1. This paper describes what is understood by workload management and case load management. The results of a limited literature search are detailed.

From the literature search a BASW/CoSW position statement has been developed. This will need to be refined following further member engagement.

It is important to note that the Social Work Reform Board (SWRB) have the subject of workload management as a key task in their reform agenda. BASW/CoSW are very involved in the SWRB and will be contributing to the Board’s policy on the subject. BASW/CoSW regularly receive information from members regarding workload issues, with many members expressing strong concern about over-work, too large and complex case loads, worry about the impact on their own health and concern about the impact on the quality of service that they are providing.

2. What is workload management and case load management in the context of allocation of work to social workers and other professionals?

The terms workload management and case load management get used very loosely in the literature and in practice. The following definitions are designed to clarify what is meant by the terms, however it has to be accepted that people will continue to use the terms that they are familiar with and feel most comfortable with.

Workload management is the process of management that tries to ensure that service users and potential service users are given timely, appropriate and good quality services. To achieve this there needs to be a sufficient number of competent workers, who have case loads that are manageable. Workload management therefore is a process for managing work flow. Requests for assessment and the provision or arrangement of services is provided by social workers or other professionals. These professionals need to have the time to undertake the assessments and arrange or provide appropriate support. Value for money is an important factor, which includes the effective deployment of professional time. Organisations need to ensure that they have sufficient staff, with sufficient knowledge and skills to undertake the work. Workload management and workforce planning need to inform each other to try and ensure sufficient staff are available both in the short term and the longer term.

An essential aspect of workload management is the determination of priorities. Workload management almost always involves a significant element of calculating the degree of urgency, risk of inaction or priority when services are potentially required.

In England the Government guidance on Fair Access to Services (FACS) is the main tool used to manage demand. For example trying to ensure that requests for services are responded to using overt criteria such as urgency, or risk. This is done in order to avoid a response that prioritises those who are most articulate, shout loudest, or have strong advocates. The FACS guidance is used as a justification for not meeting need.
Case load management

Case load management is an aspect of workload management that focuses on the workload of individual workers, or the case load of a team of workers.

Professionals to be effective must have sufficient time to undertake their work, and be provided with support and advice in what are often challenging and complex situations. If individuals have not got sufficient time to undertake the work that they are allocated there are a number of obvious consequences:

- Workers are forced to cut corners, or feel pressure to do so
- Workers can routinely work excessive hours
- Workers can become stressed and the quality of their work deteriorates, and or they may become sick
- The competence of workers may decline as they have insufficient time to keep up to date with policy, procedures and research
- Morale and motivation may decline
- Workers may decide to leave therefore creating more pressure on teams and organisations
- People may be reluctant to join the team as the reputation for too much work may have spread.


These basically fall into two categories:

A. Using operational managers to manage workloads

This process has developed over many years. It uses first line managers to manage case loads, using their close working knowledge of the strengths, skills and capacities of individual members of their teams. This decision making process may be supported by statistical data – number of cases, category of cases. The first line managers are usually responsible for trying to manage targets, such as response times, time between referral and allocation, time between initial assessment and comprehensive assessment etc. In multi disciplinary teams the added factor of managers managing the work of people of different professional backgrounds enters the equation.

Team managers will also work with social workers and other staff to re prioritise work, for example by allocating new work, which may only be taken on by either closing lower priority cases or transferring work to other members of the team, or negotiating transfer of work to other teams.

Associated strategies to help manage team and individual case loads are the use of initial assessment to clarify the degree of priority and urgency of cases and the use of duty systems to support people, rather than allocate cases to individual workers.

B. Formal systems to measure work load

This approach uses a number of measures and processes to manage workload. At a basic level there is the recording of numbers of cases and categories of cases. At a more sophisticated level there will be systems that weights cases, using a formula based on
complexity and risk. This information can then be combined with other information such as eligibility criteria, statutory targets, combined with other factors such as the experience of the worker.

There are many examples available of such workload systems and tools. The reality is that most of them have been found not to work, or have been used for a time and then withered away. This is not to say that all the tools available are of no use, nor that tools couldn’t be developed that were of use to case load management. The following section gives some examples of the use of such tools.

4. Research into Practise about the use of workload or case load management tools

In a report for the Social Work Task Force a significant piece of research was undertaken by Baginsky (2009) and colleagues. In this report it was found that

“The majority of directors reported that there was not a formal workload system in place. Some had tried such a system but found it did not work”.

