ChildWIN: Child Welfare Workforce Innovation

Children's Home Society

BACKGROUND

In 2014, Children's Home Society of Florida (CHS) experienced a drastic increase in the number of intakes into the child welfare system in Central Florida (Seminole and Orange Counties). The additional cases corresponded with an increase of turnover approaching 50% amongst case workers in the field. Caseworker turnover resulted in delays to permanency and rising caseloads. These factors prompted CHS and its CBC partner (Community Based Care of Central Florida, CBCCFL) to investigate how to respond to these challenges. CHS and CBCCFL realized that changes to the current system were needed. Existing systems and contracting seemed to reward inefficiency, while ignoring the negative effects of case-worker turnover, high caseloads and undeniable delays in achieving positive outcomes. The capitated structure of the CBC contracts did not allow for additional resources to support the rising caseloads. In an effort to implement counter measures to address the rising intake, both CHS and CBCCFL invested their own organizational resources to try something different. The changes desired by both parties were designed to improve child safety, permanency, and well-being by promoting workforce stability and satisfaction. The intervention under study was named "Child-WIN".

RESEARCH METHODOLOGY

In order to identify the effect of Child-WIN, a mixed methods evaluation was conducted. The quantitative portion of the study consisted of a three (3) group post-test design. The three groups included Seminole County, Orange County, and Treasure Coast, which implemented various levels of the Child-WIN initiative. Seminole County fully deployed the Child-WIN intervention (e.g., additional caseworkers to lower caseloads, training in Solution Based Casework (SBC) and the implementation of a career ladder offering promotional opportunities to caseworkers). Orange County implemented SBC only. Treasure Coast implemented none of the interventions and served as the control group. In order to assess the impact of these three conditions on child welfare workforce stability and child outcomes, data were analyzed for 86 case managers, 199 children receiving in-home supervision, and 1,020 children receiving out-of-home care. Dependent variables representing child welfare workforce stability included job satisfaction scores and intention to leave the position, which were collected through a case manager survey, and turnover, which was collected through the CHS human resource data system. Dependent variables representing child outcomes included reabuse, placement moves while in care, and permanent placement by Time 2, all of which were extracted from the Florida's Safe Families Network (FSFN) data system. In the primary analysis, differences across the three treatment conditions were examined. Secondary analysis was also conducted to identify significant correlates of these dependent variables. Statistical techniques varied based on the type of variables in the models and included the full range of options (chi-square, t-tests, correlations, ANOVA, logistic regression, and hierarchical non-linear modeling). The qualitative portion of the study consisted of three focus groups with case managers in the county where Child-WIN was fully deployed. Case managers were asked for their perspectives on the effects of Child-WIN. An analysis of the focus group transcripts resulted in the identification of themes that represented various effects and the mechanisms that underlie the effects.

KEY FINDINGS

Overall, the study points to a strong possibility that Child-WIN is improving workforce stability and an unproven possibility that Child-WIN can improve child safety and child permanency.

Child Safety and Permanence

The results regarding Child-WIN's effects on child safety were mixed. Quantitatively, there is little evidence that Child-WIN affected child safety. However, the qualitative results point to a possible positive impact. Caseworkers said that the reduced caseload levels allowed them to invest more time in investigating their suspicions regarding child maltreatment. It should be noted that while this may improve safety through investigation and intervention, reabuse rates may rise with the additional visits with families at high risk.

The results regarding Child-WIN's effects on child permanency were contradictory. Seminole County had the lowest permanency rates in the study regardless of the measure assessed. On the other hand, Seminole County caseworkers believed that the reduced caseloads and the Solution Based Casework training would advance permanency. They found that they were better able to serve families using the time saved from reduced caseloads and the tools from the Solution Based Casework training. However, there were delays in the implementation of SBC training limiting the time period under study. The possibility remains that these innovations will eventually produce positive change at a level substantial enough to move the permanency statistics of Seminole County.

Workforce Stability and Caseworker Satisfaction

The majority of the evidence, both quantitative and qualitative, pointed to a positive impact of Child-WIN on workforce stability. The job satisfaction scores, particularly those that measured satisfaction in April 2016, were highest for Seminole County in most of the categories examined. Despite this, the turnover rates for Seminole County were in the mid-range between Orange County and the Treasure Coast. However, it's possible that this turnover rate represents progress over past years. Caseworkers said that they noticed a decline in turnover since the initiative was implemented.

Supplemental Analysis

Supplemental analysis identified a few significant correlates of child outcomes. Age was negatively related to a few outcomes, with older children being more at risk for reabuse, instability of placement, and lack of movement to permanent placement during out-of-home care. Race was inconsistently related to outcomes, with White children being more at risk for some negative outcomes and Black children being more at risk for other negative outcomes. Caseload level and case manager turnover also had negative effects in the domain of safety, but not in the domain of permanence. Caseload levels were also related to various dimensions of the case managers' job satisfaction levels.

POLICY RECOMMENDATIONS

Since several portions of the study support the relevance of low caseloads for both case outcomes and case manager workforce stability, local, regional, and state organizations (local agencies, CBCs, and DCF) should ensure that case managers have low caseload levels. Further, focus group discussions pointed to the importance of weighting high-risk cases in the calculation of caseload levels.

While the case managers have positive impressions of the Solution Based Casework training, the blocked nature of the training and the lack of buy-in from the court system served as barriers to the full implementation of the model. In order to maximize the full benefit of the training, the agency should work to create greater understanding of the model by the court personnel. In addition, the training should be divided into smaller segments. This will allow the case managers to more readily complete the training, since case demands often prevent them from attending 2 ½ straight days of training.

Though parent services were not the primary focus of the study, this issue was emphasized by case managers as an important concern. Since lack of access to services in the parents' geographical area was identified in focus group discussions as a barrier to achieving positive case outcomes for children, there should be more funding invested into services (i.e. substance abuse and mental health) that support case plans.

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