A Workload Review Project

THE PERPETUAL JOURNEY: MANAGING WORKLOADS IN CHILD WELFARE

By

Richard De La Ronde

A Practicum Report Submitted to the Faculty of Graduate Studies of
The University of Manitoba
in Partial Fulfillment of the Requirements for
the Degree of:

MASTER OF SOCIAL WORK

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba
January, 2009

THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES

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Of

MASTER OF SOCIAL WORK

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Abstract

For decades, the subject of workload has been at the forefront of issues on the minds of child protection workers, politicians and policy makers across North America. Many public inquiries, inquests and numerous task forces, such as the Ontario Child Mortality Task Force, have produced reports that have identified unmanageable workloads as a contributing factor in the reduction of quality service to children and families (National Union, 1998). In many instances this reduction in quality of service has had tragic consequences for children in care.

This practicum report describes and identifies, through a literature review, a series of focus groups and interjurisdictional surveys, workload methodologies used within various jurisdictions and disciplines. This report also recommends a workload reduction strategy that may allow for the reasonable allocation of caseloads that in turn, lends itself to a level of service delivery that is reflective of the needs of the children and families involved, as well as reflective of the needs of frontline workers in terms of manageable workloads.

Acknowledgments

I would like to express my sincere appreciation to my advisor Peter Hudson, and committee members Jay Rodgers, and Charlene Paquin for their guidance and advice throughout the practicum process. I am especially grateful to the many people who took the time out of their busy schedules to participate in the various surveys and focus groups that were conducted during this practicum.

Most importantly I would like to thank my wife Arlyne and my children Sebastian, Kaiyra, and Arielle for their understanding and support throughout my practicum. Your encouragement and understanding motivated me to identify a seemingly acceptable solution, to a question that seemed unanswerable.

I dedicate this report to my parents, Raymond and Linda who have taught me the value of hard work and to my mentor, Bruce Unfried, who has substantially influenced my learning and my career for over a decade.

Introduction

This practicum evolved from an agreement that was signed between the Manitoba Government, the Manitoba Government Employees Union (MGEU) and Winnipeg Child and Family Services (WCFS) in June 2000. The letter of understanding established that all parties in the agreement acknowledged that excessive workloads continue to be a pressing issue at both the Administrative and Direct Service levels within the child welfare field in Manitoba. A steering committee was to be established by October 2000 and the process of looking at workload was initiated.

In 2003, I was selected by a member of the Steering Committee to look at putting forward recommendations that outlined a workload management process and a practicum proposal was put forward. My ***learning objectives*** consisted of familiarizing myself with Manitoba's child welfare structure in the midst of the implementation of the Aboriginal Justice Inquiry- Child Welfare Initiative (AJI-CWI), including its service delivery agents and political structures. I hoped to build on an existing skill set and develop new skills, to research, design, and put forward a working document, within a political system. The new devolved child welfare system was now represented by four different political bodies (the Manitoba Metis Federation (MMF), the Assembly of Manitoba Chiefs (AMC), the Manitoba Keewatinook Ininew Okimowin (MKO) and the Province of Manitoba).

If I was going to be successful at doing this, I would have to gain insight into group dynamics and learn how to navigate the different personalities and agendas within the steering committee. This learning was a priority for me because every aspect of the project was going to be vetted through the steering committee. My s***ervice objectives*** would be met by the submission

of this report and a 500 hour work commitment to be carried out within the Department of Child and Family Services of the Province of Manitoba Government.

This report is divided into five (5) sections. The first section describes the practical aspects of my practicum, including the setting, reporting procedures and a general description of the workload review components. The second section contains a literature review on workload, outlining the different research projects and methodologies found in the literature. It includes a review of some of the advantages and disadvantages of four (4) of the more common methodologies.

The third section of this report contains the results of an interjurisdictional survey that was circulated to various regions across North America in an attempt to gather data and detailed information regarding the development and implementation of workload strategies in other regions. The fourth section discusses the results of a series of focus groups conducted with various administrative levels within Manitoba's child welfare structure.

I conclude this report in the fifth section by providing an overall analysis of my practicum and the challenges I encountered in identifying a workload strategy. The report ends with a discussion of that strategy.

Section One: Practicum Setting

Location

This practicum evolved from a letter of understanding that was signed between the Manitoba Government, the Manitoba Government Employees Union (MGEU) and Winnipeg Child and Family Services in June 2000. The letter of understanding established that all parties in the agreement acknowledged that excessive workloads continue to be a pressing issue at both the Administrative and Direct Service levels within the child welfare field.

In 2003, I began my practicum with the department of Family Services and Housing at the Child and Family Service Division, within the Child Protection Branch, in Winnipeg Manitoba. The Department of Family Services and Housing (as of March 31, 2008) is divided into 5 Divisions;

- Administration and Finance
- Housing
- Disability Programs and Employment and Income Assistance
- Child and Family Service
- Community Service Delivery

The Child and Family Services Division contains 4 key Program areas (as of March 31, 2008);

- Strategic Initiatives and Program Support
- Child Protection
- Family Violence Prevention
- Manitoba Child Care Program

Project Design

The project began with my enlistment by a steering committee member whose parent committee was referred to as *The Common Table Committee*. Once the practicum proposal was submitted and approved, the remaining members of the steering committee were subsequently selected. Part of my role on the steering committee was to draft terms of reference that outlined our purpose and functions. The committee was comprised of various staff members from various divisions within the Department of Family Services and Housing, and staff members from various levels of administration from the Winnipeg Child and Family Services Branch (formerly Winnipeg Child and Family Services).

The agreement between the MGEU, the Province of Manitoba and the Winnipeg Child and family Services referred to in the *introduction* was a result of a Memorandum of Understanding (MOU) between the Province and three (3) Aboriginal organizations signed earlier in the same year. The three (3) Aboriginal organizations were the Manitoba Metis Federation (representing Metis people in Manitoba), the Assembly of Manitoba Chiefs (representing the Southern Manitoba First Nations), the Manitoba Keewatinook Ininew Okimowin (representing the Northern Manitoba First Nations). In the MOU, the Province of Manitoba agreed to review the issue of workload. The context of for the MOU was the implementation of a commitment to further devolve responsibility for child welfare to Aboriginal agencies. The purpose of the steering committee was to satisfy a commitment made in both of those agreements.

Part of my practicum responsibilities and part of my ***service objectives*** was to provide a final report to the steering committee that outlined a recommendation or workload strategy for consideration by the child and family Services system.

The service objectives would be satisfied by designing and implementing a research strategy through a commitment of 500 work hours. The 500 hours time commitment would be spent working at the Policy and Planning Branch with regular reporting and updates to the sub-committee and direct supervision from one of the policy managers located within the office.

Through consultation with the steering committee, it was decided that the workload review project would have four (4) distinct phases. The phases were identified as the following;

- Literature review
- Interjurisdictional survey
- Focus groups
- Final report

The ***literature review*** was intended to provide insight into current trends, benchmarks, and best practices in terms of methodologies for workload management or components of it. It is also intended to serve as a resource of information into recent developments in other jurisdictions. The data collected from the literature would later serve as a starting point for the development of the inter-jurisdictional survey.

The ***interjurisdictional survey*** was be used to gather additional data and insight into workload management systems in other jurisdictions that had made recent developments on the subject of workload. The survey consisted of a combination of open-ended and closed-ended questions that dealt with various aspects of the workload system in each jurisdiction, including questions surrounding initiation, time frame of implementation, the consultation process, main features of the system or methodology, advantages of the system, disadvantages of the system, and an opinion question related to the fulfillment of purpose and design.

A sample consisting of three different levels of administration, including frontline staff, supervisory staff and union staff, was utilized. This was done to capture the unique perspective

each level has in terms of their view on the issue of workload. The interjurisdictional survey that was disseminated is attached as **Appendix A**.

The purpose of the ***focus group*** process was to capture the level of understanding regarding the concept of workload at the various administrative levels within child welfare in Manitoba. The sessions opened with a brief summary of the components of a workload management system; Workload Measurement, Workload Standardization, Workload Analysis, and Workload Management.

The focus groups design consisted of 5 focus group sessions with the following groups;

- 2 frontline sessions in the following jurisdictions;
  - -Child and Family Services Winnipeg
  - -Eastman Child and Family Services
- 1 labour representative level session (Manitoba Government Employees Union Reps)
- 1 CFS management level session
- 1 senior management level policy level session (Reps from the 4 Child and Family Services Authorities)

Each session was designed to be 2 hours long and consisted of groups between 6-8 people in size. A consent form (**Appendix B**) was submitted to each group at the beginning of each session requesting permission to produce digital audio recordings for the duration of the focus group and to use these recordings exclusively for the purpose of secondary data analysis to ensure the accuracy of hand written data. Four (4) primary questions that were ordered in a manner that began generally and gradually became more focused were administered to the group. The questions are discussed in greater detail in the *focus group* section of this report.

Learning Objectives

The ***learning objectives*** were identified as building on existing and developing new skills, to research, design, and put forward a working document, within a political environment. Manitoba's Child Welfare System is indeed a politically charged environment at many different levels. As described later in the ***literature review***, there are a number of different strategies to reference when embarking on the development of a workload strategy. Each one has advantages and disadvantages when it comes to implementation and objectivity. When developing such a strategy, it is important to have an understanding of the strategies tried in the past and the successes and failures observed. The following paragraphs outline some of the events that evoleved around workload in Manitoba in the last decade.

In November of 2001, a document was tabled by Viewpoints Research for WCFS and the MGEU. The report focused on developing ways to improve retention among front line protection workers. A focus group setting was implemented and several questions were asked to staff that were categorized based on the following conditions;

- ***Long term worker*** – social workers who had worked for the agency in child protection for 5 or more years.
- ***Short term worker*** – social workers who had worked for the agency in child protection for 2 years or less.
- ***Former worker*** – Social workers who had worked for the agency doing child protection but now had different jobs within the agency or with another organization (Viewpoints Research, 2001).

The staff were asked several questions pertaining to job satisfaction and quality of work. Each category of worker, at the end, was asked to list three things they would change at WCFS.

The following findings were calculated using the data provided in the Viewpoints Research Report (2001).

- **73% of long-term workers** identified a reduction in caseload and paperwork.
- **88% of short-term workers** identified a reduction in caseload/workload.
- **75% of former workers** identified a reduction in caseload

The whole issue of workload and caseload had managed to find its way back to the top of the discussion table, however it quickly fell to the wayside with the implementation of the AJI-CWI and the devolution of Manitoba's child welfare system, began dominating political agendas. The impact of the transfer of Métis and First Nation specific child welfare cases as a result of the AJI-CWI process has had significant effects on the relationship between agencies, governments and unions in terms of resource allocation and job security.

In March 2006, the Manitoba Minister of Family Services and Housing called for a review of Manitoba's child welfare system as it pertained to case management as well as the review of caseloads carried by frontline workers. As a result of the review two reports were released entitled *Strengthening the Commitment* (2006) and *Honouring Their Spirits; the Child Death Review* (2006). These two reports established that workloads were unacceptably high in Manitoba's child welfare system and the issue of workload was again in the spot light.

The Annual Report of the Department of Family Services and Housing of the Province of Manitoba for the year 2007/08 states that "the Manitoba government accepted the recommendations of the child welfare reviews and announced an initial investment of

$42 million over three years in the following priority areas – workload relief, training and prevention" (pg.80).

One of the potential barriers for implementing a workload management strategy is securing political acceptance of the inferences the data from a workload analysis may have for resource allocation. Certainly, governments would have to be aware of the possible pressures to adequately resource agencies if a workload strategy indicated the need. Despite Manitoba's consistent increase in funding over the last three fiscal years (Manitoba Family Services and Housing Annual Report, 2003/2004) to mandated child welfare agencies, caseload and worker burnout and turnover continues to be an issue. Any data suggesting an increased need in staffing levels may potentially result in the natural desire to reject the validity of the process (American Humane Association, 1992).

Manitoba is ripe for policy and administrative research and development, especially in the field of child welfare. It is very important however, to acknowledge the environment and the context in which this research would be occurring: an environment where child welfare services have traditionally been seriously underfunded and agencies have not had an objective and simple way of illustrating the true level of need in terms of staffing. Although many governments have increased their child welfare budgets in different jurisdictions across North America in the last few years the increases vary in their amounts. In addition, many increases have been specifically targeted to politically sensitive areas of child welfare. One example of this latter has been media exposure of the use of hotels as emergency placements. For example, in 2009, the Province of Manitoba announced it would invest $1.7 million in an emergency placement shelter for short-term placements in central Winnipeg. In 2008, the Province of British Columbia increased its emergency shelter budget by 25 million making it approximately 228 million over four years (Kusch, 2009).

Evaluation

This practicum was designed to be evaluated through a few different processes and structures. The ***service objectives*** were evaluated by a steering committee comprised of various government representatives from the MGEU and various levels of administration from the Winnipeg Child and Family Services Branch. Each section of the practicum report involved a series of formal meetings where the work anticipated and completed was evaluated and discussed by the steering committee members in terms of its movement towards the final practicum report. It should be noted that the steering- committee eventually was dispersed and many of its members relocated to various other departments' during the beginning of the focus group sessions. The dispersing of the steering committee occurred during the initiation of the AJI-CWI file transfer process[1], which saw the relocation of all files transferred to their designated authority. This process also resulted in a significant delay in the completion of the focus group process. The submission of a copy of this report to the steering committee was designed to satisfy the service objectives.

The ***learning objectives*** were evaluated by the academic committee through close scrutiny of the work via the steering committee meetings and through academic committee meetings. This was possible due to the reality that the academic committee members were also members of the sub-committee. As well, the primary academic advisor, through consistently scheduled face-to-face meetings, as well as regular updates via electronic mail, scrutinized all work.

A journal of progress and learning was also kept. The journal was used to keep a personal record of process and self-evaluation. It identifies and discusses any barriers or opportunities experienced throughout the practicum in terms of their origins, the way they were exploited or overcome, and what was learned from the experience.

Section Two: Literature Review

Workload

For decades, the subject of workload has been at the forefront of issues on the minds of child protection workers, politicians and policy makers across North America, but what is workload? The concept of workload seems to be an issue in all human service fields (though the language may differ from discipline to discipline). In education, increasing classroom size, greater expectations on teachers as curriculum expands, and increasing "behavioral problems" with students have impacted on the quality of time spent instructing students (E. Unger, personal interview, January 4, 2009). In health care, longer waiting lists, increasing patient per doctor ratios and reduction of emergency services have impacted on the quality of care patients' receive (Dr. Lavallee, personal interview January 4, 2009).

