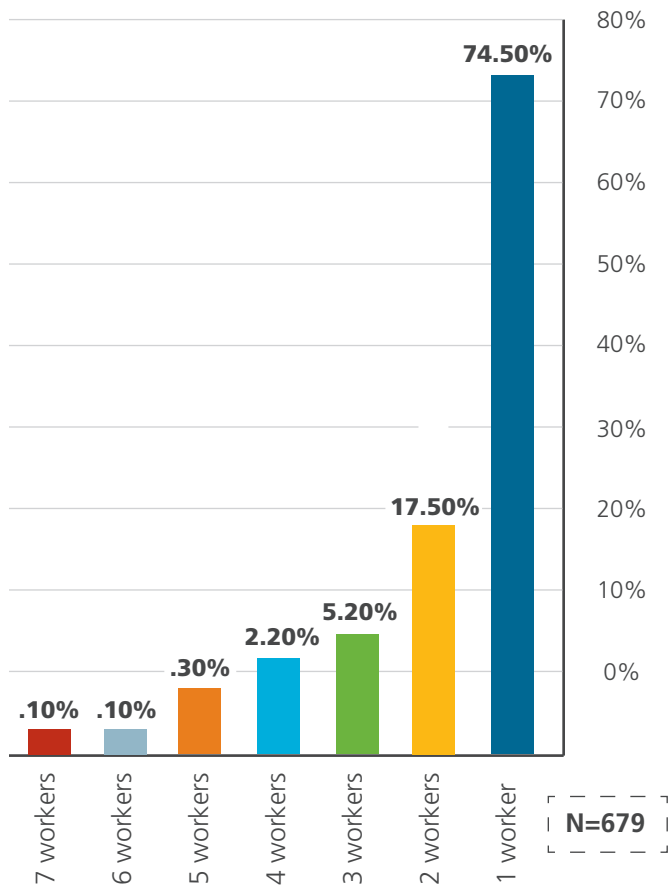
- That solution minimizes the complexity of identifying and solving underlying systemic issues, such as business processes and technology issues, which take time and considerable effort,
- The solution does little to address the core issues of case worker retention as well as the professionalism of caseworkers, and
- Without careful planning of how to deploy workers, it may not alleviate the disruptive effects of case transfers, which are caused in part by turnover but also by other organizational and operational factors.

CASE TRANSFER AND OUTCOMES

Understanding the impact of transferring cases from one worker to another redirects the conversation, allowing for more careful planning and response to scrutiny. Failing to understand this significant issue may be the reason that others viewing the system believe that simply adding more caseworkers can provide the quick fix that so many are after.

Continuity of case management care has been shown to be an important factor for positive child and family outcomes within the child protection system. A study in Milwaukee County, Wisconsin found a correlation between the number of caseworkers serving a particular child and the likelihood of that child achieving permanency.^x During the course of one year, they found that 75.5% of the children who entered care and then exited to permanency within that same year had only one worker. By comparison, 17.5% of the children who exited to permanency had two workers, showing that even one case transfer significantly impacts permanency. The diagram below illustrates their findings.

Figure 1: Children Entering and Exiting Care to Permanency (Calendar Year 2003 through September 2004)^{xi}



Case transfers require that the new caseworker review all of the work that has been done by the prior caseworker(s) and all of the different systems that may have been involved in the case. This includes a review of notes, actions, medical records, educational records, counseling records, court records, and reports of every kind. All of

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this takes time and sets in motion the opportunity for reconsideration and redirection of the focus and process taken by the prior case manager. This can affect the timeliness and appropriateness of safety and permanency decision making, especially when caseworkers are already burdened with high caseloads.^{xii} This is complicated even further if/when there is a court hearing scheduled, where often major decisions are made regarding reunification, permanency, or sanctions. Every time a case is transferred to a different caseworker, there will be a period of transition that may prolong the agency's involvement with the family and create additional barriers and issues that will have to be addressed. This time is significant in the life of a child.

Case transfer disrupts the trust that may have been developed with a child or family. Child protection caseworkers need to be experts at obtaining delicate and personal information about families and individuals in the challenging and emotionally charged environment where there has been an allegation of abuse and neglect. This requires developing and maintaining a trusting relationship between the caseworker and the child and family. Developing that trust relationship requires specialized training, skills, and experience and takes time even in the best of circumstances, particularly with individuals who will view the child protection system with suspicion.