Baginsky reports that a minority of directors reported using electronic systems such as Care First to manage workflow, as well as the status and progress of each case. This gave team managers access to information about the work implications of cases held by social workers. This information could be used to help manage case loads and allocate work, but appears to be a tool to support that process, not a full blown case load management system. Other directors talked of the use of the SWIFT system to identify unallocated cases and to ensure that work was not ‘hidden’, though one pointed out the demands of such electronic systems: ‘The transaction time that is needed to feed the beast is enormous.’

Baginsky reports that In the main, the directors explained that workload management tended to be the role of team managers who were familiar with their staff and their capacity. Baginsky reports that the views of managers in children’s services were very similar to the views of adult services managers described above. The added dimension of the impact of formal case allocation systems for outcomes for children was added into the equation and research cited that there was no evidence that formal systems improved outcomes for children. Indeed there was concern that formal systems could have a negative impact on outcomes for children as there is a danger that social workers could be drawn into ticking boxes rather than exploring with the family the things that make a difference and what needs to change.

In his review of child protection services in England in March 2009, just prior to the Baginsky report, Lord Laming had called for national guidelines on the caseloads of social workers. He indicated case loads of a maximum of 12 in complex child protection cases.

Baginsky reports that some respondents had done work on systems based on awarding points, and had found that they tended to work better with some teams, such as a leaving care teams or looked after children teams, than other frontline teams. They also believed that they were time consuming and that managers did not have the resources to operate a very detailed point based workload management system.

Baginsky reports that in the majority of adult and children’s social service departments judgement was based on a manager’s understanding of a social worker’s skills and experience, and some understanding of their current workload. There were a few references
to how the process was supported by the information available through ICS, but far more to its dependence on regular supervision and scrutiny. The majority view was that some form of quota system could not be implemented but guidance would be welcomed.

Baginsky reported that some local authorities were reported as using an overall workload management system using weighting tools to monitor overall demand for social workers and as a tool to argue for more resources if necessary.

5. Workload management systems in other professions

The public sector differs from the private sector in that there is no automatic mechanism to increase resources when demand increases, or as is happening at the moment to deal with increased demand, but with reducing resources. It is useful for social work to consider what other public sector services do in relation to workload and case load management. The following is only illustrative and are not intended as any in depth analysis.

Probation service

There is a traffic-light system in which the workload is judged to be red (working at 10% or more above capacity), amber (at full capacity or 10% above), green (95-100%) or blue (below 95%).

According to Harry Fletcher, assistant general secretary of probation officers' union Napo, the tool is used with varying consistency across the country. "It's entirely arbitrary whether management uses it or not. You can go to your manager and say 'look I'm in the red zone', but nothing happens. We've been campaigning for an effective caseload management tool for over eight years."

Psychiatry

"The most important thing is for caseloads to be regularly reviewed to ensure that the most unwell patients with the most complex needs can access services in a timely way and by professionals who can best meet their needs," says Dr Shanaya Rathod, consultant psychiatrist and associate medical director at Hampshire Partnership NHS Foundation Trust.

Community nursing

Community nurses are not micro-managed to the same extent as the social care workforce and are therefore allowed to use their professional judgement to juggle their caseloads as they see fit. This leads to a reasonably effective but rather ad-hoc system of caseload management, says the Royal College of Nursing's primary care adviser Lynne Young.

Teaching

Probably the best example of a capped system is the 30-pupil limit on primary school classes. Simple to understand, universal and enforceable. But, as any teacher will tell you, it is quite possible for a poor class of 20 to create twice as much work as a good class of 30. Extrapolate this to social work and the system seems to have very little relevance at all, says the Tavistock Centre's assistant director of education and training Carolyn Cousins. "Cases can be so different in terms of the hours they require, that you are comparing apples and
The following examples of case load and work load management systems identify some of the attempted solutions to workload management within multi disciplinary teams

6. Multi disciplinary teams

NE London Mental Health Trust Workload Management July 2009 reports on the development and implementation of workload weighting tool.

“The Trust has developed and validated a workload weighting tool for adult community mental health services. The purpose of the tool is to ensure that demands on clinicians is manageable to enable the delivery of high quality services. The tool is a practical guide to quantify levels of demand on team members. There are four indicators of demand:

A. level of risk/vulnerability
B. care co-ordination
C. time commitment
D. Indirect professional demand/additional responsibilities.