In child welfare, the terms caseload and workload are often used inter-changeably to discuss the work that is performed. Wright (2006) differentiates caseload and workload in the following terms; (pg.27).

- Caseloads are defined as the amount of time workers devote to direct contacts with clients.
- Workloads are defined as the amount of time required to perform a specific task.

In the child welfare context, I would have to say I disagree with Wright's definition for the fact that direct contact with clients is a mandatory requirement in many child welfare jurisdictions and is easily classifiable as a specific task. *Workload*, in child welfare, (as has been my observation throughout this practicum and throughout my career) is the time it takes, on average, for a case worker to complete all the required tasks associated with the cases he/she is

responsible for and *caseload* is simply the number of cases assigned to a worker. The Office of Performance Evaluations (OPE) in the Idaho Legislature define *caseload* as "the number of cases that workers are assigned in a given time period" (pg. 1, 2009). The OPE also defines *workload* as "the amount of work required to address assigned cases" (pg. 1, 2009). It is within this definition that I will discuss the concept of workload throughout this report.

As in the education and health examples previously mentioned, there have been many public inquiries, inquests and numerous task forces, such as the Ontario Child Mortality Task Force, that have produced reports that have identified unmanageable workloads in child welfare as a contributing factor in the reduction of quality service to children and families (National Union, 1998). In many instances this reduction in quality of service has had tragic consequences for children in care. In the unfortunate death of Tracia Owen in Winnipeg, Manitoba in 2005 the case management deficiencies were described as problems "associated with all agencies and largely workload related" (Guy, 2008). In the tragic death of Phoenix Sinclair, whose body was discovered in a wooded area in Fisher River First Nation in 2006, Koster and Schibler (2006) recommended "That the Child Protection Branch work with the Authorities towards meeting the CWLA standards of workload, for the various classifications of social workers and their supervisors".

Various workload projects have been initiated across Canada and the United States within both government and non-government organizations over the past decade. In Ontario, the Ontario Association of Children's Aid Societies (OACAS) in partnership with the Ontario Public Service Employees Union (OPSEU), which represents provincial government employees in Ontario and the Canadian Union of Public Employees (CUPE), which is Canada's largest union, representing workers in various disciplines including health care, education, social services, public utilities, and many others, embarked on a large scale workload measurement

project. The project was a result of the Ontario Child Mortality Task Force Report (1997) which recommended that "workload standards be developed which take into account the time required to deliver effective child protection services" (OACAS, 2001). Although the original purpose of the four (4) year study was to develop a standardized tool to measure workload, the study did not result in the development of any tool (OACAS, 2001). Some of the barriers in attempting to development and implement such a tool will be discussed later in this report.

Similarly, in Alberta, a child welfare allocation model was developed in 1991. The model was derived from a time and motion study of core activities of front line workers. The activities were linked to the Alberta province wide Child Welfare Information System (CWIS). The average caseload standard of available time was set at 101 hours, which was determined by identifying the available number of hours available per month for a worker to complete the tasks associated with case management and provincial standards (Alberta Children's Services, 1999). When a worker's hours exceed the 101 hours for 60 consecutive calendar days, an appeal could be filed by the worker for some form of relief. It should be noted that the appeal process is lengthy and that workers are encouraged to forward their letters of appeal "to the next level if a written response has not been received" (Workload Standards Development Project, 1999). It is unclear in this model what form of relief is provided to the worker upon successful appeal.

In Manitoba in 1988, a committee was struck to examine workload measurements at the direction of the Minister of Community Services. The committee was asked to make recommendations on a workload methodology for frontline child and family service (CFS) workers that both quantified and qualified the services being provided. The selected methodology would be implemented and the results weighted against the current Provincial Child and Family Services Standards. At the time, there were three distinct workload

methodologies at different stages of implementation throughout Manitoba. The committee embarked on the following process;

- Collection and Review of literature.
- Inter-jurisdictional inquiry.
- Establish the objectives of a workload methodology, which would serve as selection criteria for the different alternatives.
- Classify objectives as required, high, medium, and low priority.
- Examine the three systems in use and weighed them against the objectives with the intention of selecting one.
- Assess the risks of each methodology
- Recommend a workload measurement methodology.

In the end, a methodology that had been implemented by Child and Family Services of Western Manitoba (CFSWM) had been selected. CFSWM had adopted a measurement tool developed in Alberta that was intended to replace a funding formula that was believed to be insensitive to variations in individual agency needs (Ontario Association of Children's Aid Societies, 2001). The workload measurement system, which was based on a case count of children in care, similar to the methodology *Measuring activity by caseload numbers* discussed later in the literature review, did not accurately reflect, or monitor actual workload. The measurement tool was used for approximately 3 years before it fell to the wayside as the province-wide tracking system known as the Child and Family Service Information System[2] (CFSIS) was introduced in the early 90's. Although the measurement tool was used to determine caseload, it was noted at the time, that caseload was not an accurate indicator of workload. More recently in Manitoba it was identified that there was no consistency from agency to agency on how workload/caseload was determined, which makes it impossible to

compare workloads by using any standard numerical table of measure (Strengthening the Commitment: An External Review of the Child Welfare System, 2006).

Many of the other provinces, including Manitoba, have recognized a framework developed by the Child Welfare League of America (CWLA) and have tried to apply and adapt it to reflect regional differences in terms of legislative mandates and varying office practices. In their report, A *Special Case Review in Regard to the Death of Phoenix Sinclair*, Koster and Schibler (2006), make the recommendation that the Child Protection Branch (a description of this department is given later in this report) works to meet the CWLA standards of workload and work to maintain them once they have been achieved.

The CWLA publishes what it believes to be "ideal" caseload standards. The CWLA was formed in 1920. Its goal is to improve and set practice standards within the field of child welfare. The preparation of standards for the CWLA involves an exhaustive examination of current practices and the assumptions that they are based on. Comparative studies are often conducted that involve local, state, national and international organizations and professionals.

The CWLA's preparation of standards involves an arduous process that includes an intensive discussion of basic principles and issues by countless committees of experts within the various human services area. This is followed by the drafting of a preliminary statement outlining the standards that is then scrutinized by the CWLA's member organizations and representatives of related disciplines. CWLA Standards are based on various current research initiatives and findings and current developments around best practices and benchmarking.

The CWLA standards are statements designed to be used as ideals, or goals for best practices in the field of child welfare (CWLA, 1996). The standards are intended to promote the understanding of how human service organizations can most effectively provide quality services to children and families. Through the process described above, the CWLA has published

caseload standards in 1991, 1995, 1997, 1998, 1999, and 2000. The following caseload standards are from the CWLA Standards of Excellence for Child Welfare Services and have been adopted by many of Canada's Provincial governments at various points in time beginning in the early 1990's.

The following are CWLA standards for Child Protection Services[3]

Service/Caseload Type	CWLA Recommended Caseload/Workload
Initial Assessment/Investigation	12 active cases, per 1 Social Worker
Ongoing Cases	17 active families per 1 social worker and no more than 1 new case assigned for every 6 open cases
Combined Assessment/Investigation and Ongoing cases	10 active On-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers

From: CWLA Standards of Excellence for Services to Abused or Neglected Children and their Families, Revised 1999.

The CWLA (1999) noted that the caseload is based on new and active cases per month. In other words, new cases should not be added in a new month unless a comparable # of cases have been closed, assuming the worker is carrying a full caseload.

The following are CWLA standards for Family Foster Care Services

Service/Caseload Type	CWLA Recommended Caseload/Workload
Foster Family Care	12-15 children per 1 social worker
Supervision	1 supervisor per 5 social workers

From: CWLA Standards of Excellence for Family Foster Care Services, Revised 1996

Although the CWLA provides recommendations for caseload standards, it acknowledges that no universally accepted formula for calculating workload exists due to the reality of regional differences between service providers (CWLA, 1999). The CWLA (1996)

also acknowledges that workload is best measured through the careful application of time studies within individual agencies.

In the end, it is obvious that workload is a major issue that has a direct impact on the quality of service that children and families receive, as well as the quality of the work environment for frontline child welfare staff. What is not so obvious is identifying the process in which we can quantify and effectively manage the workload of child welfare workers, in a manner that allows for the reasonable allocation of caseloads that in turn, lends itself to a level of service delivery that is reflective of the needs of the children and families involved.

Workload Analysis: Methodologies in the Literature

Though it is readily agreed upon in the literature that both caseload numbers and workload volume seem high in various fields, especially in child welfare, it is not so clear what constitutes a high workload. There are many professionals that feel they are over worked and unable to provide a level of service to their clients that they feel is adequate. While there are particular strategies within the field of child welfare, there are other methodologies that have been implemented in other professions that may or may not have applications, in whole or in part, to child welfare (Measuring workloads in Social Services, 1997). Many of the approaches in the literature have similarities in their approach to measuring workload and are easily identifiable with others. The following four (4) methodologies have distinct characteristics in regards to their approach in trying to capture the essence of workload. Many of the methodologies found in the literature fit within the parameter of the following approaches. Each will be discussed in terms of their advantages and disadvantages in a child welfare setting.

Staffing Levels by Population

Methodology

The population approach is quite simple and no applications specific to child welfare were found in the literature. The staffing by population is based on estimating the number of professionals that would be required to serve a specific geographic area. The approach is commonly used within the health care and emergency services field. For example, in some jurisdictions, the number of physicians per 1,000 is used to allocate billing numbers for new doctors and to determine recruitment into medical schools. Similarly, for police, population density in a particular area is used to determine the size of the police force for a given area.

In Fairbanks Alaska, the ratio of full time officers sworn to protect a specified geographical area was 1.38 per 1000 residents. This ratio was set using the population of 31, 182, giving Fairbanks 43 sworn officers (Hoffman, 2006). This methodology assumes that through informed and expert opinion that the optimum allocation of the right quantity and category of staff translates into maximum quality, efficiency, and equality of services from region to region.

Advantages in a Child Welfare Setting

There was no supporting documentation in the literature that outlined any practical applications to child welfare other than a funding model based on population. The Department of Indian and Northern Affairs Canada (INAC), administers a national funding formula known as Directive 20-1 to First Nation child welfare agencies (except in Ontario where the Province of Ontario is reimbursed by INAC) that is based on a population threshold of eligible children 0-18 years of age living on reserve (Bennett, unknown). In May 2008, the Report of the Auditor

General of Canada to the House of Commons identified the formula as being inequitable and not reflective of the work being completed on reserve (Auditor General of Canada, 2008).

As I describe in the next section, this methodology is somewhat arbitrary to what constitutes a well staffed area from one that is inadequately staffed. However, it can be argued that this methodology may be useful in a child welfare setting if it is expected that social conditions of a given region (on reserve for example) translate into the need for child welfare services. For instance, staffing adjustments could theoretically be made for such population factors as percentage of families living below the poverty line (Statistics Canada's poverty line in 2008 was $20, 778.), or percentage of children 0-18 within the population.

Disadvantages in a Child Welfare Setting

This approach is not a true measure of workload. It simply provides an estimation or acts as a guide as to how many workers are needed to serve a particular geographic area. As mentioned above, one may argue that certain socio-economic factors such as housing, poverty and unemployment rates of a given geographic area would provide some indication of need in regards to social services. However, this suggestion has several limitations. First, population does not necessarily equate need and need does not translate into demand (Daviaud & Chopra, 2008). It is very easy for this methodology to over or under estimate the number of staff required to effectively service a particular geographic area.

Second, this methodology is dependent on a set of criteria or weighted factors to determine an appropriate worker per population ratio that also allows for adequate adjustments for regional variation. These criteria simply do not exist in the field of child welfare. A highly empirical process would be required to establish appropriate staffing levels before this methodology could begin to have some useful, yet very limited applications to child welfare.

Methodology

This approach to measuring workload is the basis for most systems in use by social service agencies (American Humane Society, 2000). In most jurisdictions, caseload for child protection workers, in an urban setting, are often allocated based on number rather than the intensity of cases. In a rural setting, child protection cases are more likely to be allocated by area rather than activity. Adjustment may often be made in rural settings between regional offices and cases reassigned based on caseload numbers per area office.

This approach is often applied arbitrarily by area supervisors who will often assign caseload based on a social service workers experience in the field. More experienced workers will tend to have larger caseloads than those who are new or have less experience. Kern (1987) argues that supervisors who apply the additional criteria of worker expertise to case assignment create even greater inequity of workload over time by giving the more experienced workers more work.

This methodology is also applied in the education system where classroom size is used to determine the number of teachers that will be required for a school. This ideal or desired standard is often determined by the number of students enrolled in the school and cross referenced with school board's operating budget. If a set standard of students per classroom is realized than classes are either split into two groups or a teacher's aide is brought in to assist the teacher.

Advantages in a Child Welfare Setting

Funding formulas for staffing costs based on this methodology are straight forward and easily adjusted by funders. When used in conjunction with set standards, such as the CWLA's

child protection standards for caseloads mentioned earlier, this methodology allows agencies and governments to easily identify staffing needs based on the number of workers needed to cover a specified caseload.

It also allows for short-term solutions to workload concerns by providing governments with the justification for increased human resources through additional funding or additional positions. For example, the Progress on Changes for Children Initiatives (2009) reported that as of December 2008 the Province of Manitoba government had increased the number of staff positions working in child and family services by 100 full time positions to provide workload relief. The positions were divided between Manitoba's four (4) child welfare Authorities (described later in this report) and each allocated the resources at their own discretion.

It is unknown what formula, if any, was used to allocate the resources in each Authority, but it appeared that the allocation was based on total number of children in care (cic) based on the observation (my own as an executive director of a southern First Nation agency) that it was the agencies (at least those belonging to the Southern Authority) with larger cic numbers that received additional positions.

Disadvantages in a Child Welfare Setting

One of the disadvantages of using this methodology in a child welfare setting is that establishing caseloads based on available a Full Time Equivalents[3] (FTE's) is arbitrary and the allocation of cases would probably be based on informal feedback from social service workers in conjunction with other existing conditions. As well, caseload has never been considered an accurate indicator of workload. This methodology does not take into consideration that two workers may have an equal number of cases, but different workloads due to the varied intensity

of each individual case. Also, the individual decision a frontline worker makes regarding the intervention strategy for a case is going to be a determining factor in the amount of "work" the plan will require.

