TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

National Policy and Toolkit for Social Work Caseload Management (2018)

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Foreword

Creating Effective Safety: Tusla Child and Family Agency Child Protection and Welfare Strategy 2017-2022 outlines linked elements which underpin the transformation of child protection and welfare services. Applying the *National Policy and Toolkit for Social Work Caseload Management (2018)* is a workstream within the strategy. The updated policy and toolkit have been aligned, as far as possible at this stage, with the new way of working with children and their families under Signs of Safety.

There will be on-going review to make sure the policy is on track as the various stages of the children-first Signs of Safety approach are rolled out. Implementing the *National Policy and Toolkit for Social Work Caseload Management (2018)* is a required part of Tusla's transformation programme.

Tusla's policy on caseload management is:

That there are defined manageable caseloads for all social workers, with caseloads reviewed on an ongoing basis to ensure best outcomes for children and families.

Manageable caseloads are essential for staff welfare and staff retention. They also contribute to the welfare of the children and families we serve. Tusla's senior management team has endorsed the policy and toolkit revisions and all areas must apply them. An extensive national training programme is planned and induction processes for new staff will be revised.

The original *Caseload Management Guidance and Tools (2014)* was developed through a pilot programme in 2013 and training was held across the country in 2014-2015. The development, training and implementation of the programme were overseen by a steering group, with representation from key stakeholders including the trade union Impact (now Fórsa). Linda Creamer, Service Director for Dublin North-East, replaced John Smyth as chair of the steering group in September 2016. Composition of the steering group is shown in Appendix 2.

In 2016 the guidance and tools were reviewed by a project team (Mark Brierley, Mary J Egan, Linda Gallagher and Gary Kiernan) under the auspices of the caseload management steering group. Séarán Boland replaced Gary as project manager in August 2017.

When the original *Caseload Management Guidance and Tools (2014)* were launched it was agreed they would be reviewed after 12 months. The review process involved national surveys and regional consultation events.

We would like to thank all those who took part in the processes which informed improvements to the guidance and tools. We would also like to acknowledge and say thank you for the administrative support provided by Jacqueline Patton and Mary McAleese.

A report[1] was provided to the steering group with recommendations based on the response from the review. Much of the emphasis in the previous version of the guidance and tools was on whether we could have an approach that would reasonably and accurately reflect the manageability of workers' caseloads. Based on the review feedback, changes were made in the new version to enhance this approach. The new *National Policy and Toolkit for Social Work Caseload Management (2018)* also puts more emphasis on 'the appropriate response to the issues' identified through application of the policy and tools.

[1] Mark Brierley Consulting, LH Gallagher Consulting, Tusla (July 2016) Caseload Management Review: Report for Steering Group.

The *National Policy and Toolkit for Social Work Caseload Management (2018)* places the emphasis on appropriate response by:

- Providing definitions of roles and responsibilities with regards to caseload management at all levels of the organisation.
- Making the CM2 *caseload management team summary tool* mandatory (it was previously optional).
- Provision of CM3 (for principal social workers to share with area managers) and CM4 tools (for the area manager to share with service directors).
- An expectation that caseload management will be considered at a more strategic level, with a new national data metric being developed.

Jim Gibson
Chief Operations Officer
Tusla - Child and Family Agency

1. National Policy

1.1 Introduction

It is Tusla – Child and Family Agency's policy that there are defined manageable caseloads for all social workers, with caseloads reviewed on an ongoing basis to ensure best outcomes for children and families.

This directly reflects Standard 2.10.2 of HIQA's *National Standards for the Protection and Welfare of Children* (HIQA 2012).

Creating Effective Safety: Tusla Child and Family Agency Child Protection and Welfare Strategy 2017-2022 is central to the ongoing programme of transformation and includes the national approach to practice, the Signs of Safety, which will ensure that all staff will engage with children and families using one consistent approach.

Implementation of the *National Policy and Toolkit for Social Work Caseload Management (2018)* is part of the Signs of Safety work stream and is therefore a component of Tusla's Transformation Programme.

Manageable caseloads are essential in promoting staff welfare, improving staff retention, and ultimately will contribute to best outcomes for the children and families whom we serve.

The *National Policy and Toolkit for Social Work Caseload Management (2018)* has been developed, reviewed and revised with the participation of managers and staff and has the support of the caseload management steering group which includes representatives from the union Fórsa.

Tusla senior management team endorses the *National Policy and Toolkit for Social Work Caseload Management (2018)* and there is a requirement that it is implemented throughout the country.

