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INTRODUCTION

This is an edited version of Community Care Inform’s Guide to implementing employer standard 3: workload management and case allocation, one of a series of guides addressing the employer standards for social work and the supervision framework.

Community Care’s Stand Up for Social Work campaign is about social workers talking about the great work they do and sharing ideas that inspire others. It’s also about being honest about the challenges facing the profession and transparent about the support you need to do this job and protect vulnerable children, families and adults.

Community Care Inform is a subscription site which provides resources to help social workers and their managers in their roles. However as part of our commitment to stand up for social work we have provided this guide free to all those who want it for a time-limited period.

As a manager, you can use this guide to ensure you are meeting the standards needed to support staff to work effectively and safely. As well helping to prevent burnout in individuals, implementing a consistent system can provide hard data that can be used when bargaining for resources.

If you work on the front line, we encourage you to know what you are entitled to from your employer to enable you to work safely with service users. If systems aren’t in place or are being ignored, use the tips in this guide to talk to colleagues and management about ways you can work to ensure safe caseloads.
CASELOADS AND THE EMPLOYER STANDARDS

The national standards for employers of social workers in England were first introduced in 2011 following recommendations from the Social Work Task Force intended to bring about whole-system improvement to social work. The plans took into account the Munro Review of Child Protection which was running at the same time. The standards were updated in 2014 to provide a clearer focus on what social workers should expect and to ensure their professional judgement about workload capacity issues is respected. The employer standards are not mandatory but they make the point that supporting social workers to provide the best possible services should enable employers to get the best value from their investment in social work. The full list of standards can be found on the Local Government Association (LGA) website.

STANDARD 3: ENSURE SOCIAL WORKERS HAVE SAFE AND MANAGEABLE WORKLOADS

This standard is about protecting employees and service users from the harm caused by excessive workloads, long waiting lists and unallocated cases. All employers should:

- Use a workload management system which sets transparent benchmarks for safe workload levels in each service area.
- Ensure each social worker’s workload is regularly assessed to take account of work complexity, individual worker capacity and time needed for supervision and CPD.
- Ensure that cases are allocated transparently and by prior discussion with the individual social worker, with due consideration of newly qualified social workers (NQSWs) on their Assessed and Supported Year in Employment (ASYE).
- Ensure that a social worker’s professional judgment about workload capacity issues is respected in line with the requirements of their professional registration.
- Take contingency action when workload demand exceeds staffing capacity and report regularly to strategic leaders about workload and capacity issues within services.
- Publish information about average caseloads for social workers within the organisation.

The employer standards at a glance

These are the eight standards for social work employers.

1. Have in place a social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners.
2. Use effective workforce planning systems to make sure the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.
3. Ensure social workers have safe and manageable workloads.
4. Make sure social workers can do their jobs safely and have the practical tools and resources they need to practise effectively. Assess risks and take action to minimise and prevent them.
5. Ensure social workers have regular and appropriate social work supervision.
6. Provide opportunities for effective CPD, as well as access to research and relevant knowledge.
7. Ensure social workers can maintain their professional registration.
8. Establish effective partnerships with higher education institutions and other organisations to support the delivery of social work education and continuing professional development.
Effective workload management and case allocation systems enable organisations – at both the strategic and operational level – to develop a sophisticated (evidence-based) and dynamic link between resource needs and day-to-day case management. It is vitally important that precious social work time is maximised – which means enabling workers to manage cases in the most effective way possible, given casework complexity and individual levels of knowledge, experience and ability to handle pressure.

Systems can provide robust evidence as to workloads, resource requirements and pressure points, and therefore inform wider issues of workforce recruitment and development.

However, because there is not one single, incontrovertibly successful approach to designing and implementing such a system, there can be resistance and scepticism towards plans to develop one.

The Association of Directors of Adult Social Services (Adass) has a useful webpage on workload management systems. This lists 15 principles identified by the Social Work Reform Board (SWRB) during the initial development of the employer standards that should underpin all approaches to effective workload management.

Some of the key ideas are pulled out overleaf, annotated with some practical observations.
KEY IDEAS

Be transparent
If the workload management system is easy to understand and regularly reviewed, everybody knows the rules and also that they are open to change if they are not working effectively.

Be consistent, but allow discretion
It is important that everyone is treated the same – however, a level of discretion is important so that the system is not seen to be rigid or inflexible. Facilitate dialogue – talking about things enables agreed changes to be made.