In addition, staff may manipulate their individual caseload by maintaining low intensity cases if guidelines regarding case closures are unclear or not monitored. The Idaho Legislature (2009) reported that they could not distinguish between actively worked cases and those no longer receiving attention but not officially closed, causing an inaccurate calculation of caseloads using this methodology.

Measuring Workload by Case Type

Methodology

This workload methodology is based on a system of categorizing cases according to a pre-determined set of criteria of the amount of work involved. Cases in this system are easily weighted and allocation of cases is determined by who is carrying the lightest load. For example, a child protection case involving neglect could be categorized based on the following levels of severity (Measuring Workloads in Social Services, June 1997 pg .7.):

- Slight- lacks basic need, educational neglect, etc.
- Moderate- occasional neglect, not chronic
- High – chronic, evident and continuous patterns over a long period of time
- Critical- life threatening

Systems using this methodology review the amount of time spent on different types of cases. An assessment tool is developed that outlines the factors that must be present in order to categorize an individual case from low, moderate, to high activity. For example, caseload # may

be determined by the intensity label for each case. A typical caseload may involve five (5) high level, four (4) moderate level and 12 low level cases.

This methodology uses factors such as prior contact, and protective or voluntary services etc. involved in a case rather than attempting to measure actual time to complete an activity required within each individual case. In other words, an assumption exists that cases categorized as high need are also the cases that are going to require more of the workers time and vice versa.

Advantages in a Child Welfare Setting

This system is the most portable in terms of applying it to any, if not all, aspects of human service delivery. It can be used to measure the workload of front line staff to measuring the workload of supervisors and managers. In Ontario, this methodology is used as a mechanism to determine qualification for services at the intake/referral stages of a case within the Ontario Child Welfare Eligibility Spectrum. The Eligibility Spectrum (formerly known as the Intervention Spectrum) is a tool that was developed in 1991, that uses a series of rating scales that each have four (4) levels of severity, including Extremely Severe, Moderately Severe, Minimally Severe, and Not Severe (Ontario Association of Children's Aid Societies (OACAS) , 2006). The Eligibility Spectrum is a two dimensional matrix which identifies the reason for service with guidelines for rating the service into the four (4) levels of severity (OACAS, 2006). The scale is then used to plot the case along an *Intervention Line*. Those cases that score above a certain point on the line require an intake/investigation and those cases that score below a certain point do not.

This methodology is straight forward and not very time consuming and also takes into account many of the factors that impact on workload, such as case intensity. The maintenance of this system is quite easy and requires minimal resources to administer and can be adapted to policy and program changes. In Ontario, the Eligibility Spectrum was re-tooled to take into

consideration new emerging child welfare strategies such as the Differential Response Model (OACAS, 2006). Differential Response or DR is usually a dual track system of service delivery where high risk cases are shifted to a protection track and less urgent cases are shifted to an alternative track where service is focused on support and prevention. . The Eligibility Spectrum on its own creates what I call "turn-away service". It may be the reality that the Eligibility Spectrum may relieve workload temporarily by limiting in-take, however it is my opinion that it creates more workload down the road. My argument is that families who are on the fringes of service need and do not qualify for support, return to the system later when their life situation becomes worse. What happens is that there is now more work for frontline line workers to complete because the needs of the family have increased.

That being said, the Eligibility Spectrum is an excellent tool when used in conjunction with a two-tiered service delivery system, such as with Differential Response. The Eligibility Spectrum is now capable of serving as a filtering process (protection versus prevention) and families can be directed to the appropriate service.

Disadvantages in a Child Welfare Setting

This methodology is quite subjective and dependent on a process that categorizes work demands, based on the input of experienced staff, which in turn identifies what factors determine if a case is a low, moderate, or high activity case. The OACAS (2006) states that "like any situation where child protection decisions must be made, worker judgment is an important factor" (pg.10). This may result in an inaccurate designation of a case as high or low need.

In addition, the complexity of a case may increase over time that in turn may result in an inaccurate indication of workload. It may also be difficult to reach consensus among staff in the development of an assessment tool that dictates what constitutes a difficult case.

Methodology

This methodology is by far, the most empirically based process, utilized to analyze workload. The system is based on an intensive evaluation of time spent on different tasks or activities within certain types of cases (units of work). The notion of using time in motion studies for analyzing the workload of child protection workers was well documented in the *Staffing For Expectations: A Description of the Needed Tools* by Semmens & Adams (1997). Semmens & Adams (1997) argue that to have a true sense of the work required by child protection social workers in measurable, quantitative terms, a measurement tool would be required to be quite detailed and would require a number of calculations, projections, assumptions and estimates.

OACAS, in 1999, embarked on what has probably been the most intensive workload project in Canadian history. The Workload Measurement Project (WMP), as it was called, attempted to analyze the amount of time it took Ontario child welfare workers to complete identified tasks associated with all front line service areas. These areas included foster care, adoption, Intake, and child protection services.

The WMP conducted a huge workload analysis and the end result was the establishment of a detailed task list for each of the selected four (4) services, along with the actual time it took to complete mandated service delivery tasks within each service. These times were then compared to established benchmarks[5] set up by the Ministry of Community, Family, and Children's Services (MCFCS). When no benchmarks were available, the average time measured for that task list was used as the benchmark.

Benchmarks were established by taking the total amount of time it took to complete a task, multiplied by the number of times that task was completed within a certain time frame (supply side). This figure was applied to the hours available for direct case work (demand side). This was established by taking the total number of days in a year staff was available for work and multiplied by the total number of hours within a day staff were available (Workload Measurement Project Report, 2001). Table 1and Table 2 provides some of the results from the study.

Table 1: Time Available for Work: per FTE per Year

	MCFCS Funding Framework	**Workload Measurement Project**	**Difference Between MCFCS & WMP**
Total days available per year (52 weeks @ 5days per week)	**261.0**	**261.0**	**0**
Days unavailable for work			
Statutory Holidays	11.0	11.0	
Vacation	20.0	20.0	
Sick Leave	6.0	6.0	
Other Leave	0.0	0.0	
Training & Staff Development	14.0	14.0	
Subtotal	**51 days**	**51 days**	
Potential days available for work per year (42 weeks@5 days per week)	**210 days**	**210 days**	**0**
HRS available for work	6.5	6.5	**0**
Per day	1365 hrs	1365 hrs	
Per year			
HRS not available for work			
Travel	136.0	166.0	
Non-Direct case work	117.0	117.0	
Hygiene Breaks	0.0	0.0	
Sub-Total per year	253.0 hrs	283.0 hrs	
HRS available per FTE per year	1112.0 hrs	1082.0 hrs	**30 hrs**

From: Workload Management Project Report; *Phase III Final Report, 2002* pg. 28

It should be noted that the report did not reveal what process was used by the MCFCS to set their funding benchmarks nor was an explanation provided as to why only select services were given benchmarks by the MCFCS.

Table 2: Comparison MCFCS Funding Framework Benchmark & WMP Findings

Area of Service	MCFCS Funding Framework Benchmark	WMP-Phase II & III Average time taken to complete task
Inquiry	No benchmark	0.34 hrs/case
Investigation/Assessment	12.5 hrs	19.3 hrs/case
Protection Services	5.5 hrs/month	7.07 hrs/month per case
Admission to Care	No Benchmark	25.9 hrs/child
Children in Care	3-5 hrs/month	7.02 hrs/month per case
Foster Care Home Study or Assessment	20 hrs (includes recruitment)	25.7 hrs/home study
Foster Care Recruitment	No Benchmark	29.9 hrs/per worker
Foster Care Training **Support**	3 hrs per month	29.9 hrs per worker 4.92 hrs/month per home

From: Workload Management Project Report; *Phase III Final Report, 2002* pg. 24.

As **Table 2** reveals, there were several inconsistencies between the MCFCS funding framework benchmarks and the actual work measured. As a result of the WMP, many recommendations were made at the end of the report, such as the recommendation to re-evaluate the MCFCS funding framework, but none of the recommendations were ever fully implemented.

In theory, the *measurement of units per worker* methodology should provide an empirical, and truly quantitative, process of measuring workload. It also makes it possible to know what the workload level is for individuals or groups of individuals, agencies, or regions and allow for comparisons of time that is required to complete identified tasks. The amount of time is then compared against recognized caseload standards (such as the ones published by the CWLA). The report, Measuring Workloads in Social Services (Saskatchewan, 1997) states that for this methodology to be effective four (4) basic stages must be present:

> **Stage 1: Workload Measurement** – Involves measuring the amount of time workers currently spend on the different tasks associated with a case.
>
> **Stage 2: Work Standardization** – Developing judgments of how long the task should realistically take.

Stage 3: Workload Analysis – Review of all caseloads and applying the standards of time required for a case to the actual individual workers situation.

Stage 4: Workload Management – Process by which the data from the analysis is used to control caseloads in such a way as to ensure relative equity of workload among workers and in order to improve quality of services.

Stage 1: Work Measurement

Work measurement is the empirically based process of identifying how long it takes, on average, for frontline workers to perform the activities and services associated with the various case types. The activities and services, such as intake-investigation, travel etc, are classified as units of service and are given very specific beginning and end points. In other words, each task is broken down into its core activity and assigned a time value. For example, travel may be assigned a value of 3.75 hours per week out of 35 available hours of work per week.

The data from work measurement studies are generally stated in terms of a *mean.* The *mean* is most appropriate because more experienced workers will most often complete tasks quicker than those who are less experienced. The *mean* provides the staff average for completion of tasks and services.

Stage 2: Workload Standards

Workload standards are the judgments made on how long it should take to carry out specific work related tasks, considering the circumstances, the policies, the guidelines and legislation being followed. The standards are the key to improving the quality of service to clients, and the quality of the work environment for staff.

The workload standards, whether formal or informal, should reflect the time it *should take* and not the time it *currently takes* to perform tasks and services. In other words, standards should be stated in terms of the average time it takes an experienced staff member to complete

regular tasks and services under normal conditions. For example, if workers normally take 26 hours to complete an intake-investigation, but because of staff turn-over or staff shortages, staff are currently only spending 12 hours because of time constraints, then setting the standard at 12 hours would greatly impact the quality of service to clients and put extreme pressure on staff performance. It may also result in putting children at unnecessary risk if time is not permitted for due diligence.

Once time frames for job related tasks have been defined, it is theoretically possible to determine the ideal caseload size a person can carry in a particular discipline based on the number of available hours to perform those tasks. The CWLA, as previously mentioned, publishes caseload standards based on this principle. In 1984, the County Welfare Directors Association (CWDA) and the Department of Social Services (DSS) in the state of California established an agreed upon level of cases per worker using this methodology.

In 2000, the Child Welfare Services Workload Study (commonly referred to as SB 2030, for its association with California Senate Bill 2030, which legislatively required the study) determined that those caseload standards were too high and that social workers had too many cases to effectively ensure the safety and well-being of California's children (California Health and Social Services, 2005). The SB 2030 study also stated that the 1984 standards used by the state were based on outdated workload factors, and did not reflect any additional responsibilities that had been placed on social workers by the state and federal governments through restructuring and policy changes (California Health and Social Services, 2005).

Despite the possibility of miscalculation in setting caseload standards, defining and communicating practice standards can lead to an increase in compliance with requirements, improvements in case practice, and ultimately the achievement of an agency's outcomes.

Stage: 3 Workload analysis

A workload analysis is the process of analyzing caseloads of individuals or groups of individuals in terms of their workload and comparing them against each other for workload equity. A workload analysis also includes a comparison of each individual's caseload to the established or recognized standards. It should be noted that a workload analysis system should not be used to perform individual employee performance evaluations. In other words, if a workload analysis reveals that a child protection worker is spending more/less time allotted in a set standard for a particular activity, the data should not be used as a gauge of individual ability.

This should be made very clear at the onset of a workload analysis process to prevent any intentional behavior changes during the data collection process. For example, a worker may intentionally try to complete a task quicker to give the impression that they are familiar with the job task. If this occurs, the analysis will not be accurate and the data could have negative effects on the final process by not accurately portraying the true workload levels.

The SB2030 study (2000) mentioned earlier, utilized a methodology known as Workload Analysis and Resource Management (WARM), which was developed by the American Humane Association[6]. This study, which required the analysis of time data from almost 16,000 staff members, was one of the most comprehensive child protective services time studies done to date, asking almost every employee of the California Department of Social Services (CDSS) to record their work time using over 100 task descriptions and approximately 50 definitions of services (American Humane Association, 2008). The study revealed that caseload standards per worker had been previously set too high by the CDSS. The report did not result in a change of the caseload standards.

It is often at this stage that the political process of allocating funding for child welfare programs often over rides the validity of any formulas or methodologies. This is evident in the OACAS WMP in Ontario and the SB2030 in California mentioned earlier, where practically none of the recommendations from the studies were considered, even though the data indicated workload could be quantified. Gaining political acceptance of any workload methodology is one of the most difficult tasks in trying to implement a workload strategy. It is not possible to implement the next stage (workload *management)* if there is not 100% by-in from policy makers and funders.

Stage 4: Workload Management

Workload management is the process of utilizing the data from the workload analysis to control caseloads in such a way as to ensure relative equity of workload among individual workers over a specific time frame and relative equity of quality of services to clients over a specific time frame. The management of caseloads can take many different forms, depending on the policies and guidelines currently in use. In Delaware for example, caseload standards are legislated and when a workload analysis indicates a workload 10% above the legislated standards, an FTE is immediately added to the budget of that office or agency.

The presence of a process to adjust workloads is a key element in the success of any formula or methodology to effectively address workload. In essence, the *measuring of units of work per case* is redundant if a process to address deviations in workload (through increased case numbers) does not exist.

Advantages in a Child Welfare Setting

This methodology provides the most accurate estimate of workload because it breaks down each case into its simplest tasks and attaches a time to it. In theory, this methodology also

provides the most equitable distribution of caseload based on actual work performed. As a result of this methodology being rooted in empirical research, it would be difficult for policy makers and funders to dismiss the validity of the results if they were to imply a need for increased resources, either human or financial or both.

Disadvantages in a Child welfare setting

This methodology is the most time intensive and requires the most on-going research. Case related tasks that require more attention than outlined in the benchmarks may not receive the attention they require. For example, workers may spend less time on an abuse investigation to meet recognized benchmarks and take short cuts to complete the task in the required time. This may take away workers discretion on the amount of time a certain case may need and lead to a sense of de-professionalization (Saskatchewan, 1997).