1.2 Purpose

The *National Policy and Toolkit for Social Work Caseload Management (2018)* provides a structured approach to caseload management for Tusla social work services. Caseload management is integral to the process of professional supervision. By reviewing the caseloads of individual workers, supervisor and supervisee reflect on the manageability of the practitioner's caseload, capacity for allocating or closing cases, and actions that might be taken to improve the balance of that caseload. The overall purpose is to provide balanced caseloads for social workers.

The *National Policy and Toolkit for Social Work Caseload Management (2018)* seeks to provide a common approach nationally to allow the manageability of caseloads to be assessed on an ongoing and routine basis as part of the process for the safe and effective management of cases, reflective practice, and support to staff. The tools are intended to be simple, practical, and supportive of professional judgement.

The toolkit supports the policy by providing mechanisms by which the organisation as a whole and managers at all levels might understand and respond to issues relating to the manageability of caseloads. It also states the roles and responsibilities of staff throughout Tusla in relation to caseload management.

The aims for the caseload management policy for Tusla's social work services are:

1. **To provide a model for determining an acceptable number of cases on a caseload for social workers that is practical, simple, standardised, evidence-based, and can be applied consistently and routinely.** *The National Policy and Toolkit for Social Work Caseload Management (2018)* provides a common approach nationally to allow the manageability of caseloads to be assessed on an ongoing and routine basis as part of the process for the safe and effective management of cases, reflective practice, and support to staff.

2. **To provide a model for caseload management that is complementary to supervision, facilitating and helping to add focus to reflective discussion between supervisor and supervisee.** Caseload management is integral to the process of professional supervision. By reviewing the caseloads of individual workers, supervisor and supervisee reflect on the manageability of the practitioner's caseload, capacity for allocating or closing cases, and actions that might be taken to improve the balance and manageability of that caseload.

3. **To provide a model for caseload management that facilitates discussion between team leaders and their line managers on the caseloads, pressures and opportunities within the team leader's team.**

4. **To provide guidance on the roles and responsibilities of different levels of staff within the Agency with regards to caseload management.**

1.3 Scope

The National Policy and Toolkit for Social Work Caseload Management (2018) replaces *Tusla's Guidance for Caseload Management (2014)*. It is for use by Tusla social work services and is required to be applied by teams holding the following case types[2]:

- Short-Term
- Child Protection
- Child Welfare / Family Support Plan
- Children In Care
- Fostering.

These are the same case types as were covered in the original Guidance for Caseload Management (2014). There are other types of cases that were not covered by the original guidance and when that guidance wasreviewed a decision was taken by the senior management team to focus on the existing 'case types' and to place the other developmental areas on hold. These other case types were:

- Pure duty: those teams whose focus is on receiving and responding to referrals and do not hold an allocated caseload. A different approach is required for these types of teams. The development of dedicated screening and intake teams has made this a priority for additional development and a design and piloting process is underway that aims to provide appropriate tools for screening and intake teams by early 2019.
- Adoption: work is underway to develop a set of caseload management tools for Adoption workers.
- Aftercare.
- Social care leaders and family support workers.

[2] These case types are defined more fully in section 3.3.1

1.4 Revisions

When the *Caseload Management Guidance and Tools (2014)* was introduced in 2014, the caseload management steering group agreed it should be reviewed in two years' time. This review was conducted in 2016 using surveys and a series of consultation events across the country. Some 80% of respondents to the survey agreed with the statement: 'The caseload management approach is a good start but more needs to be done to address the issues being identified by it.'[3] Changes have been made within the *National Policy and Toolkit for Social Work Caseload Management (2018)* to respond to the feedback received.

Signs of Safety was introduced by Tusla in 2017 as the national approach to child protection and welfare. The inclusion of an additional category of intensity (very intensive cases) and other changes made within the *National Policy and Toolkit for Social Work Caseload Management (2018)* has provided the flexibility required to make the policy and toolkit compatible with Signs of Safety.

