

# *A Critical Appraisal of What Child Welfare Workers Do: Findings From a Task Analysis Study in Florida*

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Since August 2008, Mr. Murphy has served as executive director of the Devereux Florida Treatment Network, which is the largest provider of mental health, child welfare, and services for developmentally disabled children in Florida. From 2003 to 2008, Mr. Murphy served as president and CEO of Partnership for Strong Families, the lead agency for the delivery of child welfare services in North Central Florida. He worked with the Florida Department of Children and Families in the creation of the Title IV-E waiver, which has allowed Florida to redirect dollars toward more intensive in-home services. He has over 25 years of senior management experience in the delivery of health and human services in numerous states and localities. Prior to starting Partnership for Strong Families, Mr. Murphy worked for Magellan Health Services, assisting with child welfare privatization initiatives around the country. He had a 25-year career with the Michigan Department of Social Services, during which time he was the lead on the redesign of the state’s child protection system and helped develop information systems to support field workers. He is also a past president of the National Association of Public Child Welfare Administrators.

## **Introduction**

Child welfare work is difficult. Frontline workers in Florida and throughout the United States are expected to meet an abundance of responsibilities and high performance expectations (Beggs, 1996; Florida Department of Children and Families, 2002a; 2002b; 2002c; 2002d; 2002e; U.S. General Accounting Office [GAO], 1995; GAO, 2003; National Association of

Social Workers [NASW], 2004; Perry, 2006; Perry, Graham, Kerce, & Babcock, 2004).

Any workload or task analysis of child welfare workers needs to be responsive to these realities. It must also further our knowledge of what child welfare workers do and examine whether tasks are completed in accordance with established protocols, with standards of practice, and—most important—in an efficient and effective manner that compromises neither quality of service nor performance standards. This type of analysis can be system-wide or targeted at specific workers or service units.

This paper presents findings generated from a study that attempts to develop a comprehensive and thorough understanding of the complexities of tasks associated with child welfare practice in mid-Florida. The study was conducted with full appreciation of the contexts in which service is provided and the perspectives of frontline child welfare workers. It involved both the analysis of existing secondary time log data from a population of workers and primary data from a stratified random sample of shadowed child welfare workers. The study's results, in turn, led to workflow analysis and recommendations for modifications in administrative and/or practice protocols. These recommendations, agency actions, and outcomes are also reviewed.

## Method

This study focuses on the tasks and time taken to complete tasks by frontline child welfare workers affiliated with Partnership for Strong Families (PSF) and its member agencies. PSF provides services to children via contracts with three agencies: Family Preservation Services, a private for-profit agency; Children's Home Society, a private nonprofit agency; and Meridian Behavioral Healthcare, also a private nonprofit agency. These agencies serve a wide variety of clients in communities scattered across 11 counties in mid-Florida.

Data for workload and task analyses studies can be collected in multiple ways. Some methods are more rigorous, time-consuming, and demanding than other methods. Issues of feasibility (e.g., available resources, staffing, funds) frequently impinge upon study design elements. The goal of this study was to maximize validity while conserving costs. Yet, the quality and level of detail in any analysis (and, by extension, the validity of an analysis) are impacted by the quality and type of data used. Data for this study included both secondary (existing time-log) data and primary data collected from an analysis of worker activities performed on the job.

Findings summarized in this paper represent those generated from the first two (of three) stages of a broad study. First, there was an examination of existent time-log data completed between July 2005 and April 2006 by all employed child welfare workers in each agency participating in the study. These data were collected in the same manner across all agencies in accordance with state protocols. Second, a detailed profile of what workers do in the field (across PSF's member agencies) was generated from a content and statistical analysis of data obtained from shadowing workers who had been selected using a proportionate random-sampling procedure. Finally, a comprehensive survey was sent to all the workers employed in PSF's member agencies. This survey solicited detailed information regarding: workload and job characteristics; the quality and level of work supports received; workers' perception of work conditions, including the extent to which each respondent felt "burned out"; and the level of satisfaction with a variety of employment-related experiences/items.

In July 2006, there were 84 workers employed in the member agencies. The level of experience ranged from 2.2 months to 25.25 months with 40 (or 47.6%) having less than 1 year of employment in a PSF agency. Inclusion criteria demanded each worker in the sample have at least 6 months' experience at the time of the study. This ensured

that those workers shadowed were not in training and were carrying full caseloads. Select units located at the geographic extremes of the service area covered by PSF member agencies were excluded from consideration. This exclusion was necessitated by the travel demands that would have been placed upon research associates shadowing study subjects. After inclusion and exclusion criteria were employed, the size of the sample decreased to 48 workers.

Fortunately, there was a sufficient number of experienced workers in each unit to permit a random sampling of at least 2 workers per unit. A total of 26 workers (54% of the sample) were selected, 24 of whom were able to successfully provide data for the study. The final list of those shadowed differed slightly from those originally randomly sampled. There were 3 workers no longer employed or willing to participate in the study. Alternate study subjects from the same agency were randomly selected (using the same inclusion and exclusion criteria) to replace those originally selected. The sample included 13, 7, and 6 workers from Family Preservation Services, Meridian Behavioral Healthcare, and Children's Home Society, respectively. A total of 13, 6, and 5 workers from Family Preservation Services, Meridian Behavioral Healthcare, and Children's Home Society actually participated in the study.

### *The Shadowing Technique*

Simply stated, shadowing involves an "...extended and detailed observation and documentation of the work activities of individuals," where the researcher "records the moment-by-moment activities of his or her subject, coding for such variables as time, location, event type, task and participants" (Kephart & Schultz, 2001, p. 4). Shadowing is meant to provide a systematic, detailed, and rich understanding of a person's activities and experiences within given contexts. Applied to child welfare

practice, shadowing is intended to provide a comprehensive and representative overview of what workers do and the extent to which varied contexts affect workload trends—especially when these contexts are not easily captured in time logs. A total of 13 research associates with child welfare practice experience and training in shadowing techniques collected data for this study.

### *Establishing a Task List*

Following consultation with the 13 research associates, as well as other workers and administrative staff, the task list to be used in analyses was revised three times over a 2-month period. Although these associates were provided a copy of the finalized task list, they were not required or asked to do any coding while shadowing workers. The task list was meant as a guide for them to become familiar with terms associated with the types of activities that workers would engage in. However, associates were instructed to document everything workers did (work- and non-work-related) using terms and language they best understood—but to be as detailed as possible in describing worker activities. The researcher then engaged in a content analysis of his or her notes and linked text to established and approved task codes provided with itemization. The final task list used for content analysis is contained in the Appendix.

Each associate was provided a booklet of task logs to record data while in the field shadowing workers. Associates were required to document the start and end times of each task. These times could overlap if workers multi-tasked at any point in time. Further, each associate was required to document whether each task involved direct contact with a client (child, parent, or family), was associated with the direct provision of in-home services, or was associated with the direct provision of out-of-home care services. These distinctions would aid in analyses, calculating



the ratio of time worked in each category. The shadowing of workers took place in July and August 2006 on different days for each randomly selected worker.