In addition, it also requires a clear refining of job related tasks and identifying exactly when a task starts and ends. This process would require a consensus among staff, which is sometimes difficult to obtain. The results from using this methodology would require constant review as legislation and policy changes are experienced.

Both Manitoba and Alberta have attempted to implement this methodology with limited success. After three years of collecting reports from workers in Manitoba, Government officials abandoned the process because the validity of the data collected from the workers was questioned by policy makers and funders (Measuring workloads in Social Services, 1997). Alberta has implemented a combination of measuring units of work and measuring workload by case type. Alberta experienced problems with the *measuring units of work* methodology because workers who took less time to complete tasks looked like they were not doing their jobs, and those who took more time looked like they were inefficient. The Alberta Children's

Services (2006) acknowledged that the workload, as it is currently being measured in Alberta, is not reflective of the changes in practice accompanying their new legislation. It also became evident that workers were more concerned about completing their reports accurately than concentrating on the clinical aspects of their jobs (Manitoba, 1997).

In order for a workload methodology to be useful, it also needs to look beyond the nuts and bolts associated with case counts and time based measurements and also take into consideration some of the possible factors that impact on service delivery. Some of these factors are discussed in the next section.

Factors that Impact on Workload

There are many factors that may contribute to workload volume within any caseload. What they are and how important they are is an empirical issue, as well as an opinion-based one. There is plenty of information in the literature regarding the socio-economic impacts of poverty, unemployment, and housing and the correlation between those items and children coming into care. I will also be speaking more generally on a mezzo level, in terms of legislative and program change, down to the micro level which involves individual social work practice and skill.

Although this section is not meant to be exhaustive, it is important to recognize that these factors exist and that they have an impact on workload. It is also important to recognize that some factors will have more relevance in some regions or offices and possibly none at all in others (Fluke & Tooman, 2002). For example "connectivity" or access to high speed networking is a considerable challenge to First Nation agencies on reserve and not so much for agencies located in an urban setting, such as Winnipeg.

Legislative/Program Change

When I speak about legislative/program change in the child welfare context, I am speaking to those extrinsic influences, or circumstances that are beyond the control of the individual worker. One such *legislative and /or program change* is restructuring. One of the most comprehensive and significant child welfare restructuring projects in North America is taking place right here in Manitoba. The Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI) is a result of the Aboriginal Justice Inquiry (AJI). The AJI was commissioned in 1988 to examine the relationship between Aboriginal people in Manitoba and the justice system. The report indicated that Aboriginal people in Manitoba were not being adequately served by the current structure. The report was tabled in 1991 by Associate Chief Justice Alvin Hamilton and Judge Murray Sinclair. Although the report targeted the Manitoba justice system, the report also included the following recommendations regarding the child welfare system (http://www.aji-cwi.mb.ca/eng/generalbackground.html);

- Establish the office of Child Protector, as recommended by Judge Kimelman in his report, *No Quiet Place* (1985), to protect the interests of children, to investigate any complaint into the practices of any child welfare agency and to be responsible to the Legislature.

- Provide Aboriginal and non-Aboriginal child and family services agencies with sufficient resources to enable them to provide a full range of direct and preventive services mandated by *The Child and Family Services Act.*

- That the Federal and the Provincial governments provide resources to Aboriginal agencies to develop policies, standards, protocols and procedures, and to develop computer systems that will permit them to communicate effectively, track cases and share information.

- That Principle 11 of *The Child and Family Services Act* be amended to read: "Aboriginal people are entitled to the provision of child and family services in a manner which respects their unique status, and their cultural and linguistic heritage."
- Establish a mandated province-wide Métis agency.
- Expand the authority of existing Indian agencies to enable them to offer services to band members living off-reserve.
- Establish an Aboriginal child and family services agency in the city of Winnipeg to handle all Aboriginal cases.

In 1999, the Provincial government established the Aboriginal Justice Implementation Commission (AJIC), as part of its commitment to reviewing and implementing the recommendations outlined in the AJI (1991). As mentioned earlier a series of memoranda were signed in 2000 between the Province of Manitoba, the MMF, AMC and MKO, to extend the devolution of child welfare services in Manitoba. Part of the vision statement of the Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI) is as follows (http://www.aji-cwi.mb.ca/eng/generalbackground.html);

> "***A child and family service system that recognizes and supports the rights of children to develop within safe and healthy families and communities…"***

This historic restructuring of Manitoba's child welfare system would see the transfer of services to four (4)newly established child and family service authorities via the *Child and Family Services Authorities Act* (as proclaimed in 2003). These Authorities were designated as the following;

- the First Nations of Northern Manitoba Child and Family Services Authority;
- the First Nations of Southern Manitoba Child and Family Services Authority;
- the Metis Child and Family Services Authority;

- the General Child and Family Services Authority.

The four (4) Child and Family Service Authorities do not deliver services directly, but play an integral role in the coordination of services across Manitoba and are the governing bodies overseeing these services delivered by their respective agencies (identified later in the report). The responsibilities of the Authorities include (http://www.aji-cwi.mb.ca/eng/Phase4/authoritydevelopment.html):

- Delegating the mandate for service delivery to their respective service delivery agencies
- Developing policies and procedures
- Assessing needs, setting priorities, planning, funding and service management
- Ensuring that children and families have access to quality services
- Ensuring that policies and standards are followed
- Monitoring and assessing service delivery
- Working with other Authorities, community partners, private bodies and government to coordinate service delivery
- Promoting collaboration and cooperation among communities, service affiliates and Authorities

As the AJI-CWI proceeded, legislative and program changes and initiatives that were occurring simultaneously, had a considerable impact on workloads across Manitoba's child welfare system. It was alleged in the focus group section of this report (but never confirmed) that a majority of the more experienced staff were seconded[7] to aid in the devolution process, leaving behind a less experienced workforce to deal with an ever increasing complex workload. In addition, the 2005/2006 annual report of the Department of Family Services and Housing in Manitoba identified continued revision of child welfare standards to ensure compliance with the Child and Family Services Act as one of its main highlights. The revision of standards has

direct impact on workload, as case workers are required to keep themselves informed and are required to adjust their practice accordingly.

The implementation of new initiatives during the AJI-CWI, such as *differential response* will also have impacts on the workload volume of frontline workers. This impact will come in the form of training time, and a need for increased human resources as service delivery changes from a protection based system to a dual system of protection/prevention. Many agencies are already experiencing human resource shortages, and with the implementation of workforce qualification standards, agencies will continue to struggle to fill existing positions, let alone have access to a qualified workforce to staff a new form of service delivery, especially in rural settings. In Alberta, the Alberta Children's Services (2006) acknowledged that the workload, as it was being measured in Alberta, was not reflective of the changes in practice accompanying their new legislation. In Oregon, in 2007 the new Oregon Safety Model introduced an integrated, continuous assessment of children's safety. It changed nearly all major Child Welfare processes and procedures and increased workload in several areas, (Mckinsey & Company, 2008)

Accountability

The goals and objectives of child and family services legislation varies across Canada but they all generally reflect the notion that the family is the basic unit of society and that they need to be preserved and supported. Within this notion of preservation and support also comes the recognition of certain basic rights for children, which includes the right to protection from neglect and abuse (Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002). Child and family service authorities across Canada are delegated the responsibility of protecting children and preserving families.

The AJI-CWI resulted in tremendous changes to Manitoba's child welfare structure, which in turn changed service delivery (for the better) throughout the province. As part of the restructuring process, agencies were realigned and the services to Aboriginal children and families were turned over to First Nation and Metis Agencies. These services are provided through mandated agencies that are governed by four (4) newly established authorities and consist of the following (as of March 31, 2008 as identified in the Manitoba Family Services and Housing Annual Report 2007/2008);

General Authority

- Child and Family Services of Central Manitoba
- Child and Family Services of Western Manitoba
- Churchill Health Centre
- Eastman Region
- Interlake Region
- Jewish Child and Family Services
- Northern Region
- Parkland Region
- Winnipeg Region

First Nation South Authority

- Dakota Ojibway Child and Family Services
- West Region Child and Family Services
- Southeast Child And Family Services
- Intertribal Child and Family Services
- Anishinaabe Child and Family Services
- Peguis Child and Family Services
- Sagkeeng Child and Family Services
- Animikii Ozoson Child and Family Services Inc
- Child and Family Services All Nations Coordinated Response Network
- Sandy Bay Child and Family Services

First Nation North Authority

- Awasis Agency of Northern Manitoba
- Cree Nation Child and Family Caring Agency
- Island Lake First Nations Family Services
- Kinosao Sipi Minisowin Agency
- Nischawayasihik Cree Nation Family and Community Services
- Opaskwayak Cree Nation Child and Family Services Inc

Métis Authority

- Métis Child, Family and Community Services

The various mandated agencies are now responsible for engaging in interventions that provide *accountability* and protection from harm on a province-wide basis (First Nation agencies in Manitoba were once restricted to service delivery within the boundaries of their respective reserve). There have been a few high profile child deaths in Manitoba in the last few years that have resulted in a demand for more accountability. The deaths have also resulted in a seemingly endless criticism of Manitoba's new child welfare system in the media and by opposition parties in the legislature. The result has been an increased sense of liability by child welfare practitioners. Barth, Maluccio, Pecora & Whittaker identify the following categories of increased liability (pg. 454, 1992).

1. Liability for inadequately protecting a child:
    - Failure to properly accept a report for investigation
    - Failure to investigate adequately
    - Failure to place a child in protective care
2. Liability for violating parental right
    - Conducting professional duties in a slanderous manner
    - Wrongful removal of children
3. Inadequate provision of foster care services
    - Use of unlicensed or inadequately assessed foster homes that result in a child's harm, injury or death
    - Failure to meet a child's needs for specialized care
    - Child remaining in prolonged care unnecessarily

In the period between 2006 and 2008, there was a flurry of reviews and reports released in Manitoba (Changes for Children: *Strengthening the Commitment to Child Welfare Response to the External Review into The Child and Family Service System (2006),* Strengthen the Commitment: *An External Review of the Child Welfare System (2006)*, Honouring their Spirits: *The Child Death Review A Report to the Minister of Family Services and Housing Province of Manitoba (2006)*and a public outcry for system reform and accountability. Many of the criticisms focused around some of the liabilities mentioned above, such as inappropriate foster homes, and failure to place a child in a protective environment.

It is my belief (purely speculation, but based on observations within my own agency) that the increased scrutiny was a contributing factor in the **18% increase** in children coming into care between 2006 and 2008 (Manitoba Family Services and Housing Annual Reports 2005/2006, 2007/2008.) I believe that when workers were faced with a scenario where there was a fine line between apprehension and family supports, they erred on the side of caution. I don't have to wonder if the 18% increase had an impact on workloads at the agency level. All one has to do is look around at on-going initiatives at the time to confirm the impact. One such tell-tale sign is that the Department of Family Services and Housing in Manitoba initiated a *Workload Relief Strategy* within this same time period to address workload issues. The strategy came in the form of a *workload relief fund,* which came in the form of a one-time investment of $15 million dollars over a three (3) year period from 2006 to 2009. The funding was to be utilized to establish 150 new positions throughout Manitoba's Child Welfare system, which would provide relief to frontline child protection workers and improve services to children and families (Manitoba, 2007).

The devolution of services has huge implication for accountability, particularly in Winnipeg. As a result of expanded mandates, there are approximately 15 aboriginal agencies in

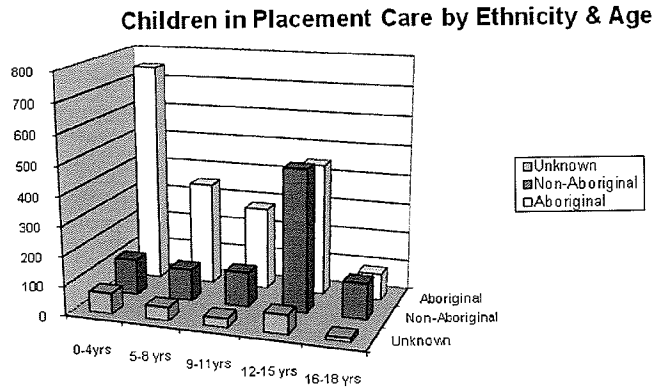
the City of Winnipeg. This is a consequence of agencies now being accountable to provide child and family services to their members living off reserve. Statistics Canada (2006) census data reported that more aboriginal people lived in Winnipeg than any other major city in Canada. The Assembly of Manitoba Chiefs (AMC) reported that approximately 27% of Manitoba First Nations people lived in Winnipeg (2003). They also stated that the unusually large urban migration was a result of the poor the socio-economic conditions that plague most First Nations communities.

If you look at the number of Aboriginal children in care, you will see that the transition to an urban lifestyle has not been entirely successful for some families. The Manitoba Family Services and Housing Annual Report (2008) states that of the **7,837** children that were in care as of **March 31, 2008.** Out of that number, **85%** were of Aboriginal ancestry[7]. Approximately **70.25%** were treaty status, **9.1% were Métis, 5.9% non-status (non-treaty)** and **less than 1%** were **Inuit**. Consequently, as a result of the large and increasing numbers of Aboriginal children in care, the emergency placement and the foster care systems are currently under strain (at least in Winnipeg). This creates workload issues when trying to find appropriate placements for children in care (F. Daniels, personal interview, February 4, 2009).

The Office of the Children's Advocate (OCA) conducted a review of Winnipeg Child Family Services' Emergency Assessment Placement Department (EAPD) shelter system in 2004. In its report, the OCA recognized that Aboriginal children were the primary recipients of emergency care services in Manitoba and that there was an over representation of young children in emergency care. When broken down by age, Aboriginal children represented a considerably larger percentage of children in emergency care care in the various age groups, except for the **12-15** yrs and **16-18** yrs age groups, where the proportion of Aboriginal children in placed care was slightly lower than the Non-aboriginal population. Based on the data from

the OCA Review of the EAPD shelter system, **79%** of the children who spent days in care or placement in the **0-4 yrs** category were Aboriginal. This was followed by **69%** in the **5-8 yrs** category and **65%** in the **9-11** yrs category. Only in the **12-15 yrs and 16-18 yrs** categories were there more Non-Aboriginal children who spent days in emergency care. **Figure 1** provides a breakdown of the children who spent days in placement care by age and ethnicity.