The primary changes in the light of the review are:

- Raising the status from guidance to policy.
- Provision of statements of roles and responsibilities for different grades of staff in relation to caseload management, including response to unmanageable caseloads (section 2).
- Enhanced commentary on the definition of a case (section 5.1).
- An additional category of intensity, above the pre-existing **intensive** called **very intensive** cases. These cases are banded according to the time anticipated to be involved, and the previous extremely high intensity level of intensity has been absorbed into this (section 5.3.3).
- Separate tools for Duty (D1) and Additional Tasks (D2) (section 7).
- Detailed guidance on how to use the D2 Additional Tasks tool for:
  - Travel that has a significant impact (section 7.3.2)
  - Court attendance (section 7.3.3)
  - Access above the norm (section 7.3.4)
  - Group supervision processes under Signs of Safety (section 7.3.5).
- Stronger emphasis on collaborative discussions about intensity and manageability between supervisor and supervisee in which both parties should express and record their views (a theme in several sections).
- Stronger emphasis that the aim is to produce balanced caseloads - not a performance management tool (a theme in several sections).
- Provision to record significant changes to the caseload that might happen between supervision sessions (see section 5.5 and CM1).

[3] Mark Brierley Consulting, LH Gallagher Consulting, Tusla (July 2016) *Caseload Management Review: Report for Steering Group*.

- Provision to record actions to be taken where the caseload is unmanageable (see section 2.2, section 8.6 and CM1).
- Stronger emphasis on commentary including challenges and difficulties in responding to and meeting the needs of vulnerable children and their families (section 8.7).
- Enhanced expectations about the use of the CM2 *Caseload Management Team Summary Tool* at management level throughout the Agency.
- The CM2 now has a third page on team leader workloads to make it possible for team leaders to note demands and pressures they face, the manageability of their workloads and what might help make the workload more manageable (section 9.3).
- Provision of two additional tools: the CM3 (for principal social workers to share with area managers) and CM4 (for area managers to share with service directors) (section 10).

2. ROLES AND RESPONSIBILITIES

'To empower our people by continuing to grow and develop a values-based culture and learning organisation.' (Strategic Objective No 7: Tusla Corporate Plan 2018-2020)

Implementation of the *National Policy and Toolkit for Social Work Caseload Management(2018)* requires the commitment of the organisation, managers and staff.

Proper and consistent use of the *National Policy and Toolkit for Social Work Caseload Management (2018)* will help to promote a positive working culture where managers and staff engage in a collaborative process to achieve acceptable[4] caseloads for social worker thus contributing to the provision of a quality service to children and families.

Caseload data available from continuous use of the tools in conjunction with other evidence informed reporting will allow senior managers to make effective business cases to advocate for resources and increase staff capacity.

Three tools in particular are referenced in this section on roles and responsibilities:

Tool	Completed by	Forwarded to
CM2 Caseload Management Team Summary Tool	Team Leaders	Principal Social Workers
CM3 Caseload Management Principal Social Worker Summary Tool	Principal Social Workers	Area Managers
CM4 Caseload Management Area Manager Summary Tool	Area Managers	Service Directors

2.1 Roles and Responsibilities: General Overview

Tusla has responsibility to ensure:

- There is appropriate **governance** which ensures the implementation and ongoing use of the *National Policy and Toolkit for Social Work Caseload Management (2018).*
- There are appropriate mechanisms in place to **review the caseload manageability patterns** of social work staff and that there is **ongoing regular oversight** of the manageability patterns at area, regional and national levels.
- There are appropriate mechanisms and sufficient resources in place to ensure staff and managers receive **appropriate and timely training** on the *National Policy and Toolkit for Social Work Caseload Management (2018).*
- There are **adequate resources** to assist with providing social workers with acceptable caseloads.

[4] See section 8.4 for definition of an "acceptable" caseload.

The Service Director

- The service director is responsible for ensuring the *National Policy and Toolkit for Social Work Caseload Management (2018)* **is implemented** in the region for which he/she is responsible.
- The service director is responsible for **ensuring regional oversight of caseload manageability** patterns in his/her region and for making sure a **regional strategy is in place to respond to unmanageable caseloads.** This includes a regional quarterly review of information from the CM4s and identification of any actions required to address issues arising (see section *9.2 Roles and Responsibilities in Relation to the CM2*; section 10 *CM3 and CM4 Tools*).

The Area Manager

- The area manager is responsible for ensuring that the *National Policy and Toolkit for Social Work Caseload Management (2018)* **is implemented** in the area for which he/she is responsible.
- The area manager should take proactive steps to **promote a consistent approach** within the area. The area manager should meet as required with the local area management team to ensure consensus core components, such as determination of case intensity, travel with a significant impact on the on caseload and appropriate application of the *National Policy and Toolkit for Social Work Caseload Management (2018).*
- The area manager is responsible for **ensuring regular ongoing oversight of caseload manageability** patterns in his/her area and for ensuring there is an appropriate **strategy in place to respond to unmanageable caseloads.** This includes an area quarterly review of the information from the CM3s and identification of any actions required to address issues arising (see section 9.2 *Roles and Responsibilities in Relation to the CM2)*; section 10 *CM3 and CM4 Tools*).
- The area manager must complete the **CM4 Caseload Management Area Manager Summary Tool** and forward this to their service director on a quarterly basis (see section 9.2 *Roles and Responsibilities in Relation to the CM2;* section 10 *CM3 and CM4 Tools*).