## Findings

### *Analysis of Existing Time-Log Data*

Prior to the collection of primary data obtained from shadowing workers, analysis of existing data collected from the daily logs that workers are required to complete took place. A series of 10 databases (formatted as Excel documents)—one for each month between July 2005 and April 2006—were obtained and analyzed. Information included the start time, end time, and date for each logged task. This method of classification was structured in accordance with compliance standards established by the Florida Department of Children and Families. Additional information included the service type and associated code affiliated with each task.

Among the data provided, there were 14 logged task categories:

- Eligibility Determination
- Medicaid Administration
- Case Management
- Foster Care Placement
- Targeted Case Management
- Staff Development and Training
- Recruitment and Licensing
- Transportation Foster Care/Group
- Transportation—Other
- In-Home Services
- Intensive In-Home Intervention

- TANF Relative Caregiver Activities
- Adoption Placement
- Administrative, Lunch, Leave, Not Working

Internal communications and memorandums to workers provided examples of specific criteria/tasks associated with the Case Management and Administrative categories, which were:

#### **Case Management:**

- Home Visitation
- Travel to/from Home Visitation/Appointments
- Court Hearings
- Referral for Case Plan Services
- Contacts/Updates From Service Providers
- Writing Case Plans, Judicial Review Reports
- Permanency/Legal/School Staffing
- Home Study on Relatives/Non-Relatives for Assigned Case
- Preparation of Eligibility Documentation, Subsidy Forms
- Faxing/Emailing/Telephone Calls/Copying Related to a Specific Case
- Adoption Placement Activities
- Calling Child in Care Staff About a Medicaid Card

#### **Administrative:**

- Training/Staff Development
- Interstate Compact on the Placement of Children Home Study
- Work on Closed Cases



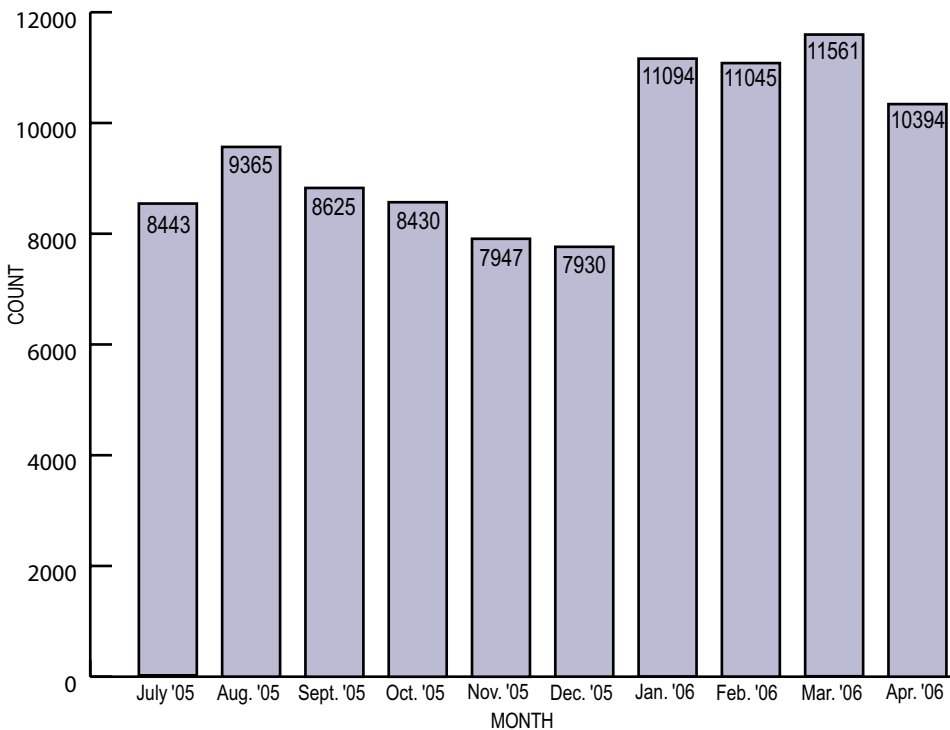
Unfortunately, for analysis purposes, logged tasks were not classified as the individual tasks listed under the Case Management and Administrative categories. Among the 94,834 tasks logged between July 2005 and April 2006, 90,559 (95.5%) were identified as Case Management tasks without any itemization of what each task was. Additionally, workers failed to provide a code for 2,754 tasks completed (for which time was logged). Therefore, among data with valid task codes, Case Management tasks represented 98.3% of coded entries.

This level of homogeneity in coded data (without a further breakdown into specific tasks) does not lend itself to meaningful task analysis. There are a number of other potential limitations associated with these data, discovered during a review of existing data and during consultation with a variety of administrators, supervisors, and data management personnel at PSF agencies. These limitations include:

- The data collection mechanism did not capture the extent to which workers multi-task.
- Worker level of investment or perceived value in time logging may have impacted the reliability and validity of collected data.
- Time logging may have been perceived by some workers as a burdensome task that took away from client contact time and had no direct benefit for workers.
- Workers may have inaccurately captured the number and type of tasks accomplished given fatigue and/or the ease of entering a general Case Management code.

If workers think and/or feel a particular activity (such as time logging) has no particular value, then investment of time and energy will lag and reactivity issues will affect the reliability and validity of collected data. It is very important that workers be invested in providing accurate data

**Figure 1: Tasks Completed Each Month  
Aggregate Data Across All Units**



that reflect what they do. This is an issue that many agencies may be dealing with.

### *Trends in Existing Data Across All Service Units*

Although existing time log data lack specificity with respect to the detailed itemization of worker activities from month-to-month, possible trends in these data were identified, and workers logged 94,834 tasks or an average of 9,483 tasks a month. However, findings denoted in Figure 1 suggest a shift with respect to the number of tasks completed each month (using aggregate data). Between July and December 2005, the number of tasks completed peaked in August at 9,365 and demonstrated a gradual decrease for the next 4 months to a low of 7,930 tasks in December 2005. In January 2006, there was a dramatic spike in the number of tasks completed. The total number of tasks logged increased 39.9% (from 7,930 to 11,094) between December and January. This increase was generally sustained between January and April, with a slight decrease to 10,394 tasks logged in April 2006.

At first, it was unclear what caused this dramatic change between December and January. It may have been related to caseload demands, changes in administrative practices/oversight of daily time logs, workforce changes, or training issues. However, it appears this spike was a response to an administrative “corrective action” issued as a means of enhancing the compliance rate of workers completing daily time logs.

### *Trends in Existing Data Across Agencies*

The time log data provided (July 2005 through April 2006) allowed for an examination of select trends across individual units and across three agencies—Family Preservation Services, Children’s Home Society, and Meridian Behavioral Healthcare. In using these existing time-log data to gauge worker activity, four things are evident:<sup>1</sup>

1. There is noteworthy variation across agencies in the average number of tasks completed each month.
2. The demands on workers (in terms of number of tasks) can vary from one month to the next, and this variation is not consistent across agencies.
3. The reduction of workforce resources (number of workers) had a different impact upon different systems. The loss of workers at Family Preservation Services resulted in fewer workers working longer hours and more days. The loss of a similar amount of workers at Meridian Behavioral Healthcare resulted in fewer workers working fewer hours and days. When demands for service (clients served and workload) remained constant over periods during which there was a reduction in available workers, these trends point to the system’s response to a critical incident (i.e., noteworthy loss in staff). This response may be indicative of each agency’s capacity to cope and adapt to unexpected or undesired changes in workforce resources, as well as the level of organizational commitment on the part of the workers.<sup>2</sup>

<sup>1</sup> For details regarding the analyses conducted on existent time-log data, please contact the authors. Given limitations with these data and space limitations, a full review of findings is not presented in this article. The focus is instead on primary data collected (via shadowing).