Scoring must take place and be agreed between supervisor and supervisee. Every open, allocated case in a workers caseload should be scored against each of the three main indicators (A, B and C) on a scale running from 0-5 in terms of risk/vulnerability (A), and from 1-5 in terms of Care co-ordination/advocacy (B) and 1-10 for Time Commitment (C). It is envisaged that each worker within the team should carry a workload totalling about 225 case weighting points. It is suggested that Workload Weighting system is a benchmark for safe working practice and not a definitive ceiling”.

The University of Hertfordshire report the development of a workload management and case load management tools for Community Learning Disability Teams. (Todd, M. Caffrey, A. 2002)

The report states that “To determine the priority of one client over another, it is necessary to compare each client’s degree of need. In medicine, it may be appropriate to prioritise need according to diagnosis as outcomes and interventions can be predicted, but this is a more complex issue when working with clients with learning disabilities in the community”.

Todd and Caffrey state that “A literature search did not reveal any work on prioritising clients with learning disabilities, so it was felt that examining what had been done in community mental health teams might provide a framework on which to build. An unpublished survey carried out in the south-west region revealed that these teams prioritised clients according a number of factors. The following were identified as relevant to CLDTs:

- Risk of deliberate harm to self or others;
- Risk of child abuse and/or physical abuse;
- Lack of family/carer support;
- Legal requirements;
- Known to reach crisis easily or repeatedly;
- Severe adverse life events.
The teams have found the prioritisation tool extremely useful. Subsequent to the initial work described in this article, the focus group decided to develop two more tools to aid caseload management. These relate to prioritising referrals and discharge planning.

An extensive review of the health and social care literature by Kolehmainen found that many of the workload and case load management, case load measurement and tools used were poorly evaluated and the reports on the efficacy of the tools were poorly reported. The report advised that

"it is not possible to make summative conclusions. Policy-makers and professional bodies should encourage and support development of research evidence about the ways to achieve effective, efficient and equitable caseload management. Health and social care services considering implementing caseload management tools or models of practice should critically appraise their basis, and consider their potential advantages as well as disadvantages". (Kolehmainen, N. et.al 2010)

A small review of case load management in Community Learning Disabilities reported that the process of managing workloads and priorities and the decision making behind that is complex and calls for more research (Walker et.al 2003)

Lechman (2006) found that

"Workload measurement systems do not provide a mechanism for evaluating the complexity of a caseload. The key findings of a review of the literature showed that a caseload weighting tool would assist the manager in equitable caseload distribution, based on an objective measurement of their complexity or "weight".

Lechman goes on to describe a case weighting tool that captures the psychosocial severity of the case is the best tool for case load weighting. The work was based in Canada and it is not clear how such a tool would operate in this country.

Baillon reports on a case load weighting system that was developed in Community Learning Disability Teams in Leicestershire. The authors conclude that the case load weighting system can be used to rate both current client cases and new referrals following first assessment, and aims to provide CMHT staff with a useful and useable indicator of their clinical workload (Baillon S.2009)

Stephens (2008) undertook some research on the implications for implementing workload management systems and looked at a number of workload measurement and management studies. He concluded that:

- workload management systems need to be informed by good quality, up-to-date workload measurement
- involving practitioners and other stakeholders in the whole process will be key to its success.
- Changing patterns of demand and different models of practice carry implications for workload management systems, suggesting the importance of their regular review.

Cousins at the Tavistock (Community Care April 2010) reports on a tool that she has developed which she says can be used in a variety of children and families social work teams. She states that current tools were too cumbersome, too generic and often flawed by an underlying desire to justify social workers taking on more cases. She wanted something
simple, objective and adaptable to the different roles that social workers have, from child protection to fostering supervision.

The principle behind Cousins' system is that it is not based on simply counting the number of cases that social workers manage but considers the relative complexity of each case and the time it takes.

She has developed two tools. One is a "weighted case limit". This agrees a "ceiling" of cases, but reaches that ceiling by giving variable weights to different kinds of cases. For example, in a fostering service that used the tool, the case ceiling was set at 13. The management of "inactive carers" scored 0.5, while a normal active carer with three short-term placements counted 1.5.

The second tool - the individual capacity planner - is intended to assess spare capacity by discovering the time each case takes. Cousins says this method, which is suitable for safeguarding and family support, enables work to be re-allocated so that burdens are shared more equally. "If somebody works a 140-hour month but the monthly individual planner shows the cases they have come in at 160 hours, that's not acceptable, so some need to be re-allocated," she says.