A recent study in Ontario, Canada found that parents who were more engaged in child welfare services were also more likely to report that their parenting had changed as a result of involvement with the agency and that the change was positive. When asked if their social worker had influenced the change, the strongest reasons given by parents were that they trusted their worker, their worker was knowledgeable, and they trusted their worker's opinion.^{xiii} When families have to tell their stories over and over again, they become frustrated and lose their faith in the system, breaking down this trust. This issue of trust may be particularly important for children and youth involved in the child welfare system, who have already experienced instability in their lives. Interviews with youth have indicated that they believe their caseworkers left because of them, making them feel more disempowered and helpless.^{xiv}

Children and adults in almost all circumstances are reluctant and even resistant to discussing their personal situation with a stranger – that is human nature. In traditional practice decades ago (and in some instances to this day), a child was often first interviewed by a medical or educational professional, then referred to a caseworker for an interview, with subsequent interviews by law enforcement, therapists and counselors, and prosecutors before ultimately appearing in the courtroom environment. Particularly when those children are of young age, the opportunity for those interviews to be influenced by leading questions, potentially having the questions misunderstood, or to have conflict or discrepancy in multiple statements all caused the credibility of the child witness to be challenged and too often not believed. This was specifically why child advocacy centers were developed and implemented around the country.^{xv}

CAUSES OF CASE TRANSFER

There are two major elements that impact case transfer:

1. Organizational Design and Policies.

Frequently there is a designed and established policy and practice of case transfer within an organizational structure of a child protection agency. The reasons for this are varied and have evolved over time, but are rooted in the fact that the system of child protection services is complex and challenging given the nature and extent of the options and services that are available. Given that complexity, the system lends itself to some degree of specialization. Examples of specialties throughout the country include assessment, investigation, ongoing case management, residential placement, adoption preparation and arrangement, and long-term care or independent living. Moving a case from one specialty worker to another not only creates a gap in trust and building relationships, but also creates the possibility of delay in actions or services because 1) the current caseworker will leave work for the next one to do, or 2) the next worker assumes the prior worker did the work and if the work isn't done, that it doesn't need to be done.

Organizational design and policies therefore sometimes create a requirement of case transfer. This varies widely from jurisdiction to jurisdiction and frequently occurs because of the size of the organization – it is more common in small or rural jurisdictions to have one caseworker “get a case and keep the case” from beginning of the assessment or investigation to closure. It is more common in medium to large jurisdictions to engage in a pre-arranged practice of case transfer to facilitate more expertise in a particular point in the life of the case. There is also a built in case transfer in those states that have county run and administered systems – when a family moves to another county the case is transferred. There appears to be no definitive research on which of these practices may produce better outcomes for children and families, but it is clear that organizationally, there often is a predesigned practice of case transfer.

2. Operational Demands.

Even if there is no organizational design or policy establishing case transfer, in every organization there are any number of reasons why case transfer will occur in the operation of the day-to-day functions of the agency and the personnel actions that occur. Case transfer may occur because of resignation, termination, promotion, extended vacation, family medical leave, or transfer within the agency, to only name a few. The primary reason among them is the issue of resignation. Caseworkers leave for a variety of reasons and at various times of their employment.^{xvi}

RECOMMENDATIONS

The following recommendations should be reviewed and addressed so that case transfer is minimized. Many of the recommendations below require the hiring of additional caseworkers, but they also consider how to carefully deploy those workers to mitigate the disruptive nature of case transfers and optimize performance. This is critical to the effectiveness of hiring initiatives. Without careful planning, adding more caseworkers may have little to no effect on agency performance.

1. Reduce Caseloads

The successful long-term improvement of an agency must address the issue of determining the true and honest caseloads of those caseworkers currently doing the work. Too frequently, data includes caseworkers who have just been hired, who are still in training, who are on medical or disability leave, who leave for an extended period, or who perform functions not including working with families, such as those working on a hotline or providing support for foster parents. The traditional method of determining caseloads is to determine the number of children and family cases for which the agency is responsible and divide that by the number of caseworkers on the “books” to determine the average caseload. The practice of including those who do not directly work with children and families gives an inaccurate number. This inaccuracy is clearly felt by the caseworkers who are handling cases with children and families.

- *Measure caseloads accurately*
- *Develop caseload standards*
- *Ensure compliance with standards*

The most prominent national caseload standards are those developed by the Child Welfare League of America (CWLA) over two decades ago.^{xvii} Those standards indicate that a caseworker should have no more than 12 investigations of the family at one time and no more than 17 children being monitored at any one time. There is some understanding of mixed caseloads, particularly in small or medium-sized jurisdictions where mixed caseload of 14 may occur – a combination of the two caseloads.

