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Title: Case complexity in child welfare: Perceptions of supervisors and case managers

Overview: This presentation addresses the important issue of child welfare workload through an examination of supervisors' and case managers' perceptions of factors that contribute to case complexity. The results have implications for the educational preparation of child welfare professionals, the measurement of workload, and the management of caseload distribution.

Objectives:

1. By the end of this presentation, attendees will be able to identify indicators of caseload complexity from the perspectives of supervisors and case managers in the child welfare field.
2. By the end of this presentation, attendees will be able to identify what may be a more reasonable approach to the measurement and management of workload.
3. By the end of this presentation, attendees will be able to identify the areas that social work curricula need to emphasize in the preparation of students for the child welfare field.

Background/Rationale: Child welfare workload is an important issue that has been emphasized throughout the research literature. Studies have pointed to a relationship between workload and negative worker outcomes, such as emotional exhaustion, physical health, and intent to leave (Griffiths et al., 2017, 2020; McFadden et al., 2018). In response, many have sought to establish guidelines for a reasonable workload (Kaye et al., 2012; Yamatani et al., 2009). However, few of these guidelines consider the worker' perspective. This study was an effort to address that gap through a survey of dependency case managers and supervisors with the goal of identifying factors that increase case complexity, and thus contribute to increased workload.

Method: Using a cross-sectional survey design, the perceptions of 150 dependency case managers and 65 supervisors were collected. The measure, which included both close-ended and open-ended questions, focused on five key domains that might contribute to case complexity. Domains included the child, parent, caregiver, placement, and case characteristics. Respondents were asked to rank the complexity of domain factors and describe any factors that they believed to be important.

Results: Within the child domain, the top ranked factor contributing to complexity was child behavioral health. This factor was also the most frequently mentioned topic in the qualitative responses (46%). Similarly, parental mental health was the top-ranked factor in the parent domain. This factor was also the most frequently mentioned response to the open-ended question (29%), though parental non-compliance/non-cooperation/non-adherence was also important (25%). Within the caregiver domain, the size of the household, specifically having more than 3 children in the home, was the top-ranked factor. The responses to the qualitative portion varied from the quantitative responses, with caregiver non-compliance being most frequently mentioned (36%). Placement moves were the top-ranked placement-related factor. However, little consensus was seen within the qualitative portion, as no topic was described by more than 20% of the respondents. Results in the case domain were less clear, since there was little consistency within the sample regarding the difference in complexity across case types

(out-of-home vs. in-home, judicial vs. non-judicial, and re-opened). Further, the qualitative portion revealed varied options, with no one topic being raised by more than 15% of the sample.

Conclusions: These results shed light on important factors presenting the most challenges to child welfare personnel. From a practice perspective, these factors may prove useful in case distribution systems where case complexity is considered. Evaluation of case distribution systems that rely on complexity is needed to identify whether these factors produce better estimates of workload than the traditionally used metrics of number of cases and number of children served. From an educational standpoint, these results highlight the importance of preparing students in child welfare certificate programs to serve people who have mental and/or behavioral disorders and people who are mandated to service. Further research is warranted to assess whether educational preparation on these topics can improve case manager performance and reduce negative workforce outcomes.

References:

Griffiths, A., Royse, D., Culver, K., Piescher, K., & Zhang, Y. (2017). Who stays, who goes, who knows? A state-wide survey of child welfare workers. *Children and Youth Services Review*, *77*, 110-117.

Griffiths, A., Royce, D., Flaherty, C., & Collins-Camargo, C. (2020). Perceptions of workload and job impact as predictors of child welfare worker health status. *Child Welfare, 98*, 97-120.

Kaye, S., DePanfilis, D., Bright, C. L., & Fisher, C. (2012). Applying implementation drivers to child welfare systems change: Examples from the field. *Journal of Public Child Welfare*, *6*(4), 512-530.

McFadden, P., Mallett, J., & Leiter, M. (2018). Extending the two-process model of burnout in child protection workers: The role of resilience in mediating burnout via organizational factors of control, values, fairness, reward, workload, and community relationships. *Stress and Health*, *34*(1), 72-83.

Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child welfare worker caseload: What's just right?. *Social Work*, *54*(4), 361-368.

Bio:

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Dr. Stewart has 19 years of experience providing research and evaluation for agencies and programs in the fields of health, mental health and chemical dependency. The primary rationale for this research is to provide empirical evidence for improving community-based interventions. In particular, he is interested in how the interaction of individual and environmental factors contribute to programmatic outcomes.