Figure 1. (Data Source: OCA Review of EAPD System, 2004)



In their review, the OCA also wanted to determine the age of the child and compare it to their stay in emergency care. It was hoped, particularly in the shelter system, that younger children would be moved to alternative care as quickly as possible. Conversely it was expected that it would be difficult to resource adolescents and they would likely stay longer. **Table 3** is a cross tabulation done by the OCA in 2004 of the total days in emergency care by age beyond the recognized 60 day standard published by the CWLA. **Table 3** also shows that overall; almost 42% of the emergency care placements go beyond the recommended 60-day maximum. Particularly interesting was that a large number of children aged 0-4 yrs were spending an increased number of days in emergency placements comparable to those children aged 12-15 yrs.

Table 3 Total Days in Placement Care * Age Categories Cross Tabulation

Total Days	0-4yrs	5-8 yrs	9-11yrs	12-15 yrs	16-18 yrs	Total
0-30	500	254	172	328	90	1344
31-60	117	68	53	170	43	451
61-90	86	40	34	105	29	294
91-120	42	28	45	82	17	214
121-150	37	26	15	63	12	153
151-180	34	17	17	42	8	118
181-210	25	12	14	41	8	100
211-240	18	11	11	23	3	66
241-270	16	6	14	37	3	76
271+	65	41	51	101	11	269
Total	940	503	426	992	224	3085

Data Source: OCA Review of EAPD System, 2004

In other words, workers were finding it equally difficult to place small children in a more permanent setting at a rate that is comparable to older children, which contradicts the belief that it is easier to place small children. What this may confirm is that either there is a shortage of placements or the special needs of new born children has increased making them harder to place, increasing the accountability on workers to find appropriate placements. In other words, when you combine the large number of Aboriginal children in care, with the large number of agencies trying to provide service in one area, an unseen side effect results. That result is the unseen competition for placement resources and a qualified workforce by agencies. The consequences of this is the probability for deficiencies such as, failure to place a child in protective care, failure to investigate properly, or leaving a child in emergency care too long, to increase. Again, all of the foregoing occurs in an environment of increased scrutiny and accountability, while at the same time perpetuating the very same.

Case complexity and increasingly complex family dynamics are also increasing the amount of time workers have to spend on case plans. Children who are receiving child welfare services are more likely to experience high levels of health, mental health, and educational problems and have parents who also experience high levels of involvement with substance

abuse, mental illness and corrections (Berrick, Barth & Needell, 1994). Fuchs, Burnside, Marchensky & Mudry (2005) state that one third (1/3) of Manitoba's children in care fell within a broad definition of disability and that 17% of the children in care were somehow affected by Fetal Alcohol Spectrum Disorder (FASD). One can argue that there are general circumstances that pertain to children in care, or to families receiving support, that allow them to be categorized and measured. The reality however, is that within these generalized categories is a great diversity of client needs, and the more complex they are, the more likely they will require more of the workers time. How much of that time is highly dependent on the next set of factors.

Socio-Economic Factors

Socio-Economic factors such as poverty, housing, and unemployment affects certain segments of society more disproportionately than others and makes them more vulnerable to situations that sometimes result in their children come into care. The quality of the parenting that children receive may be one important mechanism through which income affects child well-being. A large body of literature suggests that parenting quality is positively related to income (Berger, 2007). In 2007, the Canadian Centre for Policy Alternatives (CCPA) released a report on income inequalities in Canada. The study confirmed that, despite the fact that Canada was performing better economically, (with lower unemployment rates and lower income families working longer hours), than it has in decades, the income gap between the rich and the rest of Canadian families was growing at a faster rate than ever, especially among those families who were raising children 18 and under (Yalnizyan, 2007). Similarly, in Manitoba, Hudson and Pickles (2008) state in their study *Stuck in Neutral: Manitoba Families Working Harder Just to Stay in Place*, that real earnings have not increased for many Manitoban families over the last 30 years and that real earnings had in

fact dropped or remained unchanged for an alarming 40% of Manitoba families raising children under 18.

The implications of these trends, in the child welfare context, is the conceivability of a continued increase in workload through an increase in the number of children coming into care. There is an extensive body of literature that implies that lower socioeconomic status increases the probability of child maltreatment and involvement with child protective services (Berger, 2007). Compared with non-maltreating families, maltreating families are more likely to provide subjacent forms of care-giving environments for their children, to engage in less responsive parenting, and to parent in a more punitive style (Baumrind, 1995).

In the Canadian Incidence Study (2003) published by the Public Health Agency of Canada, it was stated that between 1998 and 2003, the rate of substantiated maltreatment in Canada increased 125% from 9.64 cases per 1000 to 21.71 cases per 1000. Although one may debate about how much of this increase in reports represents a real deterioration in the quality of care that children receive, and how much reflects a growing awareness of child maltreatment, the effect has still been a consequential increase in substantiated cases of maltreatment.

Within the Canadian Aboriginal context, the effects of socio-economic factors are heightened by their social and cultural marginalization. The 1996 Royal Commission on Aboriginal Peoples (RCAP) noted that Aboriginal people are at the bottom of almost every available index of socio-economic well-being, whether it is in relation to employment opportunities, housing conditions, or per capita incomes. Poverty among Aboriginal people is dramatic both on-reserve and off.

Aboriginal people living in urban areas are twice as likely to live in poverty as non-Aboriginal people. In 2000 for example, 55.6% of urban Aboriginal people lived below the poverty line compared with 24.5% of Canada's non-Aboriginal urban residents (Canadian Council on Social Development, 2003). Additionally, the rates of poverty for Aboriginal woman, who are often the primary caregivers of single parent families, are double than for those rates for woman who are non-Aboriginal (Townson, 2005). In terms of housing factors, nearly one(1) in four (4) First Nations adults live in crowded homes and 23% of Aboriginal people live in houses in need of major repairs (National Collaborating Centre for Aboriginal Health, 2009). It is no surprise then that Aboriginal children are drastically overrepresented in the child welfare system. In Manitoba, 85% of the children in care are Aboriginal. Physical neglect as a result poverty, poor housing and substance abuse is a key factor in child apprehension (Canada, 2004).

The issues of poverty, housing and unemployment are broad social realities that social work is incapable of addressing, yet has a direct impact on workload. Many frontline workers find themselves dealing with families that have no money for food, or nowhere to live and feel that child welfare is a dumping ground to address all the ills of society and is used regularly by other overburdened systems (OCA, 2006).

Social Work Practice Factors

The child welfare workforce is as diverse and complicated as the children and families that it serves. Within this diverse workforce is an equally diverse skill set made up of a combination of worker experience and education. When one speaks about social work practice, there is an almost instant urge to start referencing the different ideologies (generalists practice, outcomes-based practice, evidence-based practice, family centered practice etc.) but in this

discussion I am referring to individual practice and how individual decisions made on cases are influenced by one's education and experience.

Social workers implement policy through practice and the diversity of worker's know-how and experience can result in variation in the interpretation and implementation of policy (Wright, 2007). Theoretically, the same applies to decisions made by social workers regarding their cases. In other words, the decisions made by individual social workers may influence the volume of work an individual case will require, based on their interpretation of standards. The education and experience of social workers can directly and in-directly impact on workload in many different ways.

One way is within the reality of staff turnover. When an agency loses staff, there is an increased workload burden left on existing staff, which are often required to split the vacated caseload. Additionally, social workers are often required to maintain this extra workload even when the position is filled due to the common practice of delegating fewer cases to new employees. Workload is then exacerbated by high turnover, which often replaces more seasoned workers with ones that are less experienced and therefore less efficient in the short term. The National Association of Social Workers (2004) stated that holding a degree in social work (Bachelor of Social Work and Master of Social Work) correlated with higher job performance and lower turnover rates. The Southern First Nation's Network of Care (Southern Authority) reported that in 2007/2008, 47% of the staff at the Southern Authority and its agencies (described earlier) had a social work degree. The report did not specify in what capacity the degree holders were employed. What this revealed, was that more than 50% of the staff working in the child welfare field at or for an agency under the auspices of the Southern Authority did not possess a social work degree. In another study, it was revealed that 68% of child welfare workers anticipated they would leave their position within two (2) years and that

45% anticipated they would leave within one (1) year (National Council on Crime and Delinquency, 2006).

A typical result of this is, in a 1992 New York City case, five-month-old Jeffrey Harden died from burns caused by scalding water and three broken ribs while under the supervision of New York City's Child Welfare Administration. Jeffrey Harden's family had been known to the administration for more than a year and a half. Over this period, the case had been handled by four (4) separate caseworkers, each conducting only partial investigations before resigning or being reassigned to new cases. It is unclear whether Jeffrey's death was caused by his mother or her boyfriend, but because of insufficient time and overburdened caseloads, all four workers failed to pay attention to a whole host of obvious warning signals (Besharov, 1996).

A second way that social work practice factors influence workload is through training and other non-case related time[8]. There is a premise in child welfare that the quality of the frontline worker influences the quality of the services that they deliver to children and families. In other words, the better trained and resourced a worker is, logically the better the outcomes are going to be for children and families. Although it is common practice to implement training as an intervention to promote efficiency in job performance in child welfare, there is no prevalent evidence in the literature that supports this practice (Curry, McCarragher,& Dellman-Jenkins, 2005). In other words, there is no doubt that training raises one's ability and understanding of one's job, but does it in fact translate to better management of workload which translates into increased quality of service to children and families?

In a California study, it was revealed that one-third (1/3) of case carrying workers time was spent on non case related activities, such as training, court, travel, and other administrative duties (Tooman & Fluke, 2002). It was assumed that workers with greater experience and

education would have less non case related time than those with less experience and education because of their ability to dispose of non case related tasks. The study, in fact revealed the opposite, where non case related time increased with experience and education. Tooman and Fluke (2002) point out that this was a result of the reliance on more experienced and trained workers to carry a heavier workload and perform other administrative tasks, thus reducing the time available for case related services.

Non case time has readily been identified by unions as an area that needed to be considered when developing workload strategies, yet it is still rarely discussed and continues to be a source of contention. The usual understanding of workload in child welfare often revolves around bottom-line discussions around how many staff are required to efficiently and effectively carry a certain number of cases. Without taking into consideration the external factors that impact on workload, the whole issue will not be addressed appropriately. By focusing on key non case related activities, and redistributing some of the administrative tasks to support staff, in conjunction with caseload standards, we can begin to reduce workload more effectively and increase the quality of service to children and families. A workload strategy is discussed in more detail in the conclusion section of this report.

Section Three: Interjurisdictional Survey

Overview

In the summer of 2004, the interjurisdictional survey of the workload review project commenced. The interjurisdictional survey, through various approaches, attempted to accomplish the following;

- Gather data and information regarding the scope and challenges of workload in public, and non-profit organizations across Canada and the United States of America (USA) engaged in the protection of children.
- Gather data and detailed information about processes regarding development and implementation of workload management strategies in jurisdictions having been identified in the literature as having made the most recent developments in terms of best practices and benchmarks.
- Lay the ground work and provide the background information for a series of focus groups with child protection workers regarding the feasibility of the application of policy and practices from other jurisdictions.

The survey process was small in scale and targeted mainly Canadian organizations, although two USA states were also surveyed. The survey in no way attempted to identify all underlying issues regarding workload in other jurisdictions. Instead it attempted to delineate the understanding staffing had at three (3) different administrative levels regarding workload management within their particular organization. Jurisdictions were selected based on their prevalence in the literature surrounding the issue of workload and/or caseload and the work that had been done in their region.

Methodology

The interjurisdictional survey began with an invitation to various government departments, private-non-profit agencies and organizations across Canada that had been mentioned in the literature in relation to workload. The goal was to establish a list of contacts that would be either interested in participating in the survey or were able to provide further possible contacts. Various organizations, including children's aid societies, private-non-profit,

union and government departments across 4 Canadian provinces and two American states agreed to the initial invitation to participate in the survey.

A survey was developed that consisted of a combination of 5 open/closed ended questions regarding the particulars of each organization's workload management system, and 1 opinion question relating to fulfillment of design and purpose. The purpose of the survey was to gain further insight into the particulars of each jurisdiction's workload management system. It was also hoped that the survey would capture any differences in understanding of the systems between union representatives, supervisory level staff and front line child protection staff.

The survey was embedded in a word document (**Appendix A**) and transmitted via e-mail addressed to various administrative levels (union, supervisory and frontline level) within each participating organization (n=20). A four (4) week time period was attached to the survey as the deadline for submission back to the principal researcher for data analysis. A reminder was transmitted via e-mail after two weeks, notifying the participants of the remaining two week deadline.

The result was a 10% return rate (n=2) after the four (4) week submission deadline had passed. Due to a surprise response of 35% (n=7) by those participants who had missed the deadline but wanted to participate, the survey was re-transmitted via e-mail. Those contacts who had not responded (n=18) had also been contacted informing them of the extended 4 week deadline. It was suggested by the sub-committee that the participants who had not responded in the first transmission also be invited to participate in a telephone survey if it was more convenient. The invitation with all contact information was forwarded in the second transmission.

Disappointingly, no additional surveys were submitted outside the original 10% (n=2) after the second four (4) week deadline. In one final effort to solicit additional responses for the project, the lone Canadian province to provide the only two (2) responses was approached for additional participants. An agreement was finalized and the survey was posted on the province's government intranet site. A final four (4) week time period was put in place as the submission deadline. Unfortunately the process was without success and again, no additional responses were submitted outside the original 10% (n=2).

There is conflicting evidence regarding the many variables regarding surveys and response rates (Sheehan, 2001). In the case of this project, it was believed that the subject had high issue salience, since workload is a universal concern across all child welfare jurisdictions. Heberlein and Baumgartner (1978) also argue that high issue salience had positive correlation on response rates. However, the timing of the survey (peak summer holiday time) and the sensitivity to the issue of workload may have contributed to the low response rate. As well, as discussed in the results, there are mixed levels of knowledge regarding workload management, and not being able to provide informed responses may have turned some participants away.

Another possibility is that the survey results would not be contributing in any way to the participant's workload environment, therefore lowering the issue salience, resulting in the low response rate. I wondered if it could be that people have been trying to address workload for so long, with limited success or results, that it had created resentment for any process that attempts to look at it. The question was raised by one sub-committee member at one meeting;

> "is this report just going to come back and say we are over worked because we already know that!"