<sup>2</sup> For example, Meridian Behavioral Healthcare lost three workers in 1 month (from March 2006 to April 2006). The loss of three workers in 1 month equates to the loss of up to 60 workdays. Yet, an observed loss of 85.8 workdays existed for Meridian in April 2006. For example, the number of workdays logged for Meridian Behavioral Healthcare increased from 539.7 (in January) to 608.5 (in March), and decreased significantly to 533.7 (in April). Additionally, in January 2006 a total of 489.8 workdays were logged by 37 employees with Family Preservation Services. However, in February, more workdays (499.2) were logged by fewer ( $n=35$ ) employees.

4. When the average number of tasks completed each month per worker is divided by the number of workdays each month, it may appear that workers were not engaged in very many tasks. For example, the largest monthly average is 155.95 tasks per worker in February 2006 (by Meridian Behavioral Healthcare workers). This amounts to 7.8 tasks per worker, per day.

However, these conclusions are biased and flawed for a number of reasons. These include limitations of the time-log data collection instrument; the general and aggregate categorization of worker tasks using the Case Management category; suspected incomplete data, most notably from Children's Home Society workers; and the inability (at this time) to link existing time-log data with personnel records and dates of employment and/or approved leave. A more detailed study of worker retention trends and the impact upon the workload of other workers is needed before conclusive statements can be made. However, given observed fluctuations in worker retention and the number of workdays logged, there is a need to stabilize the worker time available to meet clients' demands.

#### *Analysis of Shadowing Data*

As noted, detailed notes from assistants who shadowed workers were received for 24 workers/ workdays across three member agencies. The handwritten notes were transcribed into a Word document, their content was analyzed, and tasks were linked to codes affiliated with the task list in the Appendix. Content and codes were then converted to an Excel database, after which select data were imported to a Statistical Package for the Social Sciences (SPSS) database for analysis.

The goal of random selection of study participants was to maximize the external validity of study findings. Given resource and time constraints, each worker was shadowed for 1

day. Given that the amount and type of work that an individual child welfare worker may engage in can vary from one day to the next, the random selection of a number of workers, it was hoped, would capture the diversity of experiences and workload demands that any worker may confront. Random assignment of workers and selection of dates and times for shadowing was applied with the goal of providing a representative sample of the work child welfare workers typically complete.

When aggregate data from shadowed logs are observed, it appears this diversity was captured. Among workers, there was variability in the length of time on the job. Some workers worked exceptionally long days to handle crisis situations that arose on cases or due to limited placement options for a child who had to be removed from a caregiver. Some workers had short work days with multiple breaks. Some workers worked predominately in the office, while others were in the field. Some needed to multi-task a tremendous amount to fulfill job responsibilities and others multi-tasked a little (although all workers multi-tasked to some extent). Some workers had extremely busy, stress-filled days, and a few seemed to have limited workload demands on the day observed. What follows is a summary of findings, first in the aggregate and then by agency.

#### *Findings From Shadowing: Aggregate Data*

Before reviewing a detailed breakdown of the types of tasks completed and time associated with each, the reader needs to be aware of coding mechanisms applied to multi-tasking. Research associates were instructed to document the start and end times of each task. When a worker multi-tasked (in the true sense of the term) and was actively engaged in more than one of the coded tasks at the same time for any period, this was noted. In some cases, these tasks overlapped, with the start and end times for one task occurring within or across the time frame of another task.

**Table 1: Total Minutes and Hours on the Job and Engaged in Tasks by Worker Shadowed**

Worker ID	Time on-the-job		Time engaged in task completion		Task time compared to on-the-job time	
	Total minutes logged	Total hours logged	Total minutes logged	Total hours logged	Minutes over (+) or under (-)	Hours over (+) or under (-)
1	480	8.00	485	8.08	5	0.08
2	585	9.75	505	8.42	-80	-1.33
3	530	8.83	469	7.82	-61	-1.02
4	383	6.38	389	6.48	6	0.10
5	465	7.75	423	7.05	-42	-0.7
6	433	7.22	436	7.27	3	0.05
7	528	8.80	546	9.10	18	0.30
8	900	15.00	1,038	17.30	138	2.30
9	930	15.50	1,025	17.08	95	1.58
10	465	7.75	468	7.80	3	0.05
11	408	6.80	469	7.82	61	1.02
12	514	8.57	525	8.75	11	0.18
13	311	5.18	285	4.75	-26	-0.43
14	1,360	22.67	1,418	23.63	58	0.97
15	545	9.08	781	13.02	236	3.93
16	660	11.00	552	9.20	-108	-1.08
17	570	9.50	758	12.63	188	3.13
18	570	9.50	627	10.45	57	0.95
19	631	10.52	618	10.30	-13	-0.22
20	485	8.08	611	10.18	126	2.10
21	498	8.30	533	8.88	35	0.58
22	570	9.50	612	10.20	42	0.70
23	540	9.00	540	9.00	0	0.00
24	523	8.72	699	11.65	176	2.93
<b>Total</b>	<b>13,884</b>	<b>231.4</b>	<b>14,812</b>	<b>246.9</b>	<b>928</b>	<b>15.5</b>
<b>Average</b>	<b>578.5</b>	<b>9.6</b>	<b>617.2</b>	<b>10.29</b>	<b>38.7</b>	<b>0.65</b>



For example, a worker may have been actively engaged in entering data into HomeSafenet (the statewide automated child welfare information system for Florida) associated with one case (a task that took 12 minutes) while conducting a telephone call that lasted 2 minutes with a colleague or supervisor regarding another case. He or she may have continued to enter information into HomeSafenet while speaking on the telephone and after hanging up. The time spent on each task was documented. This allows for an analysis of the time committed to certain types of tasks and the amount of time spent multi-tasking.

Table 1 provides a breakdown of the total time worked, the time assigned to tasks, and the number of tasks completed by each worker who was shadowed. The shadowed workers are numbered 1 through 24. There is no order to these identification numbers. No identifying information of workers or those who shadowed each worker is provided in this report or in the summary of findings.

Findings in Table 1 reveal that there was considerable variation across study subjects in terms of the time spent on the job and time engaged in task completion. Time engaged in task completion exceeded actual time on the job (given coding mechanisms) among those workers required to, and adept at, multi-tasking. Time engaged in task completion that was considerably less than time on the job implies there was unaccounted-for time during the study subject's workday—typically non-work-related activities not coded as such by the research associate. This latter situation existed for 6 of the 24 study subjects who were shadowed. Regardless, the amount of time on the job ranged from a low of 5.18 hours (Worker No. 13) to a high of 22.67 hours (Worker No. 14). On average, workers were on the job for 9.6 hours.

The reader should be aware that the number of hours individual workers worked on the days they were shadowed might not represent a typical workday (as suggested). Those working excessively long days were confronted with crises on cases, placement/re-placement tasks, or other issues. One research associate commented that the worker she shadowed worked fewer hours than typical on the day the worker was shadowed; however, this followed a day (not shadowed) for which excessive hours were worked.

