

Child Welfare's Pipe Problem: How Relieving the Pressure Can Ignite the Workforce's Ability to Do Its Job

By Bill Bott

For several years now, I have been fortunate to work with a phenomenal group of public servants dedicating this portion of their professional lives to the noble work of child welfare. What they've taught me is that, nationally, we are living in crisis. In an area where we are making one of the most important government decisions, our workforce is struggling to keep up.

Those are two sentences that should not go together. How can amazing people be working so hard, and still be struggling to complete tasks timely?

I'm talking about people who work countless overtime hours and do not take a family vacation without packing a dozen case files. These are people with the courage to boldly investigate abuse allegations despite the inherent risks. Yet despite the best intentions and efforts, the stories continue to roll in about preventable abuse, children staying in care longer, and an overwhelming influx of children in need of placement.

At the core we are dealing with a capacity crisis. There is more work than we have time and resources to do. How much more? Our work with several states has shown that in assessment alone, workers are getting between three and five new cases per week. Each case requires approximately 20 hours to complete. That's 60–100 hours of incoming work for every 40-hour work week. It's no wonder things are bad, when we're getting twice as much work in as we could possibly hope to close out.

Imagine the system of child welfare like a pipeline. At one end, new cases—like water—flow into the pipes through assessment and staffing; they flow through ongoing work with the family, and eventually come out one of any number of outlets, including case closure, reunification, or adoption. All of our daily tasks help guide the water through the pipes like a series of valves controlling flow. Now imagine we start pumping two and three times the amount of water than the pipes are engineered to handle. Gauges immediately go into the red, water begins to shoot from every connection, and we desperately try to control flow as we pray nothing bursts under the enormously building pressure.

Child welfare has a pipe problem. Our pipes can't handle this much pressure.



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No one feels this pressure more than the workforce in the field. I've often said that child welfare is as much a calling as it is a profession, requiring the right heart as well as the right skills to be successful, and we rely on heart and dedication to work through the pressure. But there's another way, a way to relieve the pressure and unleash the amazing internal motivation of our people ... and it starts with fixing the plumbing.

We Must Address the Time that Work Takes

Recognizing that new assessments require 20 or more hours to complete and that we have no way to turn down the flow of incoming allegations, is critical to understanding our crisis. Workers—who are tasked with managing the “flow”—are forced to self-prioritize their workload and juggle the demands of a new allegation, documentation, and working with a child in care. The typical prioritization looks like this: Kids who have not been seen go to the front of the line. Kids we removed are next, as we work to meet the demands of placement, the court, and the hand-off to some family preservation unit. That leaves documentation to sit on the back burner. Of course, all these priorities go right out the window if we go out on a new allegation and find a family in need of intervention and they automatically become the new number one priority. I'm stressed just writing about it.

The key to addressing this time imbalance is understanding how much of the 20 hours is core to accomplishing the mission and how much of it non-value-added work. The real work of

assessment is investigating the allegation, collecting supporting evidence, and making a safety decision—this work can be accomplished between 10–14 hours, according to our research. So what is happening for the other 6–10 hours? We require workers to document every step and thought process. For children who are deemed to be safe, the only people who actually use the documentation are in the intake unit if a new allegation is reported on the same family, and the social worker who gets assigned to the report. When we ask these social workers what they look for when there has been a prior report, it's usually two sentences buried in the dozens of pages we produce. Why did we go out? Why did we think they were safe? For unsafe children, the consumer of documentation becomes the case manager who will work with that family. What do they need? Why are we involved with this family, and what are the risks we need to mitigate? Despite the very little amount that is used, our documentation remains a barrier to the water flowing through the pipes in a timely manner.

The truth is, your workforce can do a proper assessment that aligns with whatever safety model your agency has embraced in about half the time it takes today. Maybe not for every case, but we have seen 50 percent reductions in the work it takes to document clear, safe kids. And huge reductions for those clearly unsafe children, whom we know are going to be removed before we leave the office. This frees us up to do what we do best, assess the children who are living in the area in between, not clearly safe or unsafe, who need the heart and skills of our workforce.

This idea of clear and concise documentation is not new, but to get radical results we must pair it with two other concepts. First is case triage, the ability to treat different cases differently. While every case is unique, they seem to fall into three broad categories: clear safe, clear unsafe, and unclear. When we have a clear safe case, we need to build a pipeline that moves that water through extremely fast. For clear unsafe cases, we should have a completely different pipe that quickly moves the water to the unit that will be working with that family through service delivery. We need a third, more complex pipeline for unclear cases, as these should demand the most time and effort to make a wise decision. While the safety model should be the same, the things that surround the work should be different.

Second, these triaged cases should lead us to what we call “differential documentation.” Instead of requiring the same documentation for every case, we build the documentation based on the triaged type and who will use it. We end up building documentation with purpose and stripping out all of the duplicative and unnecessary language that no one uses. By doing this, we can cut documentation time by hours while maintaining the integrity of the model and telling the story.

Cutting documentation time helps the workforce spend more time doing the assessment, but alone that’s not enough.

We Must Learn to Control the Flow

Shortening the time we spend per case is critical, but by itself it won’t be enough. Our pipes are deadline driven, as water remains stagnant until an arbitrary date when we force it through. While the deadlines were designed to be a failsafe, Parkinson’s Law (that work expands to the time allotted), is demonstrated again and again in child welfare. Remember the last time you extended a deadline—maybe from 30 days to 45—and almost instantly everything took 45 days? No one pays attention to the back burner until the deadline.

Controlling caseload requires us to build pipelines that are driven by tasks and not time. For example, when a case manager meets to review the case of a child who has been in foster care for


four months and to discuss the family’s progress, we often set a timeframe based on a deadline dictated by the court, and not by the unique timeframes of that particular case. Workflow cares less about due dates, and more about what work needs to be done to move the case forward with purpose.

One aspect of managing by caseload considers the time tasks should take and sets realistic expectations. The second part assures actions drive decisions. Imagine staffing a removal case in the first few days, outlining an immediate path and setting some timeframes for the next staffing, based on the work that needs to be done. The next staff goal would be to make a decision for the long-term well-being of that child, or set the next activities needed to get to that decision and determine the next checkpoint. This process continues throughout the life of the case, until a permanency decision can be made.

Managing caseload, caseloads, and deadlines assures that workers are always moving cases forward with purpose, and this movement results in more timely decisions. More timely decisions move cases through the pipes faster and save workers nearly 20 hours for each month shaved off the time we are engaged with a family.

Can we shave off months for every family? Probably not, and that shouldn’t be the goal. The goal remains to make a quality permanency decision for the family. We just want to make sure that throughout the pipeline, water isn’t sitting because of how our pipes are routed.

Conclusion

This combination of reducing work time and managing caseload is the key to getting out of our capacity crisis. When used together, these two strategies allow us the time to help more kids more thoroughly, and with less stress and anxiety. If we want a responsive modern workforce, it won’t come with a new case management tool or some radical artificial intelligence solution to help us make decisions. It will take finding capacity within the pipes to give our amazing folks the time they need to do the noble work they have been called to do. 

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