Consult and involve practitioners
Nobody wants, or will accept, a system designed by others and imposed on them. If a system is to be workable, it needs the collaboration of staff in its design and genuine (not token) consultation when it is reviewed.

Identify acceptable and agreed workload for individuals
The system will need to be realistic about workload for each practitioner, taking account of their contractual working time and level of experience and development. Poor allocation will result in individual resentment and ultimately undermine the efficacy of the whole system.

Establish a mechanism for social workers to raise concerns
This needs to include a guarantee that concerns raised about workload will be addressed and acted upon. This is critical to confidence in the system and its success.

Have a plan for when workload reaches unacceptable levels
Establish a duty on managers to agree a written plan of actions with the individual and/or team, for example removal or de-prioritisation of tasks or cases, allocation of additional support from another worker. There will be times within a case management system when work will need to be re-allocated or re-prioritised and workers will need to understand the role of managers to do this.

Set a reduced and protected workload for NQSWs
Those in their first few years of practice should also have a differentiated workload. The system must openly and transparently recognise the variations in skills, abilities and experience between staff.

Take account of intervention levels, risk and travel time.
These three key variants have a major bearing on case allocation, as they all have an emotional or time implication on a worker’s ability to deal with a case.

Allocate time needed for CPD and professional supervision
An appropriate amount of time (reflecting level of knowledge, experience, capability and supervisory responsibilities) should be taken account of for continued professional development and built into the system.
BEGINNING THE DESIGN

Most workload management systems are designed around the allocation of points, with an agreed fixed maximum, to protect against overload and practitioner burnout.

You know what works

Directors, senior managers, team managers and practitioners are not experts in system design. However, between them all, they know what will work and what will not – and the best workload management system design will develop from the following approaches:

1. Seeing that the system is a means to good (and better) practice and not an end in itself.
2. Involving practitioners and managers at all levels (and in all sections) in the evaluation of systems, choosing the criteria, designing and implementing a system fit for purpose.
3. Adopting “best fit” systems recommended through academic research and best practice around the country.
4. Agreeing the method and detail of converting social work activities into a points system to enable workload comparisons.
5. Doing a pilot first, and learning the lessons from it.

Not just a numbers game

From the outset, everyone should be clear that the system will not be simply a “numbers game”, nor a definitive statement of what a reasonable caseload should be. It should be seen as a basic framework to aid effective workload monitoring and support – and can never be a substitute for the professional judgement of a team manager in consultation with their teams and individual staff members.

The role of supervision

Supervision will be an essential element in the success of the caseload management system. However, caseload management issues, and discussion of changes to allocated points, must not dominate supervision sessions or take priority over professional discussions on case work. See page 12 for more guidance on workload discussion within supervision.

Forms to feed the beast?

Problematic or outdated IT systems have a huge impact on practitioners’ day-to-day work and there is now a major recognition of the need to cut out unnecessary duplication and form filling on case recording systems.

Many local authorities have radically pruned systems to cut down on time spent in front of the screen and organisations should ensure that any new workload management system does not add unnecessary effort and time, simply to “feed the beast” with no benefit.

Other factors such as office rules, equipment and administrative support, the impact of hotdesking, even car parking arrangements, should be taken into account.

The starting point should be a “health check” of existing systems and practice in order to identify where improvements need to be built in. See list of resources on page 15 for health check tools.
CHOOSING THE MODEL

There are three basic approaches to creating a workload management tool. Each approach is based on a points system, using a different unit of measurement, and will be more or less appropriate depending on the situation and context:

TIME-BASED

This model attempts to establish an individual workload limit based on the capacity of each worker, recognising that all workers have a different capacity, based on their knowledge, experience and capability. It uses a quick case-by-case analysis looking at the time needed. For this model, it is important to develop some benchmark timings for case-specific activities (such as assessments, report writing) and agree baselines for the number of hours to factor in for general admin, travel and other roles, which includes a “crisis” allowance per month (to cover unexpected urgent demands on cases).

Benefits

- Completion of the template enables an “at-a-glance” review of allocated work versus available hours.
- For practitioners, it enables discussion and review where case work is taking longer than originally estimated.
- For managers and organisations, this approach helps build a broader analysis of capacity and service demand, to inform workforce planning.