Variations in the number of individual tasks completed and those associated with multi-tasking existed among study subjects. Findings in Table 2 indicate that, on average, workers completed 64.4 tasks each day, of which 15.4 tasks were completed while multi-tasking. The number of tasks workers completed ranged from a low of 24 (Worker No. 23, who logged 9.0 hours) to a high of 128 (Worker No. 15, who logged 9.08 hours). On average, workers multi-tasked 3.3 hours a day or 32.5% of the average workday (using tasks' completion times). Five workers multi-tasked approximately 50% or more of the time while engaged in overall task completion for the day. These workers (No. 2, No. 8, No. 15, No. 17, and No. 20) worked between 8.08 hours (No. 20) and 15.0 hours (No. 8), with the majority working less than 10 hours each day.

Had the aforementioned five workers not multi-tasked (and completed tasks in a sequential order), the amount of minutes worked each day would have increased by a range from a low of 241 (or 4.0 hours for No. 2) to a high of 602 minutes (or 10.03 hours for No. 8). Child welfare workers' job circumstances, however, necessitate multi-tasking. Further, some multi-tasking (e.g., inputting case notes on the computer while speaking on the telephone about another case) requires more skill and concentration than other forms of multi-tasking (e.g., driving to a client's house and speaking on the phone). Regardless,



**Table 2. Total Number of Tasks Completed, and Amount and Percentage of Time Dedicated to Multi-tasking**

Worker ID	Task accomplished		Time engaged in multi-tasking		Percentage of time engaged in multi-tasking
	Total individual tasks	Number of multi-tasks	Total minutes logged	Total hours logged	Percentage (%)
1	36	7	140	2.33	28.9
2	72	19	241	4.02	47.7
3	44	6	159	2.65	33.9
4	86	11	55	0.92	14.1
5	70	11	91	1.52	21.5
6	58	10	82	1.37	18.8
7	57	15	221	3.68	40.5
8	66	36	602	10.03	58.0
9	87	17	245	4.08	23.9
10	44	9	78	1.30	16.7
11	49	2	75	1.25	16.0
12	65	22	170	2.83	32.4
13	46	8	37	0.62	12.5
14	96	12	315	5.25	22.2
15	128	54	541	9.02	69.3
16	92	27	180	3.00	32.6
17	54	21	364	6.07	48.0
18	42	10	182	3.03	29.0
19	91	8	100	1.67	16.2
20	111	31	304	5.07	49.8
21	62	10	73	1.22	13.7
22	30	1	15	0.25	2.5
23	24	7	240	4.00	44.4
24	36	15	302	5.03	43.2
<b>Total</b>	<b>1,546</b>	<b>369</b>	<b>4,812</b>	<b>80.2</b>	
<b>Average</b>	<b>64.4</b>	<b>15.4</b>	<b>200.5</b>	<b>3.3</b>	<b>32.5%</b>



**Table 3: Total Number of Client Contacts, Time in Contact With Clients, and Percentage of Total Time in Contact With Clients**

Worker ID	Number of client contacts	Minutes in contact with clients	Percentage of work time in contact with clients
1	3	25	5.2
2	2	7	1.2
3	3	44	8.3
4	17	52	13.6
5	14	127	27.3
6	9	116	26.8
7	12	175	33.1
8	19	725	80.6
9	16	127	13.7
10	1	10	2.2
11	0	0	0.0
12	8	40	7.8
13	1	6	1.9
14	6	788	57.9
15	5	104	19.1
16	5	139	21.1
17	5	153	26.8
18	10	166	29.1
19	11	114	18.1
20	21	327	67.4
21	6	37	7.4
22	12	215	37.7
23	8	200	37.0
24	8	281	53.7
<b>Total</b>	202	3,978	
<b>Average</b>	8.4	165.8	28.7



**Table 4: Total Number of Tasks Associated With the Provision of In-Home Services, Time (Minutes) Dedicated to In-Home Services, and Percentage of Total Time Dedicated to In-Home Services**

<b>Worker ID</b>	<b>Number of in-home service tasks</b>	<b>Minutes providing in-home services</b>	<b>Percentage of work time dedicated to in-home services</b>
<b>1</b>	3	25	5.21
<b>2</b>	0	0	0.0
<b>3</b>	0	0	0
<b>4</b>	6	24	6.27
<b>5</b>	2	61	13.12
<b>6</b>	0	0	0
<b>7</b>	4	44	8.33
<b>8</b>	0	0	0
<b>9</b>	1	8	0.86
<b>10</b>	0	0	0
<b>11</b>	0	0	0
<b>12</b>	2	4	0.78
<b>13</b>	7	71	22.83
<b>14</b>	7	79	5.81
<b>15</b>	5	20	3.67
<b>16</b>	14	141	21.36
<b>17</b>	0	0	0
<b>18</b>	0	0	0
<b>19</b>	9	86	13.63
<b>20</b>	7	35	7.22
<b>21</b>	1	21	4.22
<b>22</b>	5	120	21.05
<b>23</b>	4	80	14.81
<b>24</b>	2	97	18.6
<b>Total</b>	79	916	
<b>Average</b>	3.3	38.2	6.6



the extent and magnitude that workers multi-task begs the question of how such requirements or circumstances might impact the quality of work output. Although this study itemized the amount of time dedicated to multi-tasking, it is not known how effectively or efficiently tasks were completed. This would require additional study.

Table 3 provides a breakdown of the number of client contacts and time spent on them. Research associates were required to document whether any task completed involved direct contact with a client (i.e., a child and his/her family). The amount of client contact time is an issue that has received considerable attention in the professional literature. Here, an increase in client contact time has been associated with an increase in attainment of desired outcomes and plan-of-care objectives (Chapman, Gibbons, Barth, & McCrae, 2003; Dawson & Berry, 2002; Littell & Tajima, 2000; Rzepnicki, Schureman, & Johnson, 1997; Stoltzfus, 2005; Administration for Children and Families, 2004; Office of the Inspector General, U.S. Department of Health and Human Services, 2005a, 2005b).

Each contact denoted in Table 3 is associated with a separate task. These contacts were typically (but not exclusively) encompassed within the following tasks itemized under the task category of Case Contacts (see the Appendix), which, in turn, is under the Case Management service category: Telephone Contact With Clients, Face-to-Face Contact—Office Visit, Face-to-Face Contact—Home/Field Visit, and School Visit (usually with a child and/or a family member). Other client contact tasks were denoted within the task categories (also contained within the Case Management service category) of Child Safety/Risk Assessment, Transportation, and Care and Contact With Child (see the Appendix).

The number of contacts ranged from a low of 0 (No. 11) to a high of 21 (No. 20) during the day the workers were shadowed. On average, workers had

8.4 contacts (in person or via telephone) per day and spent 28.7% of their logged time in contact with clients. However, there was considerable variation in the percentage of the workday spent in contact with clients. The range in percentages was 0% (No. 11) to a high of 80.6% (No. 8).

Some workers had a high percentage of client contact time due to isolated/unexpected emergencies or placements that demanded extending contact time with clients. On the other hand, some workers spent a small or nonexistent amount of time in contact with clients due to days planned for “catching up” with paperwork and other administrative tasks. If this type of variability in client contact time exists across workers for any extended period of time, efforts should be made to conduct a case record review to test if the amount of client contact time is associated with the timely achievement of client outcomes. This variable can be an important supervisory and administrative flag for gauging worker efficacy and ensuring that resources are in place to meet clients’ needs.