After all, analyzing the workload of frontline protection workers requires some extra time that just isn't available to most workers because they are already overworked. It is kind of

a catch 22 because you need to create more work for people to measure how much work they are doing (yes, yes I know people familiar with Joseph Heller's novel are irritated when they see "Catch-22" used to label any simple hitch or problem).

Results

Although it is well documented that non-profit, and government child welfare agencies face similar issues regarding high caseloads/workloads in Canada, and the United States, the objective of this survey and the subsequent data analysis was not to provide a side by side comparison of workload management systems or processes in other jurisdictions. Instead, it hoped to gain insight into each individual system and gauge the understanding of each system by three separate administrative levels.

The following results in no way represent any rigorous scientific inferences. The small sample size and low response rate do not allow for the results to be applied to workload in general. Instead, the data provides sketchy details regarding the workload management system in a single Canadian Jurisdiction. Interestingly, the survey did reveal that there is a slight difference in the understanding of workload management between frontline protection staff and union representatives.

The first question focused around the understanding of why a workload measurement /management process was initiated in each participant's jurisdiction. The responses differed both in the amount of detail that was provided and the reasoning. The union response identified a worker general strike in the early 1990's over workload issues as the primary contributing factor to the initiation of a workload analysis. The frontline staff that responded attributed the workload system to an attempt by policy makers to implement best practices and standards that reflected thoughtful decision-making regarding children and families. Subsequently, both levels

provided identical answers in the second question in terms of their understanding of how long their current system had been in place, which had been identified as having been more than five (5) years.

The third question in the survey focused on the knowledge each level had of the processes used to select their current workload system. The frontline staff stated that they were unaware of what process had occurred that lead to the development and implementation of their current workload practices. On the other hand, the union representative was able to describe a detailed committee process made up of various levels of administration. A detailed report had been published by this committee outlining a measurement process based on a value point system for types of cases. When a certain point level had been reached (101.5 hours was identified by both respondents in subsequent questions) within the monthly reporting period, action would occur to correct the deviation from the standard.

What the survey suggests (because it is difficult to make generalizations based on 2 responses), without revealing specific reasons, is that some frontline staff in this jurisdiction were less informed about the finer details regarding why a workload system is in place and how its monthly reporting requirements somehow protect them from being over worked. When asked what workload management process was in place for deviations over the standard workload hours, the frontline participant responded; "I don't know".

Union representatives in this jurisdiction had a more clear understanding of why their system was in place, how it was developed, and had in depth knowledge of the mechanisms that were supposed to be in place to monitor and manage workload. For whatever reasons, this information may not be getting to frontline staff.

When asked if they believed if the workload system was fulfilling its original purpose, (which was to provide workload relief when a worker's case time went above the 101.5 standard) both levels responded that the system was not fulfilling it. Each stated that the system had not adapted to legislative and structural changes and that there were inconsistent attempts to use a previous reporting system, which still used old standards, to prioritize work without removing the amount of work that needed to be done.

> "What is unfortunate about the workload standards is that our employer has refused to continue the work of the joint employer/employee committee responsible for workload standards. It was understood at this committee that workload standards would require ongoing work in order to make the standard relevant to the ever-changing nature of Child Welfare work. I think it had a great start but the employer has now backed away from *workload standards* in favor *of workload management,* which is a process by which the amount of work will not be removed but a discussion would occur on what work should be the priority over the other but in the end it all must still be done"
>
> –Interjurisdictional survey participant

Conclusion

As described earlier in the literature review, current workload management systems are complex, scientific systems that require ongoing monitoring. Each level of the system, from the analysis, the measurement and the management must precisely be laid out and the processes clearly explained to all levels involved, especially to frontline workers whose quality of work would mostly be affected by the system. Most importantly, and where most attempts at accurate and effective workload tools have failed, is a clear workload management process that, in a timely fashion, makes adjustments in caseload/workload when set standards are not realized.

The difficulty in utilizing time-based standards that try to capture the amount of time being spent on identified case related tasks, is that these systems cannot effectively take into consideration the many variables and contributing factors that potentially determine the

contentiousness of each individual case. They do not and cannot be set up to account for why children are spending extended periods of time in emergency care (Table 3), resulting in an increase in the length of time a case remains active or ongoing and it certainly does not adjust for changes in case designation from a family service file to a child in care (CIC) file and vice versa.

Much of the literature points to research that has attempted to define the tasks associated with child protection cases and has attempted to empirically assign a time frame on these tasks. What are absent from these studies are the mechanisms of control for deviations from these scientifically based "standards". The survey revealed that the respondents felt that the system was not achieving its objective. It seems that the clinical aspect of face-to-face contact with clients has been devalued and its importance set aside in an effort to quantify workload through processes and computerized systems that only perpetuate and contribute to increased non-case related time and increased workloads.

Section Four: Focus Groups

Overview

As the literature review reveals, there has been a great deal of research conducted (OACAS, 2001, National Union, 1998, CWLA, 1993) on the topic of workload as it relates to frontline child protection, most of which attempts to identify the "ideal caseload size". The purpose of the focus group phase was to identify the degree of understanding various administrative levels within the child welfare field in Manitoba had regarding the concept of workload. It also focused on knowledge of other workload systems currently and historically practiced in other jurisdictions, as well as possible characteristics and attributes of an acceptable (in terms of all levels accepting the validity) and comprehensive workload management system.

Methodology

The original focus group design called for five (5) separate focus group sessions with the following groups;

- 2 frontline sessions in the following jurisdictions;
  -Child and Family Services Winnipeg (urban perspective)
  -Eastman Child and Family Services (rural perspective)
- 1 labour representative level session (MGEU REPS)
- 1 CFS management level session
- 1 senior management / policy level session

The multiple-level approach was used to elicit information that combined perspectives from each level locally so that a comparison of the data from each group could easily be conducted, and to also ensure that individuals did not censor their ideas in the presence of individuals who differed in their level of authority. The focus group methodology was ideal for this purpose because it allows members who are lower in the 'power hierarchy' within an organization to express feelings and experiences that they would not otherwise share. In addition, focus groups may reveal fundamental differences among group members in such a way that different terminology and points of view emerge that can illuminate data and make it easier to understand.

Each session opened with a brief summary of the components of a workload management system; ***measurement, standardization, analysis, management.*** This was incorporated into the focus group sessions to ensure discussion was focused on the notion of workload and not caseload, because both are closely linked to case management but do not necessarily provide indication of volume for the other. In other words, caseload is not necessarily an indication of workload, and vice versa.

The focus group sessions were limited to a maximum duration of two (2) hours and ranged in size from 5-10 participants. Each session was digitally recorded and later transcribed to ensure accuracy and notes and themes were also captured on flip chart paper to facilitate dialogue. All groups received four (4) primary questions which were ordered in a manner that began generally and gradually become more focused. They were:

1. Describe your understanding of what workload is and your experiences with workload analysis in Manitoba?
2. What features/attributes/characteristics do you feel should be present in a good workload tool?
3. Imagine that you had a way to effectively measure workload; of what value would that be to you as a social worker/manager/union representative/policy writer?
4. Describe what barriers/opportunities might exist to implementing a workload tool.

In the end, only three (3) of the five (5) groups were conducted. Scheduling issues arose as a result of the enormous restructuring that was occurring within Manitoba's child welfare system. At the time, *the service transition* process of *phase four* (4) of the ***Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI)*** was being implemented (see http://www.aji-cwi.mb.ca/eng/phases.html for a complete listing of all phases and timelines). The *service transition process* involved the physical and electronic transferring of caseloads from agencies under the former child welfare structure to agencies under the new authority-based structure (see http://www.aji-cwi.mb.ca/eng/Phase4/authoritydevelopment.html for an explanation of the Authority Development phase of the AJI-CWI). Individuals from the various levels that had been identified and confirmed to participate in the original focus groups were seconded into other positions to help facilitate the transfer process. It was decided after many failed scheduling

attempts that the completion of the focus groups would be put on hold until the end of the *service transition process.*

The following ***results*** section reveals and compares the themes and perspectives that emerged from the four (4) primary questions identified earlier, from the following three (3) groups:

- 1 frontline session in the following jurisdiction;
  -Eastman Child and Family Services (n=10) (rural)
- 1 labour representative level session consisting of Manitoba Government Employees Union representatives (n=5)
- 1 senior management policy level session consisting of Child and Family Service Authorities representatives and CEO's (n=5)

Results

Question #1:

Describe your understanding of what workload is and your experiences with workload analysis in Manitoba?

Frontline:

Most of the participants in the focus group reported that their experience and understanding of workload involved the tasks attached to their job description and the amount of time it took fulfill those requirements. Most participants were familiar with the various attempts to address workload identified in the literature review section of this report and many participants recalled their frustration in trying to utilize it.

> *"Measuring time caused people to take short cuts in their decision making, putting children at risk"* – frontline worker.

All of the participants said that workload measurement tools never took into consideration the time that was spent on all of the activities required to do their jobs, such as travel time and work with collaterals.

Union:

The union representatives in the focus group identified job functions and time spent on activities as their understanding of what was involved in workload and the management of it. All participants in this session reported that caseload number was not an accurate indicator of workload. Additionally, many of the participants reported that the AJI-CWI case allocation process had created extra workload issues by relocating the more experienced frontline and supervisory staff through secondments to implement the devolution process, and left a younger, less experienced workforce to manage large and often complex, caseloads.

> "New initiatives such as AJI created new expectations and a younger workforce requires more training to meet those expectations"
>
> – MGEU representative.

Another issue that was emphasized by all of the participants in the union focus group was that workload has been at the centre of discussion for more than two decades and that many different reports have discussed and acknowledge its impact on worker burnout and service quality to children and families but no real solution has been presented.

> "There is a lot of mistrust regarding the implementation of a workload management strategy because it has never gone beyond the point of discussion"
>
> - MGEU representative

Policy Level:

The topic of *work activities* and *time* continued to emerge in the policy level focus group. Many of the participants in this group also reported that they had experienced several

different approaches to managing workload, which included the very basic, such as assigning cases by number, to the more complex, in which cases were based on a high/low evaluation of need. Again, the literature review portion of this report already highlights some the strengths and weaknesses of these approaches.

Additionally, some of the participants reported that in the past, there were many attempts to measure and track workload through time, but that there was never really any mechanism or process to deal with increases in workload that exceeded established benchmarks or standards.

> "The practice of assigning cases varied from agency to agency and so did the consistency in the use of workload measurement tools" – policy participant

A few of the participants reported, that what began to happen instead of workload management, was that the tool began to be used as a mechanism for evaluating staff performance.

> "If individual time was over or under the set bench mark, it wasn't an issue of workload but an issue of staff performance" – policy participant

Summary of Question #1:

Question #1 was a generalized, open-ended question that allowed each group to reveal differences and similarities about what workload meant to them as individuals within their group, but also between groups. The most common theme to emerge from question #1 was the belief that workload involved the amount of time it took to complete required tasks related to the duties of frontline social workers. Each administrative level also identified and understood that there was a difference between caseload and workload, and that one was not necessarily an indication of the other.

Question #2:

What features/attributes/characteristics do you feel should be present in a good workload tool?

Frontline:

Many of the frontline participants reported that any workload measurement tool should capture and take into consideration, all aspects of frontline work, including travel, court, family visits etc and the differences among these variables across communities.

> "Different types of cases require different amounts of time and the resources available within a community, or on and off reserve, impact on that time"
>
> -frontline participant

Additionally, most of the frontline workers in the focus group said that a workload measurement tool should not focus on time but rather on establishing a balance between paper-based work and client-based work. Participants also commented that they had to spend too much of their time on non-social work functions, particularly on tasks they identified as administrative, such as entering information on CFSIS.

> "The workload system should not attempt to measure time. You can't predict the outcomes of your decisions and how much time you're going to spend dealing with the results of your decisions." -frontline participant

Union:

The union participants echoed the sentiments of the frontline participants in question # 2, in terms of a workload management strategy needing to identify all of the tasks required to perform and satisfy job descriptions and standards.

> "How you weight workload in a measurement scenario, should reflect work that is performed. Why not use job description as a tool to help weight workload?"
>
> – union participant

Additionally, most of the union participants identified workload as a contributing factor to burnout and turnover. They also identified case complexity and the growing occurrence of dealing with children with increased special needs as contributing factors to workload. This reality is acknowledged in, *Children with Disabilities; Particularly FASD Involved with the Manitoba Child Welfare System*, where Fuchs, Burnside, Marchenski, and Mudry, (2008) reported that as of September 1, 2004, 33% of all children in care in Manitoba were impacted by some form of disability which they defined as "any child whose ability to function in age-appropriate activities of daily living is compromised by limitations in one or more of the following areas; physical, sensory, intellectual, mental health, medical, learning".

> "if you're going to expect people to do their jobs effectively, then you have to allow time for them to do it. Identify the tasks that are essential to quality clinical service and let the rest fall to the way side, so that people are not overwhelmed and this will help reduce burnout and turnover"
>
> – union participant

Policy:

The policy level group differed from the other groups in what they identified as key characteristics of a workload management tool. All participants in this group identified the need for agreement on the objectivity of self reporting and legitimacy of the tool as a key factor in its effectiveness. In other words, it is very important that consensus is reached at all levels and that there is a commitment from the political body to address the resource implications of a workload strategy.

"there is no point in having a workload measurement tool or strategy if its legitimacy is not accepted by everyone, and there is no mechanism in place to address deviations from set bench marks" – policy participant

A few of the participants also stated that the characteristics of an individual worker impacts on the level of workload that may be associated with an individual case due to the reality that people deal with and react differently to stress and risk and that this affects the rate of individual burnout.

"a measurement tool or strategy is going to have to somehow take into consideration the personality characteristics of individual workers and their work experience" – policy participant

Summary of Question #2:

The responses in question #2 were not as consistent across the board as they were in question #1. The frontline and union participants focused on the importance of a measurement tool to capture all the work that is performed by frontline workers. In contrast, the policy level group reported that it was essential that all levels agreed to the legitimacy of the tool or process and the implications the outcomes the tool would have in terms of resource allocation. One possible explanation for this difference in perspective may be linked to the value each level placed on the implementation of a workload measurement tool and the impact it would possibly have on them within their individual occupations. It should be noted that, although there was an obvious difference in responses in terms of priority, there was one commonality, which was varying levels of skepticism in terms of a workload measurement strategy being able to capture all the contributing variables associated with frontline work and assigning a value to it.

