

TRIED AND TESTED TEAM MANAGER WORKLOAD ALLOCATION TOOLS

A: Background and Context

The authors are qualified social workers, managers and published authors who take a keen interest in what really makes a difference to supporting front line social workers and practitioners within local authority and other institutions where social workers are employed(*)

The need for an easy to administer system of work allocation to frontline social workers is a key discussion area in the recent Social Work Taskforce Report 'Building a Safe, Confident Future: The Final Report of the Social Work Taskforce: November 2009(<http://publicairons.dscf.gov.uk>)

As social work practitioners and managers we have experience of a range of tools, some more effective than others. Most had been developed either by academics or senior managers, few have suited our needs 'on the ground' and as a result we developed, as probably most managers do, our own systems for work allocation and workload monitoring.

In 'Building a safe, confident future', the Social work taskforce recommends the development of a workflow tool and workload management system:

"We believe strongly that employers can start to take action now to improve the support they provide to frontline social workers in managing their workload, and in preparation for the roll out of the full standard. We recommend the development in the short term of a tool that can be used at team, service and organisation level to determine how well workflows and workloads are being managed and which, in due course, can form the basis for developing the standard."

'Building a safe, confident future' (2009:33)

B: USE OF CASE ALLOCATION TOOLS

With the background and context outlined, this piece is about sharing the essence of two essential case allocation tools the authors would like to introduce that we will outline later on:

"TOOL 1 – WEIGHTED CASE LIMIT and TOOL 2 – INDIVIDUAL CAPACITY PLANNER."

In our varied management experiences as Operational and strategic Managers (at Team and Service / Strategic Manager levels), we have found that each time an

organisation as a whole has tried to develop such a tool, it has ended up too complicated, trying to account for many variables, and that it becomes too cumbersome to apply in practice. Carolyn's experiences and those gleaned from discussion with other managers, including Biri using and testing the "Weighted Case limited" tool have highlighted and provided insight that, in practice, a simple work load planning tool, adaptable to the particular practice context, and that is relatively quick and easy to administer, is what is needed.

One of the most difficult aspects of front line management is when you know there is yet more work that has to be allocated to an over stretched team. The temptation can be to allocate to those who are willing, or will offer the least resistance. As all managers would know, some staff will over commit and agree to take on more, while others will resist work – and these can sometimes be the very staff who the manager suspects are the least busy. Many social work offices still rely either on a team meeting forum for allocation – where the overworked but committed social worker puts their hand up to take on more, much to the relief of the manager, while others rarely offer to take on anything new, or the alternative system usually relies on the individual manager allocating work based on their own judgment of capacity, gained from the self report of the social workers. Neither of these systems openly or transparently determines capacity.

Case allocation is very much linked with the case management that underpins the relationship between a manager and social worker and is often the source of anxiety especially where appreciable levels of risks could be presumed especially in child protection cases. It is a universal feature that a social work manager is expected to allocate a given number of cases, guide a social worker through the effective utilization of their time, knowledge, expertise, and 'be in control':

All aspects of social work case management rest on a body of established social work knowledge, technical expertise, and humanistic values that allows for the provision of a specialized and unique service to designated client groups. The social work case manager must have the capacity to provide assistance in a sensitive and supportive manner to particular client populations based on knowledge of human behavior and well-developed observational and communication skills. With this foundation, a social work case manager establishes helping relationships, assesses complex problems, selects problem-solving interventions, and helps clients to function effectively and, thus, is a therapeutic process
 ((http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp)

In summary, we would like to propose that this calls for a method of discussion and eventual allocation such as the use of " TOOL 1 – WEIGHTED CASE LIMIT"

Another alternative to allocation that can develop is when a manager chooses to protect their over worked team from the additional work by not allocating at all, and the Manager ends up with their own stresses in relation to how they both manage and justify the unallocated work and the risk this represents to the organisation.

A clear and demonstrable work load tool can assist the Team Manager not only make decisions, but also can be used to evidence the need for additional resources to meet demand . In fact one author has used such tools in previous roles to justify a waiting list and successfully advocate for more staff.

In terms of the origins of the two concepts, they are used both in this country and Australia among other places in social work settings One is based loosely on the SCIE model

<http://www.scie.org.uk/publications/guides/guide01/section3/caseload.asp>) and the other was developed following discussions by Carolyn with a fellow manager in the Department of Community Services in Australia.

Managers that have been shared with often adapted them to suit their style – this adaptability, in order to make sense of the particular practice context, and the way that manager approaches work, is we believe key to a tool that works. For example, see

<http://www.communitycare.co.uk/Articles/2010/04/16/114313/Social-worker-devises-workload-allocation-tool.htm>)

In light of the Social Work Taskforce recommendations, it seemed it may be helpful to share these tools more widely.

However, we welcome trial and feedback on either model, and would encourage managers and services to experiment with adapting these tools, to find a system that works for them with the following highlights in mind:

TOOL 1 - Weighted Case Limit - One of the tools shown here is an attempt at a slightly sophisticated case ceiling limit that takes some account of variables between cases. This works for some teams, and sets a standard across all staff in that team or service, it requires a set case load limit and that case weighting be pre-determined. For example, we utilized this together within a fostering and this is the example given here. The specifics involved in determining the different types of cases are something that needs to be negotiated to suit each organisation.

TOOL 2 - Individual Capacity Planner - The other tool is an individually driven case limit which is tailored to each worker and aimed to assess spare capacity. Here work load capacity is determined using a quick case by case analysis, and

does away with the idea of case number ceilings and instead looks at the amount of time required for each case. I have used this model both in safeguarding and family support contexts. This model relies on social worker report, but it does introduce some analysis and accountability, beyond a simple, 'I'm too busy' or 'I can take another case'. The example used here is of a safeguarding social worker case load, but again, the specifics, and the agreed standards need to be negotiated across a service.