Tables 4 and 5 provide a breakdown of the number of tasks and percentages of time dedicated to the provision of in-home services, as opposed to those dealing with out-of-home care cases. On average, the provision or facilitation of in-home services for clients occupied very little of workers’ time. Shadowed workers completed on average 3 tasks a day associated with in-home services, which occupied 6.6% of their workday time. These figures stand in contrast with an average number of 15.8 tasks completed and 32.6% of the day dedicated to tasks associated with the provision or facilitation of out-of-home care. This discrepancy can be explained by the fact that, generally, out-of-home care cases are more demanding than in-home service cases. However, these figures need to be compared against the distribution of caseload by service type. Should a significant proportion of cases (for example, more than 30%) served by PSF member

agencies be in-home service cases, findings from this study raise concern about whether the service needs of these cases are being neglected.

This statement does not imply any willful neglect (as resources and efforts must focus on those most in need). Out-of-home care cases may be (these findings suggest) 5 times more demanding for service providers than in-home service cases. If this is so, it would appear additional resources (e.g., staff, funding) are needed to more adequately address the service needs of those demanding in-home services. The provision of in-home services is one of a number of strategies designed to reduce risk of harm to children and minimize the number of children coming into care. In-home services are an integral part of any prevention-based service delivery system and an important element of any community-based care model.

### ***Findings From Shadowing: Agency Comparisons***

Tables 6 and 7 present a breakdown of select data summarized in Tables 4 and 5; however, comparisons are made across PSF member agencies.<sup>3</sup>

No statistically significant differences were observed across member agencies for worker time spent on tasks, number of tasks completed, measures of multi-tasking, or number of tasks and time spent providing in-home and out-of-home care services. However, the Tamhane's T2 test statistic suggests that the number of client contacts, amount of time spent with clients, and percentage of total time engaged with clients was

significantly less for Children's Home Society workers than for Family Preservation Services and Meridian Behavioral Healthcare workers. The average percentage of the workday in contact with clients for Children's Home Society workers was 9.9%, but 29.9% and 29.8% for workers employed at Family Preservation Services and Meridian Behavioral Healthcare, respectively.

It is possible that the workers and days they were shadowed were not representative of the typical workload demands encountered by workers over the course of an average work week. The random selection of workers was meant to maximize the external validity of findings. But should these findings be representative of a broader trend in service across member agencies, some effort should be made to test the extent to which, if any, such differences influence client outcomes and performance measures. Much attention in the literature is focused upon the role and impact of contacts between workers and clients on service outcomes. Should the attainment of service outcomes be disproportionately less for Children's Home Society worker caseloads than Family Preservation Services and Meridian Behavioral Healthcare worker caseloads, some effort should be made to examine the influence of client contact time.

### **Specific Tasks**

The next series of tables provides an overview of the percentage of time (aggregate and across agencies) that workers devoted to each category of tasks encapsulated in the task classification list (see Appendix). Especially for comparisons

<sup>3</sup> In an attempt to gauge whether any observed differences across agencies are statistically significant, a series of analyses of variance or ANOVA models were conducted on these variables. ANOVA procedures typically assume a balanced design. As a means of maximizing the validity of the results (coefficient estimates) garnered from ANOVA procedures, the following statistical procedures/process were applied: both random and fixed effects (ANOVA) models were computed; a Levene statistic was computed to test for homogeneity of variance; if variance estimates were equal (i.e., homogeneous), Tukey-B and Bonferroni tests were conducted in an attempt to gauge if the performance scores differed between any two groups of workers; given that the group sizes were unbalanced (i.e., unequal), harmonic means of group sizes were used for the Tukey-B test; if variance estimates (using the Levene statistic) were unequal, both the Tamhane's T2 and Dunnett's C statistics were computed in an attempt to gauge if the observed findings differed between any two groups of workers (affiliated with different agencies).

**Table 5: Total Number of Tasks Associated With Out-of-Home Care Services, Time (Minutes) Dedicated to Out-of-Home Care, and Percentage of Total Time Dedicated to Out-of-Home Care Services**

Worker ID	Number of out-of-home care service tasks	Minutes dedicated to out-of-home-care services	Percentage of work time dedicated to out-of-home care tasks
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	25	172	37
6	9	116	26.8
7	18	191	36.2
8	2	37	4.1
9	2	21	2.3
10	1	10	2.2
11	0	0	0
12	25	193	37.5
13	25	256	82.3
14	33	765	56.3
15	62	524	96.1
16	22	196	29.7
17	3	9	1.6
18	8	345	60.5
19	57	365	57.8
20	61	505	82.7
21	0	0	0
22	19	412	72.3
23	6	240	44.4
24	2	165	31.5
<b>Total</b>	380	4,522	
<b>Average</b>	15.8	188.4	32.6



**Table 6: Comparisons of Averages: Time Categories Associated With Tasks Completed Across Workers in Member Agencies**

Time category average (across workers)	Family Preservation Services (n=6)	Children’s Home Society (n=6)	Meridian Behavioral Healthcare (n=5)
<b>Minutes on the job</b>	609.1	488.8	606.6
<b>Hours on the job</b>	10.2	8.1	10.1
<b>Task minutes</b>	651.9	532	629.2
<b>Task hours</b>	10.9	8.9	10.5
<b>Number of tasks</b>	67.4	67	53.6
<b>Number of multi-tasks</b>	15.6	19.2	10.2
<b>Minutes multi-tasking</b>	211.9	207.7	162.4
<b>Hours multi-tasking</b>	3.5	3.5	2.7
<b>Percentage of time multi-tasking</b>	30.5	34.6	26.6

across agencies, the number of workers in each agency engaged in each individual task varied considerably. Given the large itemization of individual tasks and task categories, either a greater number of workers or a longer sample time period would have been necessary to achieve an *N* size significant enough for each task to allow meaningful results from multivariate statistical analyses. Although the aggregate data for all workers appear to capture the diversity of potential experiences encountered by child welfare workers in mid-Florida, it is unclear if they accurately represent each individual agency. Regardless, the findings (as percentages of total time)—especially the aggregate results for all workers—provide some insight into how workers’ time is absorbed by different tasks.

Table 8 provides an overview of the percentage of time allotted toward different categories of tasks for all shadowed workers (*n* = 24). The percentage of time is associated with the total

number of minutes worked while multi-tasking (14,812 minutes). Although the percentage of time devoted to all tasks is summarized in Table 8, completion of one task is not necessarily exclusive of completing other tasks. In ranking the percentage of time allotted toward different task categories, the top five tasks that occupied workers’ time across agencies were Removal and Placement of a Child (19.2%), Transportation (13.4%), Paperwork (12%), Non-Case-Related Activities (10.7%), and Case Contacts (9.8%).