The Principal Social Worker

- The principal social worker is responsible for **the ongoing use of, and consistent implementation** of the *National Policy and Toolkit for Social Work Caseload Management (2018)* within the teams for which he/she is responsible.
- Where there are **significant and/or ongoing differences of opinion** on caseload manageability, the principal social worker has a key role in assisting in the resolution of these (see section 8.3.2 on *Differences of Opinion*).
- The principal social worker should ensure that **information from the monthly CM2s is discussed** routinely with team leaders at an appropriate forum (see section *9.2 Roles and Responsibilities in Relation to the CM2*).
- Where patterns of unmanageability are identified, the principal social worker is responsible for **supporting the team leaders in ensuring that all options are explored to achieve manageable caseloads.**
- The principal social worker should ensure that, **where training, support or team facilitation needs** are identified in respect of the *National Policy and Toolkit for Social Work Caseload Management (2018),*the principal social worker should request a service from workforce learning and development or from other appropriate sources.

- The principal social worker must complete the **CM3 Caseload Management Principal Social Worker Summary Tool** and forward this to their area manager on a quarterly basis (see section 9.2 *Roles and Responsibilities in Relation to the CM2;* section 10 *CM3 and CM4 Tools*).

The Team Leader

- The team leader is responsible for ensuring that the policy and toolkit **are utilised in each supervision session.** The *National Policy and Toolkit for Social Work Caseload Management (2018)* supports the four functions of supervision, and should assist in promoting a reflective, collaborative supervision process.

- Team leader views on caseload manageability and comments should be clearly **recorded on the CM1 Recording Tool and signed** by the team leader. This includes ensuring team leader views on significant challenges and difficulties in responding to the needs of children and families are recorded.

- The team leader is responsible for ensuring that the **CM1 Recording Tool is completed.**

- Where a caseload is agreed to be unmanageable by the social worker and team leader, the team leader **must ensure all appropriate options are explored** (see section 2.2.2 on *Responding to Unmanageable Caseloads).*

- Where there are **significant and/or ongoing differences of opinion** on caseload manageability and either the team leader or social worker regard the caseload to be unmanageable over three consecutive months, the matter should be brought to the attention of the principal social worker (see section 2.2.2 and 8.3.2).

- The team leader is responsible for ensuring the **monthly completion of the CM2 Caseload Management Team Summary Tool** and forwarding to the principal social worker on a monthly basis (see section *9.2 Roles and Responsibilities in Relation to the CM2*).

The Social Worker

- The social worker should collaborate with the team leader in utilising the *National Policy and Toolkit for Social Work Caseload Management (2018)* **in each supervision session.**

- The social worker **should engage openly and constructively with the team leader** when discussing the caseload.

- The views and comments of the social worker on caseload manageability should be clearly **recorded on the CM1 Recording Tool and signed** by the social worker. This includes ensuring that social worker views on significant challenges and difficulties in responding to the needs of children and families are recorded.

- Where there are **significant and/or continuing differences of opinion** on caseload manageability and either the team leader or social worker regard the caseload to be unmanageable over three consecutive months, the matter should be brought to the attention of the principal social worker (see section 2.2.3 and 8.3.2).

2.2 Responding to Unmanageable Caseloads

2.2.1 Features of an Unmanageable Caseload

An unmanageable caseload may display the following features:

- Risks are out of control
- The worker is consistently unable to complete necessary tasks in a timely manner and/or to document and evidence work that has been undertaken
- A substantial part of planned work is not being completed because of the impact of more urgent new referrals and/or crises
- There are excessive legal/court issues
- There is a substantial backlog of administration (filing, completion of statutory forms/updating case records, case closure, etc.)

Caseloads may be temporarily unmanageable from time to time.

Where a caseload is deemed to be unmanageable the team leader and social worker should assess the situation and determine whether immediate action is required. However, where a caseload is deemed unmanageable **over three consecutive months,** an appropriate response **must** be made by management.