Through the participant responses, Question #2 provided plenty of "ingredients" for a workload measurement tool, but it failed to reveal any "directions" on how to combine them. As in the literature review, there are plenty of strategies on managing workload, each with variations in terms of their advantages and disadvantages. This may have resulted from the possibility that the participants have a working knowledge of what needs to be captured in a workload measurement tool, but are less familiar with how each variable should be incorporated and how to weight and assign value to them.

Question #3:

Imagine that you had a way to effectively measure workload; of what value would that be to you as a social worker/manager/union representative/policy writer?

Frontline:

All the responses for question #3 in the frontline focus group centered around individual job performance and job satisfaction. Many of the participants reported that an effective workload measurement tool would differentiate tasks required between different types of cases and in turn, that would result in an improved level of quality of service.

> "if a workload measurement tool outlines all the tasks I need to complete for a protection case or a children in care file, I can use it as a guide for what I need to do to meet standards and requirements... and knowing what needs to be done and when it needs to be done is going to make me more confident in my service delivery".
>
> – frontline participant.

Many of the participants also noted that resources could be allocated to individual cases in a more efficient way and that it also had implications for resource allocation across programs. It was reported by most of the participants that programs and even individual workers often compete for agency resources.

"I believe an effective workload strategy would enhance agency relationships because a workload tool would provide insight into where resources need to go and there would be less resentment among staff and a greater appreciation of each other's work".

– frontline participant.

Union:

The union responses for question #3 pointed towards the value of frontline work and relationships. It was reported by most of the participants that an effective workload tool legitimizes the request for more resources, and that the work becomes a shared responsibility between staff, the agency and the Department of Family Services and Housing.

"service delivery becomes a shared responsibility of everyone and when I say everyone I mean the agencies, the workers, and the government, therefore people are more responsible with their decisions".– union participant

The union participants stated that the issue of workload has created a stalemate situation where the goal of a workload review was to make a realistic difference in the working conditions of frontline workers but it has instead maintained an environment of unmanageable workloads. The National Union of Public and General Employees (2000) outline many instances where provincial unions and Ministries have been unable to agree on data collection and validity when it comes to workload measurement.

"over the past few years, there have been three separate judicial inquests that recommended the development of some type of caseload standards as a result of what was perceived as unmanageable caseload numbers. A workload strategy recognized by all levels would mean that government has finally recognized and values the work being done by social workers" – union participant

Policy:

The policy level participants echoed the sentiments mentioned earlier in the union section, in terms of a workload measurement tool providing a solid basis for requesting more resources. The group also acknowledged the difficulty that often exists in achieving global consensus on the validity of workload measurement tools from all levels of child welfare from frontline workers to government Ministries (in this case, the Department of Family Services and Housing of the Province of Manitoba).

> "an accepted workload measurement tool would equip us with the ability to implement a more equitable distribution of workload through effective resource allocation and would in turn provide the opportunity for more productive dialogue with unions".
>
> - policy participant

The policy participants reported that a workload strategy would also provide the opportunity to identify other resources to complete non-social work tasks and provide them with the information needed to better utilize the resources currently available.

> "what a workload management strategy would allow us to do is identify some of the drivers behind increases and decreases in workload and be better informed to address those variables, which would in turn allow a baseline for funding requests to be established that is sensitive to volume increases"
>
> -policy participant

Summary of Question#3:

The responses provided by all participants for question #3 revealed the value and the desire of each administrative level to have some type of mechanism to address the workload

concerns currently being experienced within Manitoba's child welfare system. The impacts of a workload management strategy, whether it be via some form of measurement tool or other process, goes beyond affecting only the frontline level, where cases can be distributed more fairly across individual workers. It would transcend all levels, impacting on funding formulas, resource allocation, MGEU and ministerial relations and job satisfaction. Although, the outcome or purpose identified in each level differed among the three groups to some degree, the end result and greatest value of a workload measurement tool is hopefully an enhanced quality of service to children and families. Although no one group or individual was explicit on this, I believe that it was a general assumption among participants that improved quality of service to children and families was an expected outcome with a more manageable workload.

Question #4:

Describe what barriers/opportunities might exist to implementing a workload tool?

Frontline:

All of the frontline participants reported that it was impossible for a measurement tool to accurately identify all the tasks that needed to be completed while accounting for extrinsic variables that impact on a case. Some of these variables that were identified were housing shortages, poverty, and availability of bed spaces or placements.

> "I don't know how a workload measurement tool is going to identify everything that needs to be done and assign a value to it when there are so many outside factors that affect a case"- frontline participant

Additionally, most of the frontline participants stated that most workload measurement tools they have heard about or have experienced were "tracking" in nature and that the tool itself was more of a burden than a support in terms of workload.

"Who has time to track time? This has all been done before and it doesn't do anything in the way of workload relief, if anything it adds to workload."

-frontline participant

The tone of the focus group at this point in the session was definitely negative, and participants had to be reminded that the question also asked for the identification of opportunities. After a brief discussion among themselves around the process of devolution, a few of the participants pointed out that the devolution process that is occurring in Manitoba has created an opportunity for change. The frontline participants stated that all aspects of Manitoba's child welfare system seems to be under review and now would be an opportune time to review some of the tasks required by frontline workers to determine if they can be conducted in a more efficient way or delegated to some type of support service.

"a majority of our time is spent on administrative tasks and less and less on clinical practice. If they are going to be looking at all the things we do to develop this tool they should also see if all the tasks are necessary or see if they can be delegated to clerical staff."- frontline participant

Union:

The responses from most of the union participants were also presented with a hint of skepticism. They reported that there is an atmosphere of distrust that exists because the issue of workload is often identified as the most pressing concern during discussions but often relegated to the bottom of the list in practice. As described earlier, this was also experienced during this practicum. Workload was identified as a priority when it began and then quickly got lost as the CWI-AJI process began.

"essentially there is always plenty of discussion around workload but it never goes beyond that point" – union participant

Most of the respondents also indicated that there is also a certain level of fear that exists across all levels. They stated that a workload measurement tool has far reaching implications, not only for workload for frontline workers, but it has financial implications as well for funding bodies, both provincially and federally.

> "people are afraid of what effects an effective and globally accepted measurement tool is going to have on resources. Government is going to have to be on board and committed if the tool indicates need. Staff and union are fearful of the compromises that will have to be made in the values the measurement tool will be using."
>
> – union participant

The only identified opportunity that emerged from the discussion was the reality that Manitoba's child welfare system is in a transitional phase and that this has created an opportunity for better dialogue, not necessarily better opportunity for implementation of a workload measurement tool, but most certainly opportunity for better discussion across all administrative levels to discuss options.

Policy:

The policy group was the least skeptical of the three groups. Although they also identified the challenge that a workload measurement tool would have to be implemented and interpreted equally by all stakeholders, they were more optimistic and confident that it could be achieved. Additionally, most of the participants noted that the timing to implement a workload strategy was ideal as a result of restructuring and that workload could be examined more closely with agencies as a result of the new Authority-Based structure. Additionally, most of the participants also reported that implementing a workload measurement tool would subject agencies to closer scrutiny and create less flexibility in terms of what could be done under their funding agreements.

"it creates additional work initially, however timing to implement a workload strategy is ideal as a result of publicized high caseloads and intense political pressure on government to address it. As well, the opportunity exists to move forward with the union and maintain a working relationship with them"

-policy participant

"if funders are committed to funding the results and implications of the tool, then agencies have to be prepared to have less flexibility and have their funding more intensely scrutinized" – policy participant

In closing up their session, some of the policy participants stated that there was too much focus on numbers, and that an effective workload strategy would have to somehow circumvent the tendency to focus on placing numerical values on social work and have a more qualitative solution.

Summary of Question #4:

The most notable theme to emerge from question #4 (unfortunately identified as a barrier by all three groups) was the implicit belief that it was going to be difficult, if not impossible, to have the values (in this instance, the weight assigned to specific tasks in units of time) of a measurement tool universally accepted by all levels. Workload is an issue that emerges as a top priority for all levels when children's deaths or critical incidents occur, or labour relations problems emerge during collective agreement discussion but there seems to be a lot of trust issues when it comes to implementing a solution. If there is anything that can be agreed upon equally by all levels, it seems that it is the belief that the timing is ideal for the

development of a workload strategy, at least in Manitoba where the child welfare system is in transition.

Conclusion

The development of a workload management tool seems simple enough. British Columbia General Employees Union (BCGEU) member Brendan Flynn in the National Union Report; Working Session on Caseload for Income Maintenance/Child Protection Workers (2000) described it as "develop a workload tool, run it, and then use the data generated to establish a figure on the number of workers required to adequately achieve the job" (p.13). The focus groups revealed what characteristics and attributes a workload measurement tool needs to have and how it is supposed to work. The focus groups also identified what value it would have to the various administrative levels. Research seems to be able to identify all the pieces necessary to implement a workload measurement strategy, but, for whatever reason, it is unable to put these pieces together to make it work.

There have been several empirical studies that have attempted to establish benchmarks for frontline workers, by studying the amount of time it takes to complete certain tasks associated with frontline work. Probably the most common resource to identify and set caseload standards in North America, are those published by the Child Welfare League of America (CWLA). *Strengthen the Commitment; an External Review of the Child Welfare System (2006)* identifies the CWLA standards and lists its key principles for computing caseload standards in its brief two-page discussion on workload (p. 100). Additionally, *A Special Case Review in Regard to the Death of Phoenix Sinclair* (2006) recommends "That the Child Protection Branch works with the Authorities towards meeting the CWLA standards of workload, for the various classifications of social workers and their supervisors" (p. 3 RS2).

The CWLA caseload standards are the result of rigorous caseload and workload research studies based on time spent on activities. They seem to be the globally excepted "best practice" standards for caseload. As identified in the literature review, *standardization* is only one (1) step in a four (4) step process in an effective workload relief strategy. Without any mechanism in place to address deviations from set standards, (commonly referred to as workload management) the implementations of standards are pointless. Standards alone will not alleviate workload conditions. The interjurisdictional surveys revealed that workers and union representatives in Alberta, who responded, felt their system of workload management was not fulfilling its original design of providing workload relief as a result of deficiencies on the ***workload management*** side of the system.

The statement that ***caseload is not an indicator of workload*** is often tossed around in the literature and around child welfare circles. To some degree, this statement is true, however it is also dismissive. Scientific Method, through empirical research attempts to show causation through correlation (Harris, William 2008). Now, without entering into the great debate over the statement *correlation does not mean causation*, I would have to suggest the CWLA standards on caseload certainly would have implications for workload and provide a good starting point in the development of a short-term workload strategy. Although, the CWLA (2000) states that "computing caseloads is an inexact science ... no universally accepted formula for computing workload exists" it is important to review what we can learn from the data and information they have provided.

Section Five: Conclusion

In this final section I provide a review of my learning goals, a critique of what I learned about workload and how it may be addressed, and finally some general conclusions about my practicum.

In terms of my learning goals, upon completion of my required time commitment at the Child Protection Branch, I was able to reflect back on the time I had spent there. The experience allowed me to personally observe the effects of rapid government change and how it affects service priorities. It was challenging to continue to work on a project that teetered on the extremes of high importance and obscurity. In one moment I was the guy that was going to deliver the Rosetta Stone of child welfare and decipher the perpetual journey of managing workloads and in the next, I was the student who witnessed the disappearance of his steering committee over a single summer.

As the child welfare structure changed, so did the faces I was used to seeing. I believe my learning objectives were met because; throughout this practicum I have had to maintain a close familiarity with the many changes brought on by Manitoba's AJI-CWI process. As the system continued to evolve, I was able to witness and gain insight into how change was impacting workload and subsequently impacting on the quality of child welfare services to children and families. Within this constantly evolving environment, I was able to build on my skills to design, research, and put forward a document in a changing system. Although I possessed many of these skills from previous experiences, my previous work was at a much lower level. Learning to recognize competing agendas and navigate the many different personalities within the steering committee was necessary for the project to progress. I learned to focus on common purposes that the committee members had so that I could minimize confrontation and achieve consensus.

As my learning progressed and I explored the concept of workload in the early stages of the practicum I discovered that frontline clinical practice in child welfare is a labour intensive job. There are volumes of standards and guidelines that workers are expected to meet, and many of these standards have timelines. Through the literature

review, I learned that many researchers have attempted to use empirical scientific methodologies to try and determine "ideal" caseloads. The problem with this approach is that front line clinical practice is not empirical and it is not scientific. It is a profession based on individual judgments that are guided by standards and influenced by education and life experience. The elasticity of the field makes it impossible for everyone to agree on time based approaches. Additionally, I found many inconsistencies in the use of the language. There were several different definitions of workload and caseload and often the terms were used interchangeably. I found myself falling into this same pattern and often had to go back and reread my own work to ensure I was consistent with the use of my terminology and not dancing back and forth between workload measurement, analysis, standardization, tool, management or strategy (just to name a few).

What I have seen throughout my practicum, is that ***environment*** and ***timing*** is everything. Manitoba's child welfare system for the last decade has not been conducive to a workload strategy. Maintaining a reasonable workload currently in the Manitoba Child Welfare System requires supervisors to match up staff skills and experience with client risk. Their judgment in this process is critical to successful outcomes for children and families involved in the system. The devolution process has unveiled many changes and improvements in service delivery, training for staff and supervisors, improved management skills, and increased accountability. However, Manitoba's devolution of its child welfare system can also be a barrier to reasonable workload management because of the changes and new demands for accountability. Increased accountability increases staff time spent in training and case documentation, and decreases time available for children, families and community networks. Any efforts to simplify and streamline caseload and workload are outpaced by new policies, procedures, and standards that only add complexity to front line service delivery.

If I was asked to develop a workload strategy based on everything that I have learned and experienced throughout this practicum, I would engage in the following strategy.