7. Social Work Task Force Recommendations

Unlike Laming, the Social Work Task Force rejected a cap on caseload numbers. Its final report in December 2009 argued that the best way to handle caseloads was through good supervision and management. The report considered the issues of workload, workload management and proposed that social work organisations undertake a health check audit that would consider the following five areas:

- effective workload management
- proactive workflow management
- having the right tools to do the job
- a healthy work place
- and effective service delivery.

The framework is designed to support organisations to undertake a self-assessment against the five areas, identify current strengths, and plan to tackle areas for improvement. (The Social Work Task Force (2010)

8. The Social Work Reform Board

There is much speculation over the model or models that will be recommended by the Social Work Reform Board, currently drawing up plans to implement last year's Social Work Task Force recommendations for a "whole-system approach" to workload management for the profession in England.

The Social Work Task Force report identified many factors that affected caseloads. But contained in Building a Safe, Confident Future were the damning statistics that nearly half of professionals worked more than their contracted hours and nearly one in 10 worked more than one extra working day per week.
The results of the employer health checks are designed to feed into two of the taskforce’s 15 recommendations: the development of “clear, universal and binding standards for employers”, due to be rolled out in 2012 alongside a national standard for supervision.

There is however strong concern by BASW/CoSW that the health checks are not taking place in social work departments, or are if they are being undertaken that the timescales are not being adhered to.

In order to practise safely and effectively social workers need a new contract with the government and with employers that gives them:

“The right to a manageable workload with a reasonable number and mix of cases. In high risk areas like child protection, mental health and older people’s teams we believe the government needs to publish a recognised benchmark that practitioners can use to raise the alarm when caseloads are becoming too high. 90% of social workers in a Community Care Survey said high caseloads were affecting their ability to practise good social work”. (Community Care Sept. 2010)

There is much speculation over the model or models that will be recommended by the Social Work Reform Board, currently drawing up plans to implement last year's Social Work Task Force recommendations for a "whole-system approach" to workload management for the profession in England. The difficulty of this task can be gauged from the wealth of opinions being expressed across social care's media, message boards and blogosphere.

9. GSCC

The General Social Care Council code of practice for social care workers states that practitioners have a statutory duty to tell their employer if "operational difficulties" are affecting their ability to safely deliver services. (GSCC web site)

The GSCC code of practice for employers, while not legally binding, requires organisations to have systems in place to enable social workers to report excessive caseloads.

As an Irish commentator says “While it is right to be held accountable for poor practice, it is unreasonable when poor practice is the result of overworking (Higgins, B 2010)

10. BASW/CoSW Code of Ethics

The BASW Code of Ethics states that “Social workers will aim for the best possible standards of service provision and be accountable for their practice, .... appropriately challenge and work to improve policies and practices and service provision. Social workers also have a duty to “promote social fairness and the equitable distribution of resources”.

11. BASW/CoSW position statement on Workload and Case Load Management

1. BASW/CoSW recognises that the issue of workload and case load management is a complex area and supports the work that the Social Work Reform Board is undertaking on these issues.

2. BASW/CoSW does not believe that there is or can be a workload or case load management system that fits all social work situations. BASW/CoSW however will be
proposing a set of principles that will support social workers and guide employers. The principles will include the necessity to involve social work practitioners and managers in the development of local systems. The principles will also state that there needs to be a recognition that an essential part of effective workload and case load systems use supervision and the skills of front line managers to manage workloads. The Social Work Reform Board work stream on supervision is therefore crucial in the process.

3. BASW/CoSW supports the proposals in the Task Force for a new national set of employment standards, which will include ensuring that social workers have case loads that enable them to effectively provide services.

4. BASW/CoSW believes there is a place for workload management systems, but they must not take managers and social workers away from front line work to “feed the beast”. It is essential that any system that is developed is developed with social workers and social work team managers and that any system recognises the centrality of importance of good quality supervision and peer support.

5. BASW/CoSW believe that where there is evidence that a social worker or a team of social workers has reached capacity, or go beyond it there must be a mechanism for increasing the supply of staff, or reducing the work load.

6. BASW/CoSW will be working with the Health Professions Council (HPC) to ensure that there is a duty on employers to have systems in place to enable social workers to report excessive caseloads.
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