How it works

- The tool forms part of supervision meetings.
- The practitioner prepares in advance an estimate of hours to be allocated to each activity and shares this with the team manager ahead of the supervision meeting.
- Manager and worker adjust as necessary and agree at the meeting.
- If working between 95% and 99% of “capacity” this is considered acceptable – Green.
- If working between 100% and 109% of capacity this should be managed by de-prioritising tasks – Amber.
- If working at 10% or more above capacity, tasks/cases need to be removed – Red.
In this model, a baseline/benchmark of points for what would be a reasonable and manageable number of notionally “standard” cases for a full-time practitioner is agreed, allowing time within their contractual working week to deal with admin, respond to crises and the many other calls on their time.

It is important to consult carefully with practitioners to agree the baseline figure for the number of “standard” cases per worker. The next step is to factor in extra points for the level of risk and for court proceedings, then adding points for “extras”, such as travel, additional duties, practice teaching – not forgetting CPD and supervision.

**Benefits**
- Once established, the process of agreeing points and allocating cases has been shown to be quick and easy to complete.
- The system is flexible and allows dialogue around the impact on workload of individual cases.
- Workload can be adjusted up or down as case status or intervention levels change.
- For the manager and the organisation, this approach helps build a broader analysis of service demands and capacity to inform workforce planning.

**How it works**
- The tool forms part of supervision meetings.
- Each worker will know the benchmark points for their experience level. Team manager and practitioner then discuss cases and the points they attract before work is allocated.
- If working between 95% and 99% of “capacity” this is considered acceptable – **Green**.
- If working between 100% and 109% of capacity this should be managed by de-prioritising tasks – **Amber**.
- If working at 10% or more above capacity, tasks/cases need to be removed – **Red**.

**TASKS-BASED**

This is a variation on the caseload model, using tasks or pieces of work as the base unit rather than cases. This approach will be more suitable for work areas where tasks and time needed are relatively consistent and well-defined.
The list below is designed to flag up issues that will need to be factored in when deciding “points” for any system in children’s services. Risk and complexity will affect the amount of time taken over specific cases. Travel time is a significant “loader” to points allocation exercises, and can be variable between cases, for the sort of reasons listed.

These lists are not intended to be exhaustive. There may well be other specific factors in your particular area of work and the organisational context. In adults’ services, the service user’s living situation, family circumstances, specific physical or mental health conditions, capacity and other issues specific to your area of work will apply.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Complexity</th>
<th>Travel</th>
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<tbody>
<tr>
<td>Child protection</td>
<td>Multiple difficulties identified</td>
<td>Number of visits undertaken</td>
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<tr>
<td>Child abuse investigation required/joint protocol</td>
<td>More than two parents</td>
<td>Inability to access parents/professionals</td>
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<tr>
<td>Threats of violence to worker (police assistance needed)</td>
<td>Parent/carer non co-operative</td>
<td>Rural area in excess of 30 mins travel time from office base</td>
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<tr>
<td>Children placed in police protection/emergency protection order (EPO)</td>
<td>Multiple children (and different ages)</td>
<td>Court attendance</td>
</tr>
<tr>
<td>Case conference</td>
<td>Communication difficulties</td>
<td>Family in split locations</td>
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<tr>
<td>No access</td>
<td>Disability</td>
<td>Long-distance travel</td>
</tr>
<tr>
<td>Crisis</td>
<td>Diminished parental capacity due to mental health/substance abuse</td>
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<tr>
<td>Level of assessed risk to children and any contributing factors (drug</td>
<td>Different homes to visit</td>
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<tr>
<td>misuse, mental health, house moves etc)</td>
<td>Variety of professionals involved (multi-agency involvement)</td>
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<td></td>
<td>Extra visits</td>
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<td></td>
<td>Child abuse investigation requiring application of joint protocol</td>
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<tr>
<td></td>
<td>Non co-operative client</td>
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<td></td>
<td>Care proceedings initiated</td>
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<td></td>
<td>Case conference</td>
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<td></td>
<td>Completion of reports</td>
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<td></td>
<td>Court reports</td>
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<td>Court attendance</td>
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<td></td>
<td>Core group facilitation</td>
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<td>Contact arrangements</td>
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<td></td>
<td>Attendance at meetings</td>
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BENCHMARKING

It is very difficult to fix on a “benchmark” number of cases for a social worker. The most recent official nationwide data is from the 2009 Social Work Task Force (SWTF) workload survey which revealed a wide range in the numbers of cases held by practitioners. There were also inconsistencies as to what counted as one case (particularly with sibling groups) and variations caused by the impact of case complexity and extra duties.