2.2.2 Team Leader Response to an Unmanageable Caseload

Where a caseload is deemed unmanageable, the team leader must ensure that all appropriate options are explored. Options may include:

- Provision of additional supports (e.g. administrative support, ICT support or social care worker support)
- The transfer of tasks or cases
- Diversion of cases to Partnership Prevention and Family Support Service (PPFS)
- Closure of cases where appropriate
- The reprioritisation of work
- Placing cases on a waiting list pending reallocation.

The response to unmanageability must be **recorded by the team leader on the CM1 form** under the section on *Unmanageable Caseloads: Actions Taken to Address Unmanageability*.

Where there is concern about the manageability of the caseload, the team leader **should link in with the social worker within a short time frame** (prior to the next supervision session) to review the situation.

Where a caseload is deemed **unmanageable over three consecutive months** by the social worker and/or team leader, there should be a **formal meeting involving the social worker, team leader and principal social worker** to address this.

The team leader **will advise the principal social worker** in respect of unmanageability levels at any time where he/she has a concern about the levels in the area. This should be specifically recorded on a monthly basis in line with CM2 requirements (see section 9 on *CM2s and Provision of Monthly Data*).

The team leader will **advocate for additional resources** where there are clear indications that acceptable manageability levels are not achievable with current resources.

2.2.3 Social Worker Response to an Unmanageable Caseload

Where a caseload is deemed unmanageable, the social worker has a responsibility to **engage constructively with options** identified with the team leader with a view to achieving manageability.

Where there is concern about the manageability of the caseload, the social worker **should link in with the team leader within a short time frame** (prior to the next supervision session) to review the situation.

Where a caseload is deemed **unmanageable over three consecutive months** by the social worker and/or team leader, there should be a **formal meeting involving the social worker, team leader and principal social worker to address this.**

2.2.4 Principal Social Worker Response to an Unmanageable Caseload

A key role for the principal social worker is **to support the team leader** where unmanageable caseloads are identified, ensuring that all possible options are explored to provide acceptable caseloads for social workers.

Where a caseload is deemed **unmanageable over three consecutive months by the social worker and/or team leader,** there should be a **formal meeting** involving the social worker, team leader and principal social worker to address this.

The principal social worker **will advise the area manager** at any time where he/she has a concern about the unmanageability levels in the area.

The principal social worker will **advise the area manager** in respect of **patterns of unmanageability,** and will **advocate for additional resources** where there are clear indications that acceptable manageability levels are not achievable with current resources.

2.2.5 Area Manager Response to Unmanageable Caseloads

The area manager should ensure the **principal social worker is supported in exploring all available options** where patterns of unmanageability are identified.

Where the **quarterly retrospective review of caseloads** (see section 9.2 on the CM2) reflects a sustained pattern of unmanageability, **the service director should be informed** by the area manager.