Of note is the large percentage (nearly one fifth) of workers’ time associated with the removal and placement/re-placement of children. These activities (see the Appendix) are not associated with the initial removal and placement of a child, but rather with any removal and placement of a child already in care or receiving service. This is a serious investment of time and requires careful study and examination. If these figures were truly representative of the demands placed



**Table 7: Comparisons of Averages Across Workers: Amount of Time Spent With Clients, Providing In-Home Services and Out-of-Home Care Services**

Category average	Family Preservation Services (n=13)	Children's Home Society (n=6)	Meridian Behavioral Healthcare (n=5)
<b>Number of client contacts</b>	8.8	4.3	12.4
<b>Minutes spent with client contacts</b>	216.2	53.8	168.8
<b>Percentage of time spent on client contacts</b>	29.9	9.9	29.8
<b>Number of in-home service tasks</b>	3.8	2.3	3.2
<b>In-home service task minutes</b>	39.1	15.8	62.6
<b>Percentage of time spent on in-home service tasks</b>	6.3	4.5	11.6
<b>Number of out-of-home care service tasks</b>	14.6	20	14.0
<b>Out-of-home care service task minutes</b>	166.8	219.7	207.2
<b>Percentage of time spent on out-of-home service tasks</b>	<b>22.5</b>	<b>46.1</b>	<b>38.4</b>

on workers, these findings would corroborate any concerns expressed by PSF officials and found in the general literature regarding the importance of stabilizing the placements and care arrangements made for children.

Within the past 15 years, placement stability has been a topic of concern for policymakers, child advocates, service providers, and child welfare researchers. The potential adverse effects of instability and multiple placements on a child's well-being have been well documented (Barber, Delfabbro, & Cooper, 2001; Cooper, Peterson, & Meier, 1987; Dore & Eisner, 1993; Hartnett, Leathers, Falconnier, & Testa, 1999; Newton, Litrownik & Landsverk, 2000; Palmer,

1996; Pardeck, 1984; Proch & Taber, 1985; Taber & Proch, 1987; Rutter & Sroufe, 2000; Ryan & Testa, 2004; Smith, Stormshak, Chamberlain, & Whaley, 2001).

Placement stability has also been correlated with workforce retention. In this study, placement failures had a profound impact on workforce resources, insofar as a significant amount of worker time was devoted to finding other placements and relocating children. There is a concern, given such an investment of energy and resources, that workers' time is less focused on prevention and counseling-based activities that target long-term outcomes than on dealing with crises (i.e., "putting out fires"). These

**Table 8: Percentage of Time Allotted to Different Task Categories for All Shadowed Workers**

<b>Task category</b>	<b>Percentage of total time (14,812 minutes)</b>
<b>I. Initial response and investigation</b>	<b>1.2</b>
<b>II. Removal and placement/replacement of child</b>	
Removal and placement of child	19.2
Medical and mental health assessments	0.3
Placement of Indian and military children	0.9
<b>III. Case planning and reunification activities</b>	
Case plan/case planning conference	2.1
Service planning activities	0.2
Reunification activities	0.6
<b>IV. Court services and case supervision</b>	
Court services	9.7
Case supervisor	7.6
<b>V. General tasks - case management</b>	
Case contacts	9.8
Legal issues and background checks	1.8
Safety/risk assessment	0.1
Case consultations	1.7
Case recording and referrals	2.7
Transportation	13.4
Care and contact with child	1.8
Other	2.5
<b>VI. General tasks - administration</b>	
Paperwork	12.0
Meetings	0.7
Training and development	0.7
Other	0.3
<b>VII. Non-case related activities</b>	<b>10.7</b>
<b>Total</b>	<b>100%</b>

observations reinforce the need for establishing a foundation of resources that will enhance the retention of quality workers, increase the size of the workforce, stabilize child placements, and enable workers (i.e., free up time) to work with children and families on prevention-based and short- and long-term plan-of-care goals.

It was noted that workers spent 13.4% of their time in transit. This is a significant amount of time. Many workers multi-task (e.g., make telephone calls, initiate follow-up contacts, speak with clients) while in transit. Workers using hand-held telephones while driving may be incurring undue risk—especially if transporting a client. Furthermore, given that 12% of the total

task time was associated with paperwork tasks (e.g., completing forms, word processing, filing), it might be sensible to consider investing in voice dictation and hand-free telecommunication devices that workers could use for documenting case-related activities, or case notes. And given that the amount of time in transit exceeds the amount of time doing paperwork, it is conceivable that workers could use high-tech tools to significantly minimize paperwork tasks, thereby reducing the amount of overtime worked while maximizing contact time with clients.

In total, 10.7% of workers' time was associated with non-case-related activities. For this sample, these included meal breaks, other breaks, and non-work-related discussions/contact. Although there are examples of select workers taking a number of breaks during the course of their days, these activities (particularly meal breaks) occurred in some instances while workers were multi-tasking (e.g., working while eating lunch or dinner). The majority (70.8%) of those shadowed were on the job for more than 8 hours. Three workers were on the job for more than 15 hours. The other two classifications of tasks that occupied approximately 10% of workers' task time included Case Contacts (9.8%) (associated with General Case Management tasks) and Court Services (9.7%). The percentage of time dedicated to Case Contacts should not be confused with the total number of minutes in contact with clients (see Table 3), as other classified tasks (including removal and placement of children, and case planning and reunification activities) may involve contact with clients.

Of concern, however, is the extremely limited amount of time dedicated to case planning and reunification activities. In total, only 2.9% of workers' time was allotted toward tasks

associated with these activities, the majority of which (2.1% total) was dedicated to case planning tasks. Only 0.6% of all workers' task-oriented

time was associated with reunification activities.

Should these data be representative of a broader trend, it is clear that the demands of existing cases and associated placement crises, general casework tasks, court-related responsibilities, and

paperwork have distracted workers from focusing on the long-term goal of family reunification. Of course, these observations, and their significance, need to be considered in light of additional data regarding the number and percentage of cases for which reunification is an established service goal. Should this number be relatively small (for example, 3% to 5%), then the observed findings may not be much of a concern. This study did not have access to these case-level data.

## Discussion

The findings generated from this study provided PSF with information to examine operational protocols and management supports affecting workers' tasks and responsibilities. A series of administrative and practice recommendations were generated from this study and acted upon by management in collaboration with supervisors and workers. What follows is an itemization of specific recommendations generated from summarized findings and agency actions in response to these recommendations.

Although findings generated from the analysis of existing time logs provided the study with a first (although vague) look at how workers used their time, concerns regarding the fidelity and representativeness of data obtained from the existing time logs led first to recommendations that suggested a redesign or reconsideration of

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**It is very important that workers be invested in providing accurate data that reflect what they do.**

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the time-log structure and process. Specifically, these methodological recommendations were:

**Recommendation 1:** *PSF should redesign the daily time log used by workers. This time log should include a more detailed list of potential tasks and allow for the itemization of multi-tasking. Data entry should be user-friendly and Web-based. Workers should be consulted with respect to design features and information/reports garnered from time logs that they think will aid in their practice.*

**Recommendation 2:** *PSF should examine and consider the implementation of mechanisms that reinforce and ensure the timely entry of time-log data. This effort should first start with the survey/interview of workers where adverse trends in rates of reporting are visible. Once the identification of variables (e.g. workload-based, worker-based, administrative, supervision-oriented) affecting reporting rates is determined, corrective action can take place. For example, should workload demands be uncharacteristically high and logging of time be perceived as burdensome, pilot studies could be conducted to test the efficiency and cost-effectiveness of using technological tools (e.g., PDAs, voice dictation) for task tracking and time logging.*

These recommendations are based on the idea that the data workers enter into time logs are more likely to be accurate and representative if workers believe their record-keeping has value and utility. In response to these recommendations, workers were consulted with respect to design features and information/reports garnered from existing time logs and their value and utility. Based on the feedback received from workers, discussion with the Florida Department of Children and Families, and additional work and reflection on this matter, the use of the time log (as structured) was stopped and completion no longer required of workers.