Both tools are fairly fast to administer, and can be utilised in a monthly supervision session.

Benefits to a clear and across service agreed system:

- Can prevent burn out and overburdening of those who work too hard
- Can make it easier for team managers to justify why they are giving work to someone who is resisting allocation yet is under utilized or under performing.

Additional Benefits of the individual capacity model

- Assists the Team Manager work out if cases are taking too long to move on, or one case is taking up too much time – usually leads to exploration of worker anxiety and over-identification issues
- Can be used to demonstrate to senior management / budget holders the limits of worker capacity. This is especially important if arguing for more staff. It can show, in a systematic way that service capacity has been reached.
- It accounts for other tasks that take social worker time and allows discussion of what is legitimate work.
- The expected number of visits per month, and reports due, are clearly agreed.

The example given is of a 35 hour week over 4 weeks, which equated to 140 hours of work time. The reality is that there is always unaccounted for work, so even within this model, it is likely workers will do more than allocated hours.

TOOL 1 – WEIGHTED CASE LIMIT

Purpose: This is primarily a tool to allow equity in case distribution amongst staff, and allows for better informed judgment of worker capacity for allocation. It is also to help define and distil the kind of caseload that can assist the worker's professional development, through case load variety.

It aims to account for both the kind and volume of work undertaken, more than a simple counting of cases - a head count of families is not usually a good indication

of the actual work involved¹. However, it is recognised that no counting system is able to take into account all factors, and whilst the criteria below have been developed by the Services' operational managers, and will apply in most cases, they are guidance, and managers can use their discretion to weight individual cases differently, after considering the following factors with the worker.

Factors to consider:

- **Complexity:** this includes the number of other professionals the supervising social worker is interacting with and frequency. Cases will also be more complex where there are significant care standards issues or allegations. These things may be mitigated by an experienced carer who is well able to negotiate the system themselves.
- **Risk:** this considers the professional judgment required of the supervising social worker, for example: are they new carers (within first year) requiring greater assistance understanding the caring tasks? Are they experienced and have shown good judgment in making decisions and showing initiative? Is there high turnover of placements or is it a settled longer term (over 12 months) placement? Is the carer working outside their age range / with an exemption that requires additional support?
- **Travel:** does the worker have to travel to undertake the work with a particular family more than an hour away from the office.

Caseload: Full time Supervising Social Workers in Fostering as a guide are to have between 10 -13 households each, depending on other commitments (such as students). Workers will be expected to remain within these limits, utilizing the weighting system below.

Case weighting:

<i>CASE TYPE</i>	<i>WEIGHTING</i>
Inactive Carer	0.5
Long term full placement/s (over 12 months)	0.5
Normal active carer with 1 or 2 placements / vacancies	1
Normal active carer with 3 short term placements / vacancies	1.5
Carer requiring re-assessment due to CP / allegations	add 0.5

¹ This has been developed with reference to the SCIE Managing work and Caseload management Guide, <http://www.scie.org.uk/publications/guides/guide01/section3/caseload.asp> and Lambley, S. Proactive Management in Social Work Practice, Learning Matters Ltd, 2009.

Respite Carer	0.5
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TOOL 2 – INDIVIDUAL CAPACITY PLANNER

Name: Abi Fergus

Month: February 2010

Hours per

month: 140 hours

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3/2	4/2	5/2	6/2	7/2 Division meeting (3 hours)
10/2 ICS training day (7)	11/2	12/2	13/2	14/2
17/2	18/2	19/2	20/2	21/2 Annual Leave (7)
24/2 Time in Lieu (7)	25/2	26/2	27/2	28/2

Total 140 - 24 =

116 hours

CASES

Family Name	Number of visits	Write up / Admin	Travel time	Additional tasks and hours	Total time allocated
AL BEYID	4	2.5	3.5	Core Assessment - 6	16
JONES	2	1	2.5	LAC Review report and attendance - 4	9.5
MISFAL / ROBINS	2	1	3		6
MYER	2	1	4	Begin court report - 4 Meet Assessment Unit - 2.5	13.5
THOMPSON	1	0.5	1		2.5
TAILOR/SMITH	1	0.5	2	Child In Need Meeting - 1.5	5
JAMIESON	2	1	2		5
MCCAFFERY	3.5	1.5	2	Initial Assessment - 8	15
SELLERS	2	1	6	Court report - 4 Meeting with grandparents - 1.5	14.5

ALIRAZA	1	.5	1.5	Handover summary – 3	6

Total 116 - 93 = 23
hours

OTHER:

Supervision	1.5	General admin	2	Crisis allowance	4
Team Meeting	4	Student supervision	4		

Total 23 - 15.5 = **7.5**

hours

AGREED STANDARDS – unless other wise negotiated

Write up: 0.5 per visit Initial Assessments = 8 hours Crisis Allowance = 2 hours per month

C: Summary and CONCLUSION

We have tried to outline the importance of effective case management, case allocation principles and the crucial role of enabling frontline social work colleagues to perform at their best level of competences through realistic appraisals of case thresholds, often upper limits and the varied nature of the demands inherent in specific cases.

Our own varied experience has amply demonstrated that where there is transparency both at the manager's and social worker's level, it makes the pressure of case work manageable thereby enhancing trust in manager-social worker relationships.

A systematic approach that takes optimum capacity in the notionally available time and impacting factors have proved to be effective methods of case allocations as evidentially reported in our sample(<http://www.communitycare.co.uk/Articles/2010/04/16/114313/Social-worker-devises-workload-allocation-tool.htm>)

We welcome feedback on these approaches or those who use them in different contexts.

D: The Authors (*)

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