Purpose

I would begin with setting the stage for "why" we want to look at workload. Many of the workload studies and research I found in the literature had been born out of conflict. They were either the result of strikes, or contentious collective agreements between unions and governments. The purpose of a workload management strategy should ***not be*** to identify ***need*** (such as the number and type of workers needed to manage a specific number of cases) but ***outcomes*** (such as the timely placement of children into appropriate care) by making front line jobs more refined. If I have learned anything from this practicum it is that there are many strategies for trying to reconcile workload and caseload and that it is a system of processes that we can identify in theory, but somehow lose that identity in practice. One certainty that I have observed through the practicum process is that any workload strategy requires an atmosphere of cooperation and compromise amongst all levels of administration within a child welfare system. What that translates into is commitment from funders, buy in from unions and buy in from front line workers. Many of the research projects in the literature failed to achieve this, and the end result was that many of these projects ended in shelved reports. If you begin this process in conflict, it will be present throughout the process and it will be difficult to make any headway as the project progresses. If you start with some agreed upon assumptions and a clear *purpose* that all stakeholders would have difficulty rejecting, the better the chances you have in achieving implementation. The following are examples of some basic assumptions that may fall under *purpose;*

- Child safety is the top priority
- Gap exists between available resources and workload requirements.
- Accept that workload cannot be reduced by efficiencies alone
- Staff retention and training impacts workload
- Increased communication is vital
- The current level of service delivery cannot be compromised

Some of these items are self explanatory. Others, such as the assumption that workload cannot be reduced by efficiencies alone, speaks to the reality that streamlining services is not enough. Many jurisdictions, including Manitoba are re-tooling many of their tracking and reporting systems to make data entry and documentation more efficient. Although this is an important factor in regards to non-case related time, it is not enough to make a substantial impact on workload. Once I had identified a common purpose, I would then proceed to *Focus*.

Focus

One of the reasons that some of the workload projects failed in the literature is that they had been unable to adequately focus their exploration. In some instances, some projects attempted to quantify the work of intake workers, child protections workers, adoptions workers, and foster care workers all in a single study. If the *purpose* of your strategy is to improve the quality of service to children and families, then you have to figure out how to connect social workers with the clinical aspects of their jobs. One way to achieve this is through the *focus* of ***tasks of frontline protection workers***.

During the focus group part of this project, which was very difficult to organize as a result of the constant movement of people around the system, the common theme of *tasks*

emerged. Although the focus or purpose of looking at *tasks* differed within the literature, I learned that it is the centre of the workload research and is what often drives it. I also learned that there are many variables and factors that impact on tasks, such as worker experience, availability of placements, and voluntary or involuntary services. The root of the problem and the reason why time based studies encounter so many challenges in terms of the implications of need, is that they do not take these variables into consideration.

Any workload management strategy needs to be responsive to these realities. It is also important for the strategy to acknowledge the work that child welfare workers perform and examine that work to see if it is completed as a result of legislation, standards, or guidelines. This is very important because it will determine what tasks are required to be completed by social workers and which ones do not, such as face to face contacts for example. In essence, we must simply ask the question, are all tasks required to be completed by social workers? I would answer this question by engaging in the process of *Review.*

Review

Once I have established my *purpose* and my *focus* I would begin to ***review*** the work that frontline workers perform and develop a case list. This can be done through consultations with frontline workers, policy makers and unions. Although many of the research projects and studies in the literature review, such as the Workload Measurement Project conducted by the OACAS in 1999, focused on the concept of time and never went beyond measurement and standardization, they produced comprehensive task lists of frontline child protection workers. These projects provided valuable insight into the work that frontline workers perform. *Tasks* are the key ingredient that makes up workload. Researchers have tried to measure it by time and quantify it, they've tried to standardize it,

but no one has really tried to determine if they all need to be part of the recipe. Once I had established my case list I would proceed to *prioritize* the tasks.

Prioritize

If you evaluate which *tasks* can be redistributed to support staff, (through meaningful negotiation), it is my belief that you will see an immediate shift in workload. The Province of Manitoba already recognizes this possibility in the document *Changes for Children*: *Strengthening the Commitment to Child Welfare* (2006) where they have developed and committed financial resources to the Workload Relief Fund which will "be used to hire a variety of different staff depending on the source of workload pressure" (p.11). What differs from this process is that they have first approached the workload issue from the perspective of increased human resources, rather than first identifying those areas where workload can be redistributed or eliminated.

I would begin the *prioritize* process by dividing the tasks into three (3) categories;

- High Influence - needs to be performed by a social worker
- Medium Influence- could be moved or partially moved
- Low Influence- not required to be done by a social worker

Before I proceed, I must first admit that I struggled with the terminology. I wanted to ensure that I did not minimize any tasks in terms of their importance, even if they were not required to be performed by a social worker. To solve this problem I turned to my personal journal to review some of my personal thoughts that I had documented during the practicum. In it, I came across a section that referred to outcomes and how they were often *influenced* by the decisions of social workers. I chose the terms *high, medium and low influence* to reflect workforce qualifications and child welfare standards. In other words,

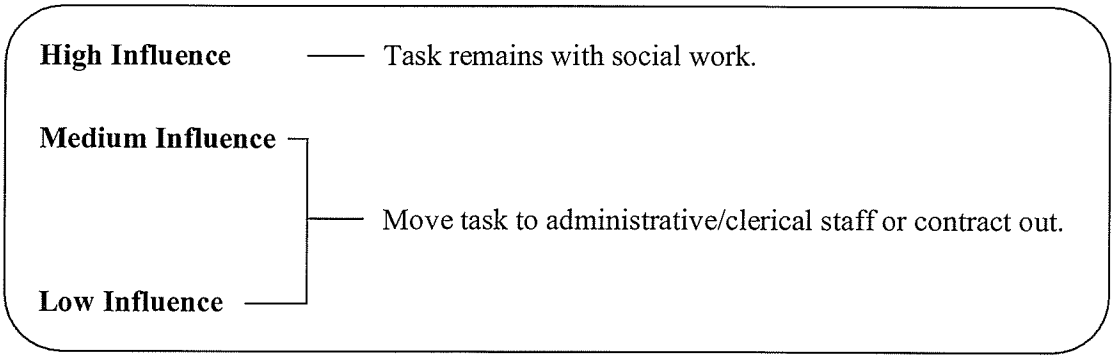
there are certain tasks that require a social worker to *influence*, based on their credentials and based on standards that may or may not require it.

This process is similar to how some agencies prioritize case type by high, medium or low need when trying to balance workload amongst their staff. The only difference is that this process involves the identity of task and not case type or number. Once it has been determined which tasks fall into which categories, the process of *Work Restructuring* can begin.

Work Restructuring

The process of *work restructuring* involves the gradual movement of tasks based on the *prioritize* process. Those tasks that were deemed *high influence* would remain with the social worker and those deemed *medium* or *low* could theoretically be moved to administrative/clerical staff or contracted out. **Figure 2** provides a simple visual of what this process may involve.

Figure 2. Work Restructuring



If you can balance workload between case carrying workers and other staff, it will free up time for social workers to focus on the tasks that are critical to child safety and family permanency through proper case planning. I have been able to reproduce this

process within my own agency. Home studies are one example of a *task* that requires the expertise of a social worker. Home studies are intended to assess whether a placement is safe, suitable and adequately meets the child's needs. In Sandy Bay Child and Family Services (SBCFS) we have contracted this process out to free up frontline worker staff to engage in more face to face counseling with children and families.

The process of transporting clients and supervising visits and conducting 30 day face to face contact with cic is another example of a situation of where we were able to move *tasks* to other staff. At the time of the writing of this report, Sandy Bay social workers off reserve were carrying an average caseload of 48. Despite this high caseload, they were not experiencing the usual stressors associated with burnout often associated with high caseload. It is my observation that this is a direct result of the reduced workload and an increase in quality time with children and families, which seems to be therapeutic for both the worker and the client.

Work Streamlining

One final process that may be engaged in is *work streamlining*. This refers to the process of reviewing tasks to see if they can be done more efficiently at each level. As mentioned earlier, the Province of Manitoba is currently looking at its CFSIS system and reconfiguring it to help streamline documentation and data entry. They are also looking at connectivity issues in remote communities where the use of CFSIS takes considerably more time than in urban centres due to the lack of access to high speed internet connections.

Where this process can begin to get complicated is that *tasks*, in most cases, can be broken down into smaller *units*. In essence *units* for this purpose are *tasks* within *tasks*. If I had to clarify (and I do) I would say the simplest way would be to say they were like

the atoms that are within molecules. When embarking on this process one may evaluate the an agency's ability to streamline tasks by asking the following questions;

- How easy/difficult is this going to be to implement?
- What is the impact on workload?
- What impact is this going to have on quality of service to the client?

The processes that I have identified (*purpose, focus, review, prioritize* and *streamline*) are very basic and they do not involve complicated time and motion studies. I believe this process can help improve workload conditions within agencies for two reasons;(besides seeing it work in my own agency). The first is that this process can utilize existing staff and resources to begin the process. It does not require a huge recruitment of human resources. Secondly, restructuring the *low* and *high influence* tasks to other staff will have immediate effects on the workload for frontline social workers. I will not say that this process is without it barriers, such as the potential resistance from employees when job descriptions or duties are changed. I will say that a workload strategy is better than none.

Overall, my practicum experience provided me with unique learning opportunities. I was able to expand my knowledge base in relation to the practice of workload management, particularly as it applies to child welfare. I became more familiar with the challenges of working at a policy level within a constantly changing environment and was able to identify and confront barriers to the project more readily and with increased confidence. Most importantly I have identified important factors and strategies related to workload management and have been able to incorporate them into my own practice as an executive director of a First Nations Agency. I hope this practicum report will help serve as a guide and act as source of reference for other workload projects in Manitoba and other jurisdictions.

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FOOT NOTES

1. File Transfer Process refers to the AJI-CWI process in which all Aboriginal cases, resources, and assets were transferred to their respective agency.

2. CFSIS stands for Child and Family Services Information System and is Manitoba's electronic case management system. CFSIS is currently lacking significant amounts of information because many agencies do not have the technological capacity to use it, lack the necessary equipment to run the system, or have developed its own system. The Province of Manitoba is currently re-tooling the program.

3. The Child Welfare League of America defines child protective services as a specialized part of the child welfare system. It focuses on families in which a child has been identified as a victim of or in danger of child abuse or neglect.

4. FTE stands for Full Time Equivalent. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.

5. Benchmarks are points of references used for measurement or comparison.

6. American Humane Society is the only national, non-profit organization, dedicated to the protection of both children and animals. It was founded in 1877 and its head office is located in Denver, Colorado.

7. Seconded refers to the process of temporarily transferring. In this report, it refers to government employees who were transferred to various other agencies to aid in the AJI-CWI process.

8. Aboriginal Ancestry refers to those people who belong to recognized indigenous groups in the Canadian Constitution Act 1982, sections 25 and 35, respectively as First Nations, Métis, and Inuit.

APPENDIX

Appendix A

Workload Analysis Survey

Hello, as mentioned in our previous correspondence, my name is Richard De La Ronde, and I am a Graduate Student enrolled in the Masters of Social Work (Policy & Administration Stream) program at the University of Manitoba. I am the Principal Researcher working on a workload analysis project for the Province of Manitoba as a partial requirement in the completion of my graduate program. The project is a result of a memorandum of understanding between the Province of Manitoba, and the Manitoba Government Employees Union (MGEU). The purpose of the project is to provide a set of recommendations that identify key processes or methodologies that most effectively and efficiently address the issue of workload measurement and management. The purpose of this survey is to gather information and feedback from your state/province about your experience in regards to best practices and recent developments in the area of workload. The information you provide will be used in a published practicum report that describes current developments and methodologies in other jurisdictions and some of the key aspects of those workload systems and some of the possible advantages and disadvantages of the system.

Please provide the best possible answer you can with the information you have available. A majority of the questions are open-ended and there are no right and wrong answers. Only aggregate data will be used and any reference to your province/state/agency and your workload system, whether currently in use or development, will be forwarded to you for comment and approval prior to its inclusion in the final report.

Please type your answers below each question. All subsequent questions will be bumped down as you type.

1. Can you describe the reasons your province/state/agency initiated a workload measurement/management process?

2. Within what time frame did your province/state/agency begin implementation of your current workload measurement/management system? **(Please highlight and bold text the answer that best corresponds to your situation)**

   - ☐ Within the last year
   - ☐ Within the last 2-3 years
   - ☐ Within the last 4-5 years
   - ☐ More than 5 years

3. Can you describe the main steps in the process, leading up to the identification and adoption of a workload measurement/management system? (e.g. who was involved, who consulted, what data was collected.)

4. Can you describe the main features of your Workload Management System?

   a) **Workload Measurement** (How do you measure workload? Describe)

   b) **Workload Standards** (How are the workload standards selected/identified? Describe)

   c) **Workload Analysis** (How often do you analyze the workloads in relation to the standards? Explain)

   d) **Workload Management** (How does your system control /adapt for deviance from the standard? Explain)

   e) **Other** (specify/describe)

5. In your opinion, is your province/state/agency workload management system fulfilling its original purpose? Please explain why or why not.

6. Please provide any additional comments or information you feel are important and were not addressed in the survey.

7. Please indicate below if you would like to receive a copy of the final report (**Please highlight and bold text your answer**).

   - ☐ Yes, please provide me with a copy of the final report.
   - ☐ No, thank you.

Thank you for taking the time to complete this survey.

***Click the floppy disk icon in the top left of your tool bar to save your answers. You can then return the document to** rdelaronde@gov.mb.ca **as an attachment.**

APPENDIX B

CONSENT FROM FOR FOCUS GROUP AND AUDIO RECORDING

I, _____the undersigned, do hereby consent and agree to participate in the Workload project focus group on the date that has been scheduled. I understand the focus group will be approximately 2 hours in duration and that notes will be taken regarding my responses on the subject of workload. It is my understanding that no identifying information will be included in the final report. I also understand that the facilitator or the facilitator's aids are not responsible for any expense or liability incurred as a result of my participation in this focus group. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature_____ Date_____

In addition I, _____the undersigned, do hereby consent and agree that the focus group facilitator, the facilitator's aids may produce digital audio recordings of me for the duration of the focus group and to use these recordings exclusively for the purpose of secondary data analysis to ensure the accuracy of written data. It is my understanding that my name and identity will not be revealed therein or by descriptive text or commentary in the final report. I understand that there will be no financial or other remuneration for recording me, and that the facilitator will take the following precautions when handling the recorded data.

- That the facilitator will secure the recordings in a locked file cabinet until the secondary data analysis occurs.
- That the secondary data analysis will occur within a 24-48 hour period.
- That no additional copies or backups of the recording will be made
- That any other participants in the secondary data analysis sign an oath of confidentiality.
- That all audio recordings will be erased within a 24 hour period after completion of secondary data analysis.
- That a confirmation will be forwarded to me via the most convenient means that the secondary data analysis has been completed and that all recordings have been erased.

I also understand that if ***one*** participant ***does not*** agree to the audio recording that the process will be eliminated from the focus group. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature_____ Date: _____