However, workers are still required to enter information regarding cases and their actions into

HomeSafenet. PSF is also currently exploring the efficiency and cost-effectiveness of using mobile devices (e.g., PDAs, voice dictation) to help reduce dual entry of case data and tasks on the part of case management staff.

In addition, summarized findings (using existing time-log data) flagged concerns regarding variation in turnover rates among member agencies and in workers' ability to be responsive in the service units where turnover and job vacancies were high at times. In one agency, the reduction of the workforce led to greater demands (represented by logged time on the job) upon other workers. In another agency, the reduction in the workforce led to fewer workers working fewer hours (e.g., more likely to take sick leave or reduce contact with clients). As noted, this variation in response may be indicative of the capacity of each agency to cope and adapt to unexpected or undesired changes in workforce resources, as well as the level of organizational commitment on the part of the workers. Further, different service demands and the resources available (or lack thereof) has a direct impact on frontline workers' workload.

These findings led to an additional recommendation reflecting the need to stabilize and allocate resources across PSF member agencies in accordance with service demands:

**Recommendation 3:** *Workforce resources across PSF member agencies need to be stabilized and resources allocated in accordance with service demands. PSF should conduct a trend analysis that clearly itemizes the differential demand for services across member agencies over the past year. Should trends be associated with identified demographic patterns or other variables for which secondary data are available, service demands should be forecasted and appropriate plans for the allocation of resources should be made.*

In response to these recommendations, PSF:

- Unbundled services;
- Initiated development of an automated utilization management system;
- Created positions to support the referral process and follow-up;
- Provided for a redirection of service dollars based on demand; and
- Accorded greater flexibility to case management agencies so they can reorganize their work based on demand.

The utilization management system that was created and implemented following this study tracks not only those services PSF purchases for its clients but those services that are funded by other entities/funding streams. This allows PSF to track and identify trends not only by service area or county, but by zip code as well. This system allows for a detailed itemization of current demand and unmet needs across the service area and, subsequently, a more efficient and effective assignment of staff resources.

These processes were augmented by the contracting process developed because of this study. PSF case management agencies were provided the flexibility to deploy staff within their respective service areas as their caseload demands require and vary, as well as deploy staff in whatever specialized fashion the system might require. For example, information obtained from the automated utilization management system and the flexible resource deployment policy (based on identified service needs) has led to the creation of specialized teams to deal with drug court and voluntary protective services. In addition, individual workers were assigned and allowed to develop a specialized focus on court cases, permanency issues, and family team conferencing.

In this way, workers' roles and responsibilities are guided by client needs, and specialized and targeted efforts were created to address assessed unmet needs. Workers' tasks are now more targeted, informed, and focused on outcomes meaningful to children and families. In sum, the development of the utilization management system (in response to this study recommendation) has led to more reliable tracking and identification of service demands and trends, a more efficient assignment of resources, and a more flexible and responsive deployment of resources to areas of need in a manner that maximizes the specialized interests and skills of workers.

Another finding based on analysis of data obtained using the shadowing technique addressed a concern regarding the quantity and quality of time workers spent with children and families. It was strongly recommended that efforts be made to maximize the amount of quality contact time workers have with children and families in order to reach plan-of-care objectives and goals:

**Recommendation 4:** *Efforts should be made to maximize the amount of quality contact time workers have with clients (children and families) as a means of meeting plan-of-care objectives and goals. Workers and supervisors should be consulted on strategies that will enhance the likelihood that workers have contact with clients. The ability to meet service goals in a timely manner should be analyzed against time-log data showing whether tasks are associated with client contacts. This will enable a more thorough understanding of the impact of client contact time on service outcomes and staff morale.*

This recommendation led to the revision and development of a case management system that helped reduce the district-wide caseload from



2,100 to 1,700 by controlling the front end of services, as well as ensuring children are exiting the system in a timely and effective manner. There was a concerted effort to remove administrative barriers to the casework process and increase automation to free up worker time for more client contacts. PSF also created worker positions that focus exclusively on service referrals (i.e., service referral coordinators or SRCs). These positions have eliminated a significant administrative burden for field staff. The SRCs track the referrals from the identification of need through the delivery of service and the receipt of associated reports. The SRCs also are responsible for a great deal of actual referrals themselves, pulling required data, completing forms, and attaching required reports. This streamlining of the service referral process and specialized focus of select workers has helped reduce field staff members' workloads and bureaucratic obligations, increasing the likelihood that clients receive the services they need in a timely fashion.

An additional recommendation stemming from this study suggested that PSF conduct a survey or solicit feedback in other ways from current clients receiving in-home services to determine the extent to which desired outcomes and service needs are met in a timely fashion. This recommendation was designed to address questions raised when the amount of time spent with clients receiving in-home services was compared to time demands placed on workers serving out-of-home care cases. The recommendation reads as follows:

**It was strongly recommended that efforts be made to maximize the amount of quality contact time workers have with children and families in order to reach plan-of-care objectives and goals.**

**Recommendation 5:** *PSF should conduct a survey or solicit feedback in other ways from current clients receiving in-home services to determine the extent to which desired outcomes and service needs are met in a timely fashion. If current clients demand or need more services (to strengthen families and minimize risk of maltreatment and/or further placement), an itemization of staff and resources to meet this demand can be the first step toward determining funding needed to adequately serve children and families in mid-Florida.*

In response to this recommendation, PSF developed a service referral coordinator system. This system has heightened the likelihood that clients

receive the services they need for the appropriate duration of time. PSF is currently surveying both our clients and caseworkers to see if these changes have had the desired impact.

One finding generated from the analysis of shadowing data caused concern over the large percentage (nearly one fifth) of workers' time associated with the removal and placement/replacement of children already in care or currently receiving services. This serious investment of time highlights the need to maximize placement stability. Greater placement stability is associated with less unpredictable crises that tax workers' time and distract from other responsibilities targeted at promoting child and family well-being. The following recommendation was drafted to address this issue:



**Recommendation 6:** *PSF should conduct an analysis that will provide a descriptive profile of the number of placement failures or removals and re-placements of children in care or those receiving other services. Attempts should be made to identify the contexts and circumstances associated with these events. A needs assessment should be conducted to identify which specific resources are needed to increase the availability of appropriate placement settings for children, stabilize existing placements, and maximize the amount of time workers can spend working with children and families outside of a crisis intervention framework.*

The following actions occurred based on Recommendation 6:

- A review of shelter placements was conducted on a weekly basis to ensure immediate contacts within 24 hours of placement. These contacts inform caregivers of children's current status and associated placement circumstances, as well as the means and mechanisms for accessing available services.
- A review of all placement disruptions was made to ascertain what services/actions might have prevented disruption.
- Specialized workers were assigned to apply the Child and Adolescent Functional Assessment Scale (CAFAS) to each child entering foster care as a means of accurately assessing needs and ensuring the appropriate provision of care.

