

Site Profile

LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Intervention: Job Redesign and Teaming



QIC-WD Overview

The Quality Improvement Center for Workforce Development (QIC-WD) is dedicated to understanding how to improve child welfare workforce outcomes. The QIC-WD partnered with eight child welfare agencies to evaluate evidence-informed workforce interventions and how they are related to outcomes for children.

Site Overview

A state-administered agency within the Department of Children and Family Services, the Louisiana Child Welfare Division (CWD) works to meet the needs of Louisiana's most vulnerable citizens. The CWD has approximately 1,500 employees administering child welfare services across the 64 parishes of Louisiana. In 2016, the agency's turnover rate ranged from 51% in one parish to 8% in another for a statewide turnover rate of 24%. In partnership with the QIC-WD, the CWD is redesigning how frontline child welfare work is conducted. The redesign uses a team approach, increases administrative support, and emphasizes prevention to enhance child and family outcomes.

Workforce Challenge

The QIC-WD and CWD worked together to conduct a comprehensive needs assessment, accessing a number of data sources. The assessment revealed high caseloads and the large number of administrative task responsibilities were barriers to caseworkers' ability to support families, engage clients, determine root causes of abuse and neglect, and implement appropriate services in a timely manner. Those challenges led to low employee morale, high turnover, and poor outcomes for families and children.



Theory of Change

The redesign of the child welfare specialist's job duties, along with the implementation of the teaming approach, will result in casework optimally fitting available agency resources. Specifically, CWD workers and supervisors will have a manageable amount of work and their duties will better match their interests, knowledge, skills and abilities. Enhanced casework supports will ensure worker stress levels are tolerable. Undesirable turnover will be reduced resulting in improved child and family outcomes.



Intervention

The CWD is implementing “Job Redesign and Teaming.” This includes a comprehensive job analysis and process mapping to determine which tasks needed to be retained by the child welfare worker and which tasks can be assigned to a newly created professional position: the Child Welfare Team Specialist (CWTS). The CWTS works with the child welfare worker, assuming those duties generally categorized as administrative, so the child welfare worker can focus on more clinical tasks.

The intervention includes a restructuring of the child welfare work process and work units to better support the workforce and achieve desired child and family outcomes. The two restructured work units are:

1. Prevention teams (from the formerly separate Child Protective Services [CPS] and

Family Services [FS] programs). Each supervisory unit focusing on prevention will consist of 3 CPS workers, 2 FS workers, and one CWTS. Additional support will be provided by a clerical support position who will assist with document scanning, copying, shredding and mailing.

2. Permanency teams (formerly known as the Foster Care [FC] program). Supervisory units will consist of two pairs of FC workers. Each pair works together on a shared caseload, with one FC worker focusing on assisting parents and the other FC worker focusing on the care and needs of the children. As in the Prevention units, every Permanency supervisory unit will be supported by a CWTS worker and a clerical support position.

Evaluation and Expected Results

The evaluation will seek to understand the relationship between performance in these redesigned jobs and a number of workforce perceptions, attitudes, behaviors, case practice, and child/family outcomes. Expected results include:

- more positive perceptions of job characteristics, work stress and role overload, work-life balance, supervisory support, job satisfaction, and organizational culture and climate;
- increased staff retention;
- improvements in case practice; and
- improved outcomes for children and families (e.g., higher rates of reunification, reduction of repeat maltreatment, increases in timely permanence for children).

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