According to the SWTF survey, the most common number of cases held by individual practitioners was between 11 and 15. If we used these figures and adopt 12 cases as a crude benchmark for high-volume areas, a traffic light approach would be as follows (applying 90% of these ratios for NQSWs):

- **Green** – 12 cases and below (caseload acceptable)
- **Amber** – 13 to 15 cases (manage by de-prioritising some tasks)
- **Red** – 15+ cases (tasks/cases need to be removed)

The Social Work Reform Board stressed that this guideline benchmark could only ever establish an indicative warning system for overload – caseloads still need to be assessed against risk, complexity, travel and other duties to establish what is acceptable for the individual practitioner.

A caseload of eight or fewer could be the maximum in some work areas, while a caseload of more than 15 might be manageable in others – depending on both the individual’s experience and capacity, and on the type of cases.

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**Average caseloads on the rise**

Community Care runs an online survey each year to get a picture of social work caseloads. In October 2014, the average caseload of the 420 social workers who responded was 33.5, compared with the average of 25 found by the survey in 2013. Three quarters of respondents said their caseload had become more complex since this time last year but 40% said employers did not take complexity of cases into account when allocating cases.

Just under half said their employer did not take into account the number of cases they were already holding when allocating new cases.

Try to benchmark your system using a social worker who is working safely, effectively and with a balanced and manageable caseload. Ideally choose a caseload which is not complicated to deconstruct. If you get the basics of point allocation right, it is easier to tinker with the complexities later.
Managers will need to work within the workload management/case allocation system as part of their overall management role. A strong and positive supervision culture will easily be adapted to include workload management/case allocation issues, if it doesn’t already include them to a lesser or greater extent.

The employers standards state that social workers should receive, at a minimum, monthly supervision for at least an hour and half uninterrupted time. For newly qualified practitioners this should be weekly in the first six weeks of practice; fortnightly for the next six months.

Although the initial allocation of points to cases will require an additional time input, this is a useful way to further improve understanding of case risk and complexity between practitioners and their managers. It should also enable managers to take stock of the knowledge, experience, capacity and capability of that particular member of staff at that point in time, to use as an agreed benchmark. The discussion should help develop greater openness and transparency in the supervision process, as well as deepening the relationship between manager and practitioner.

Once the initial points allocation has been made, adjustments and changes to individual cases should be simple to spot and be simple to agree.

During subsequent supervision sessions, there should only be a review of the points if there are changes in the case, which will be more applicable to long-term cases anyway.

Overall workload for individual practitioners and the number of cases allocated to them will obviously be a matter of regular discussion between the worker and their manager. There should be genuine openness between both parties over the issue of how realistic and/or acceptable the caseload is, working within the agreed principles, framework and points allocation of the system.

**POSSIBLE OUTCOMES FROM A SUPERVISION MEETING**

So, following a supervision session, actions related to case/workload could be:

- Leave allocated cases as they are [because the total allocated points for that practitioner are within tolerance levels].
- Add cases to the practitioner’s workload [because the total allocated points are below their tolerance level].
- Remove cases from a practitioner’s workload and allocate to another practitioner [because the total allocated points are above their tolerance levels].
- Re-prioritise work of a practitioner to lower the priority of certain cases or specific extra duties [because the total allocated points for the individual practitioner are above tolerance levels].

“Points” data will be significant and helpful in difficult discussions that may occur between frontline staff and a manager over case allocation. The points for each activity will have been collectively agreed at the system design stage, so the points awarded to cases should not be an area of dispute.
Potential problems and how to resolve them

Disputes may be more likely around the overall caseload rather than individual cases. Managers will not be able to quickly resolve every issue over case allocation. Removing a case from one worker will mean allocating it to another – and it may even be more appropriate to move a case to another team. This will require a level of negotiation (and a proper process) between all parties.

Whether between managers or between managers and practitioners, effective resolution of issues will mean:

- Providing answers to issues as quickly as possible and keeping all parties informed of progress.
- Being creative in problem-solving. It may be possible to offer an alternative resolution to the issue, which will be more acceptable.
- Managers should be strong, clear and fair – not “blown in the wind” by one individual or team over another.
- Using formal, as well as informal, mechanisms to resolve issues.
- Spending adequate time in collaborating over solutions.