A final, more global recommendation was generated from an overview of all findings and stated issues and concerns:

**Recommendation 7:** *Immediate efforts should take place to ensure that PSF member agencies have sufficient resources (e.g., staffing, qualified workers, time) that will enable workers to maximize the time needed to focus*

*on case planning and family reunification activities.*

The redesign of key administrative systems, redefinition of the casework system, creation of specialized worker positions, and other innovations/actions described in this article have provided frontline staff more time to focus on case planning and family reunification activities. In addition to the activities noted here, the following has occurred as a response to Recommendation 7:

- Additional training of both case workers and supervisors was provided.
- A focus on specialization has ensued in some service centers with the development of drug court workers, permanency specialists, and voluntary services workers.
- A scanning system whereby all paper files are inputted into a database that allows workers to access client/case records in a more timely and organized fashion was developed.

In summary, since this study was completed, PSF has undergone a major reorganization focused on connecting quality assurance, quality improvement, training, and operations efforts. Training and operational decisions are now being driven by the information derived from the quality assurance monitoring and utilization of management data, the needs of clients, and the resources and time workers need to engage with clients. PSF now provides supervisors with extensive training opportunities through monthly meetings, as well as quarterly and annual trainings. The unbundling of our service contracts and the creation of a robust utilization management system has enhanced field staff's ability to create unique, family-focused case plans. Services are no longer structured as a "one size fits all" plan, but rather tailored to the individual needs of the families and children served.

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# Appendix

## Task Classification

Task List With Definitions<sup>4</sup>

### **Service Categories**

#### **Task Categories**

##### **Specific Tasks**

### **I. Initial Response and Investigation (aiding initial investigation)**

### **II. Removal and Placement/Replacement of Child**

#### Removal and Placement of Child

1. Inform Child of Circumstances
2. Complete Removal Documentation
3. Removal of Child From Home
4. Removal of Child From Placement
5. Notify Parent(s) of Removal of Child
6. Diligent Search for Missing Parent
7. Emergency Shelter Placement
8. Advise Placement of Special Needs of Child
9. Photograph and/or Fingerprint All Children
10. Secure Clothes and Necessities for Child
11. Residential Placement Assessment
12. Obtain Agency/Department Approval of Placement
13. Notify Department Staff of Shelter Arrangement
14. Transfer of Child to Placement
15. Contact with Child's School
16. Weekly Visits to Child in Shelter
17. Telephone Contact to Child in Shelter
18. Out-of-Town Inquiry (OTI)/Interstate Compact for the Placement of Children (ICPC)-Related Activities
19. Arrange Contacts Between Children and Family Members
20. Supervise Contacts Between Children and Family Members
21. Prepare Incident Report

#### Medical and Mental Health Assessments

1. Screen Child's Medical Status and Needs
2. Screen Child's Mental Health Needs
3. Screen Child's Education Status Needs

<sup>4</sup>Space limitation prohibits a full itemization of definitions associated with each service and task category and each specific task. Please contact the authors for additional information regarding definitions of specific tasks.

Placement of Indian and Military Children

1. Tribal-Related Activities
2. Military-Related Activities

**III. Case Planning and Reunification Activities**

Case Plan/Case Planning Conference

1. Preparation of Case Plan
2. Attendance at Case Planning Conference
3. Family Team Conference

Service Planning Activities

1. Transfer Packet Activities
2. Case Transfer Staffing (CTS)/Early Service Intervention or Voluntary Case Staffing

Reunification Activities

1. Request Permission for Reunification
2. Court-Related Services and Reunification

**IV. Court Services and Case Supervision**

Court Services

1. Preparation of Court-Related and Legal Documents
2. Court Appearance
3. Court Liaison/Recommendations/Court Officer
4. Court Preparation (Other Than Documents)
5. Court Waiting Time
6. Termination of Parental Rights Activities
7. Assist With Discovery Demands
8. Inform Interested Parties of Hearing Details
9. Talk to Parties About Hearing and Results
10. Diligent Search and Completion of Affidavits
11. Serving Summons
12. Preparing a Predisposition Study
13. Surrenders
14. Preparing for a Civil Court Proceeding
15. Court Mediation Activities, Attend Mediation/Case Management Conference



## Case Supervision

1. Organize Information for Meeting
2. Review the Case File for Past History
3. Case Conferences
4. Formal Supervision/Consult With Supervisor
5. Impromptu Supervision/Consult With Supervisor
6. Formal Supervision/Consult With Lead Worker
7. Impromptu Supervision/Consult With Supervisor
8. Peer/Supervisory Review of Case Record
9. Staff Counseling
10. Worker Supervision Conference
11. Recruit and Supervise Students and Volunteers

## V. General Tasks – Case Management

### Case Contacts

1. Contact With Referral Source/Reporting Party
2. Telephone Contact With Clients (Children/Families)
3. Face-to-Face Contact—Office Visit
4. Face-to-Face Contact—Home/Field Visit
5. School Visit
6. Attempted Contact With Collaterals
7. Actual Contact With Collaterals
8. Attempted Contact With Substitute Caregiver
9. Actual Contact With Substitute Caregiver

### Legal Issues and Background Checks

1. Awaiting Law Enforcement
2. Provide Documents to Expert
3. Contact With *Guardian Ad Litem*
4. Consult With Child Welfare Legal
5. Petition Files
6. Conduct Background Checks

### Child/Safety Risk Assessment (not affiliated with initial investigation)

1. In-Home Emergency Services
2. Assess Home Environment
3. Interview/Observe Child
4. Conduct Domestic Violence Screening
5. Family Team Conference Specific to Risk Assessment Activities
6. Complete Risk Assessment Form
7. Work With Child Protection Team/Children's Advocacy Centers/Sexual Assault Treatment Center



Case Consultations

1. Consult With Peers
2. Consult With Other Professionals

Case Recording and Referrals

1. Case Recording
2. Other Forms Completion
3. Service Referral Activities

Transportation

1. Transportation of Client
2. Accompany Clients to Appointments
3. Other Travel

Care and Contact With Child

1. Contact With Children in Shelter/Placement
2. Physical Care of Child
3. Secure Clothes and Necessities for Child
4. Photograph and/or Fingerprint All Children

Other

1. Translation/Interpretation Activities
2. Waiting Time Other Than Court
3. Initiate New Abuse Report If Needed
4. Miscellaneous Casework Activities

**VI. General Tasks – Administrative**

Paperwork

1. Forms Completion
2. Special Reports and Fact Sheets
3. Prepare Case for Interstate Compact
4. Word Processing
5. Computer Down Time/Not Working Properly
6. Mail/Fax/Photocopying/Filing
7. Time Checking Voicemails and Other Unspecified Phone Contact

Meetings

1. Attending General Unit or Agency Meeting
2. Prepare for Case Review Meeting
3. Multi-Disciplinary Teams

Training and Professional Development

1. Mentor New Staff
2. Attend Staff Development
3. Communication and Training With Other Agencies
4. Train/Work With Student Intern



Other

1. Handling Complaints
2. Miscellaneous Administrative Activities

**VII. Non-Case-Related Activities**

1. Completing Time Sheet/Log
2. Meal Break
3. Break (Other Than Meal)
4. Non-Work-Related Discussions/Contact