While those are the most prominent standards, they are sometimes criticized because they do not take into account the current practices engaged in by many agencies that increase a caseworker's workload. Workload includes all of the tasks that are required to be performed by a caseworker on a given case, not just the number of cases they are assigned.^{xviii, xix} Over the years workload has been increased by such things as finding absent parents and/or extended family members,^{xx} family group conferencing or decision-making,^{xxi} increased court hearings,^{xxii} education planning and involvement,^{xxiii} and permanency roundtables.^{xxiv} These are all important and critical steps, but they have added to the workload of the traditional case worker.

It is important, therefore, for the agency to accurately determine the caseload which each caseworker should have, given all of the factors that impact their workload, and then develop and enforce a method that ensures the caseload standards are not exceeded. Many have argued that, given the increase in the work load, this national standard by the CWLA should probably be set 10% to 20% lower than the listed standard.^{xxv} While that may be an important goal and is probably more accurate than not, the first step is to determine true and honest caseloads, manage to those caseloads, and develop a method to ensure compliance. This must specifically ensure that the caseload of a departing caseworker does not simply become the responsibility, temporarily, of another caseworker remaining with the agency. The understanding of the importance of a trusting relationship is inconsistent with a temporary assignment to a caseworker who may already have a full caseload.

2. Overfill Positions

When a caseworker leaves the employment of a child protection agency, there is a vacancy that must be filled. The typical process is that those cases serviced by that vacating caseworker are re-assigned to the remaining caseworkers in that jurisdiction, at least temporarily, while a backfill is hired. This presents a dilemma for management of the agency and for the local jurisdiction. Even without considering the complicating issues of case transfer and trusting relationships, the timing to fill a vacancy is of critical significance. A typical process and timeframe for hiring a caseworker is below.

- Calculate historical turnover rates
- Factor turnover into staffing levels
- Measure continuity of care and case outcomes (length of agency involvement, permanency, etc).



Total: Approximately 1 year

It takes approximately nine months for a newly hired caseworker to be assigned a caseload and to fulfill the requirements of a case manager. During that period of time, the child and family of those cases require attention from a competent and trusted caseworker.

The agency should first review what has been the historical turnover over the past three to five years to determine an accurate turnover rate within the agency. Comparing the historic turnover rate to the caseload standards accepted and adopted by the agency should allow the agency to estimate the degree to which accommodations must be made for the historic and future turnover. The best way to address these compound issues is to create an “overfill” of case workers. For example, if an agency has an historic 10% turnover rate and has a determined need for 1,000 caseworkers, it should have 1,100 trained and full case-carrying workers on the books. Overfill caseworkers are trained and temporarily placed until a permanent assignment opens up.

In this manner, the agency can quickly move that caseworker into a position as it opens, allowing the caseworker to immediately engage with the child and family. Convincing budget directors, executive leadership, legislative authorities, and media will certainly be an issue that must be addressed. If caseworker continuity produces better outcomes, reduces length of time in care, and reduces replication and duplication of services to the child and the family, then it will also produce cost savings. If nothing else is impacted, maintaining continuity of care will reduce the length of time that the case is in the supervision of the agency and therefore the investment has value. One of the ways to implement this is to use teaming or dual caseload assignment, discussed below.

3. Implement Dual Caseload Assignments or Teaming

The issue of teaming or dual caseload assignments has been piloted in a number of jurisdictions over the last few years. The most prominent of these may be the pilot begun under Harry Spence, former Commissioner of the Massachusetts Department of Children and Families,^{xxvi} but also implemented in New York State^{xxvii} and other jurisdictions. The concept has a number of philosophical and theoretical underpinnings, but the bottom line is that having a second caseworker on a case provides the opportunity for alternative evaluation and assessment of the needs of the child and family.

- Assign teams and dual caseloads
- Support teams during implementation and ongoing operation
- Measure case outcomes (length of agency involvement, permanency, etc.)

In addition, the issue of safety for an individual case manager is an important element, often acknowledged but not directly addressed in the organizational structure.^{xxviii} Compare child welfare caseworkers with law enforcement agencies, fire departments, and emergency medical technicians – none of which appear alone on scene for their professional services. They are always with a co-worker, teaming to provide the best service possible and to ensure the safety of their colleagues. Caseworkers visit those same locations at the same evening or weekend hours and under the same emotional conditions, but do so alone.

In addition, the concept of dual caseload assignment or teaming provides a better opportunity to address the issue of case transfer (particularly with millennials who tend to be team-oriented and work well in group styles). With dual caseload assignment or teaming, should one of the caseworkers assigned to a particular case leave the agency, or at least at some point not have a caseload because of promotion or FMLA, the remaining assigned caseworker is already familiar with the case and can continue the trust relationship as well as the direction and focus of the case without having to review and reevaluate the circumstances and facts of the case. All of this provides a better opportunity to appropriately serve children and families and avoid the issues associated with case transfer.