Data is a bargaining tool

The service will need contingency plans (and processes) to deal with situations where overall workload demand exceeds the staffing capacity. The points data will be significant and useful in discussions about under-capacity in the workforce to meet demand, providing hard evidence for directors and elected members when crises occur. If the correct processes have been applied in setting up and implementing the system, the data will be an incontrovertible and powerful tool in bargaining for resources. Agreed contingency plans and processes should trigger hiring temporary staff if the data reveals dangerous levels of under-capacity which cannot be solved by re-allocation or any other temporary solution.

Not resolving workload issues for any length of time will have a serious impact on morale and consequently on performance, so they will need to be resolved as soon as is practicable. In the meantime, staff will need careful support. Corporate employee welfare services are often insufficient and don’t have the expertise to assist social workers who are suffering stress and trauma from dealing with difficult cases. In some circumstances, managers may need to consider when social workers require extra specialist support, and how they should provide (and fund) it.

The data will also provide an analysis of how social worker time is spent, and what proportions are spent on which activity. This might point towards re-allocation of roles (and grades) for different activities – for example, too much administrative time spent by social workers might be better devoted to clerical staff.
Because the introduction of a workload management system will represent a significant change to both practice and management, it is very likely to meet some form of resistance. Some people don’t like change, some people think they will lose by the change and others just don’t think it will work.

Since one size does not fit all, organisations have to design their own system or systems to meet their particular needs. If they get the design or implementation wrong there are significant consequences. But doing nothing misses out on the potential gains from implementing a work and caseload management system and the opportunity for management and frontline staff to collaborate to make practice more effective.

**Take these issues into account**

- Children’s and adults’ services are often large and diverse staff groups, with a wide range of practitioners who have differing views and approaches. Be prepared for conflicts of interest between groups and address each issue that comes up.

- Team managers will be key in bringing their staff with them, so ensure they are fully on board.

- Practitioners are rightly more interested in their service users than in organisational issues, so ensure service user issues are at the forefront. If it is not possible to demonstrate that the change will be better for service users, it may be wrong anyway.

- Managers should be open-minded and prepared to offer compromises in the development of the change. Engaging with frontline staff in a meaningful way about the change will inevitably generate good ideas for implementation. Practitioner involvement should be serious, not tokenistic.

After implementation, there should be agreed time periods for reviewing the new system. The working group which developed the system should be the point of contact for any issues, with meeting dates scheduled for discussing further changes.

Although a “project approach” can seem like overkill, setting out a structure (who will be involved, agreeing the specification, timescale and scope, plus budgets and resource available; establishing how decisions will be made and actions carried through; carefully planning, agreeing and communicating how it will be implemented; monitoring and reviewing the system when in place; and measuring and reporting on the results) ensures transparency, with a better chance of identifying and mitigating the risks.
USEFUL RESOURCES

Websites and articles referred to in this guide:

Adass: Effective workload management
The webpage was developed by Adass (the Association of Directors of Adult Social Services) and Skills for Care and looks at broad principles.

Carolyn Cousins: Tried and tested team manager workload allocation tools
This tool was referred to by the Social Work Reform Board (SWRB) and outlines in brief the range of options for workload management/case allocation systems that are explored in this guide.

LGA: Social worker standards
The Local Government Association (LGA) hosts all official information relating to the updated employer standards.

Northern Ireland Department of Health, Social Services and Public Safety: Children’s services caseload management model
This is a detailed and useful example, produced in 2011 and referred to by the SWRB, of how to construct a case management system, including how to award points.

Organisations and workloads – a ‘health check’
Developed by the Social Work Task Force (SWTF), this practical health check for organisations to undertake has 39 items to check in five key areas.

Social Care Institute for Excellence: managing work
This page links to information on caseload management, workload management and teamload management.

Unison Scotland: Supervision and workload management for social work – a negotiating resource
This pamphlet, issued jointly by Unison Scotland and BASW in 2009, offers an interesting insight into the issues surrounding the design and implementation of a workload management system and the development of related policies.

Further resources for CC Inform subscribers on the employer standards and supervision framework:

Guide to implementing employer standard 2: effective workforce planning systems.
This guide directly addresses the second employer standard: effective workforce planning to meet current and future service demands.

Social workers can do their jobs safely and have the practical tools and resources they need to practise effectively.
A collection of resources which address the fourth employer standard: managing risks and resources.

Guide to effective supervision: What is it and how can supervisors ensure they provide it?
Guide to managing practice from a critically reflective position.
These guides to support supervision will help you meet the fifth employer standard: effective, appropriate and regular supervision.

Opportunities for continuing professional development, as well as access to research and practice guidance.
Examples of how CC Inform can support your CPD.
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