New York State reported the following outcomes associated with teaming:^{xxix}

“*Teaming accelerates the learning curves and engages new workers. | A team-based approach doubles collective efficacy and divides individual exposure. | Workers stated families saw the teaming approach as more responsive to their needs. | Workers perceived that clients felt their needs were being met; workers experienced less stress; casework progressed toward desired outcomes.*

4. Reconsider Specialty Positions and Integration of the System

Often within the organizational structure of an agency there is a built-in case transfer process. This typically happens when the agency has determined that the best mode of assignment is to designate different categories of the practice to provide an expertise and experience in dealing with segments (investigation, residential care, adoption, etc.) of a case. While these are all significant events in time frames in the life of the case and certainly in the life of the child and family, the issue of the trust relationship and the consequences of case transfer are ever present in this system structure.

It is not unusual for a large urban jurisdiction to have multiple divisions of those listed above – if not all of them, then a number of them. In rural to suburban jurisdictions none of those divisions or segments may occur; when a caseworker is assigned a case, they keep that case throughout its life. In other words, there is no specialty.

While there is no definitive opinion about which is better, any case transfers, even those designed to promote specialized case management, may threaten the relationship that has been built. Prior recommendations and actions may be questioned, delaying permanency and possibly prolonging the family’s involvement with the system and/or resulting in higher levels of out-of-home care. Further, the National Child Traumatic Stress Network describes a trauma informed system as one that strives for continuity of care.^{xxx}

- *Review case segmentation and specialization*
- *Reduce specialties if possible*
- *Measure case outcomes (length of agency involvement, permanency, etc.)*

That is not to say that all organizational specialties do not have value. It is to suggest that the best approach is to review those organizationally designed transfers and, if nothing else, to review whether the number of specialties can be reduced. Reducing even one organizationally designed specialty has the likelihood of ensuring better continuity of services, reducing length of time in care, avoiding foster care drift, and reducing costs of care.

5. Data

This is a time when the impact of the work that is done will be measured by data. Information is gathered not only for historic records and case documentation but because it is useful in determining data and metrics by which agencies, businesses, and virtually all forms of activity are measured. Watch a baseball game and listen to the litany of data elements of a particular player, team, or position for just one example. Data drives process, practice, resources, funding, and success or failure of the child protection system.

- *Review key data points:*
 - » *Turnover*
 - » *Caseload size*
 - » *Case transfers*
 - » *Length of agency involvement with case*
 - » *Permanency plan change*
- *Develop reports*
- *Manage by data*

Recognizing and acknowledging this is the first step in addressing the issues presented regarding case transfer, turnover, and caseloads. The issue is threefold: the accuracy of the data, the organization of the data into reports, and the interpretation and use of that data. The common problem faced by many agencies is the accuracy of their data. This often becomes an excuse for not using the data or discounting what the data shows. In fact, the agency “owns” the data, however accurate or inaccurate that data is.

The solution comes in ensuring that the information and data is inputted timely and accurately into the case management system by caseworkers as the first step in analyzing the status of child protective services. Not only does this ensure that leaders, managers, and funding sources make good decisions, but that ultimately those decisions made based upon the data are justified. The opportunity to question or criticize the data in one particular area allows the critic to question or criticize all areas. The article in Florida regarding the number of fatalities reported by the agency demonstrates that ownership.^{xxxi} The agency will be held responsible for its own data and will ultimately have to justify the data that it publishes.

Understanding this as it relates to caseworkers is equally critical. Knowing how many caseworkers are performing casework assignments at any given point and being prepared to address the issue of turnover in a timely manner for services to children and families are critical to justifying resource requests to budget and legislative agencies.

CONCLUSIONS

Simply adding more caseworkers to an organization will not solve the problem of case transfers. Careful planning of how to deploy the workers, manage caseloads and transfers, improve business processes, and provide meaningful technology solutions must occur, and the agency must consider other operational and organizational causes of case transfer to minimize them. Failing to understand and address the disruptions caused by case transfers means that very little long-term success is likely to occur because the relationship between a caseworker, the child, and the family is so critical to effective services for children who are abused, neglected, or abandoned. A trusted, stable caseworker is critical to good case practice.

Subsequent papers will address the importance of professionalizing the child welfare workforce, leadership, organizational priorities, and technology. These and other topics must be viewed as a collective set of recommendations to make lasting system improvements.

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ENDNOTES

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