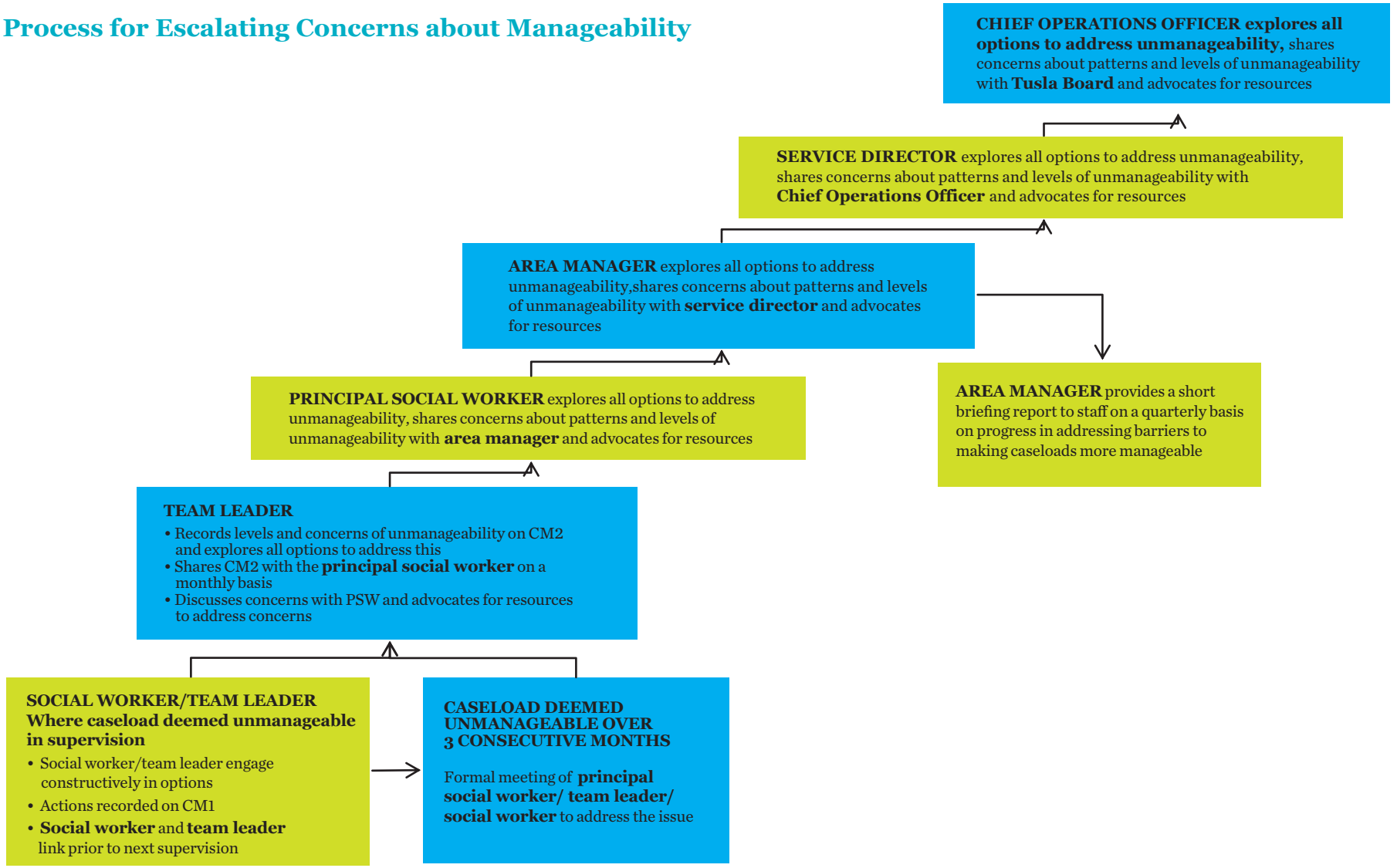
The area manager will **advise the service director** at any time where he/she has a concern about the unmanageability levels in the area.

The area manager will **advise the service director** in respect of **patterns of unmanageability,** and will **advocate for additional resources** where there are clear indications that acceptable manageability levels are not achievable within current resources.

2.2.6 Service Director Response to Unmanageable Caseloads

Where the service director has a significant concern about unmanageability levels in his/her region, he/she will **advise the chief operations officer**, who **may in turn bring the matter to the Tusla board** for consideration and response.

2.2.7 Process for Escalating Concerns about Manageability



3 KEY COMPONENTS OF CASELOAD MANAGEMENT

3.1 Introduction

There are several key components to the caseload management approach. These are:

1. Professional supervision

2. Selection of case type

3. A toolkit to support caseload management addressing: definition of a case, intensity, manageability, the scoring of caseloads, definition of optimal and acceptable caseloads, consideration of patterns of manageability and escalation of concerns about levels of manageability.

3.2 Professional Supervision

The *National Policy and Toolkit for Social Work Caseload Management (2018)* is intended to complement and support supervision and should be used in each supervision session.

The Tusla Staff Supervision Policy (CFSA 2013) defines supervision as:

'a process in which one worker is given responsibility to work with another worker(s) in order to meet certain organisational, professional and personal objectives. These objectives are competent, accountable performance, continuing professional development and personal support.'

The four functions of supervision are:

- **Management** to hold the worker accountable for performance and practice to ensure safe, quality care for children and families.

- **Support** for the individual staff member in what is a demanding and potentially stressful working environment. This may involve debriefing which addresses the emotional impact of such work.

- **Learning and development** of each individual to identify their knowledge-base, attitudes, learning style and skills; to identify the learning needs and strengths and weaknesses of the worker and to plan and set targets for ongoing development.

- **Engagement/Mediation** to ensure healthy engagement with and communication between the individual and the organisation.

Group supervision is a key element of the national practice approach, Signs of Safety.

The purpose of group supervision is[5]:

- To build strong team habits of analysis and judgement and to foster more agile confident decision making and practice.
- It is designed to build a shared structured collective team and agency culture and process for thinking through cases using the Signs of Safety approach.
- Enable child protection professionals to explore each other's cases, bringing their best thinking, including alternative perspectives to the process.
- Develop a shared practice of bringing a questioning approach to casework rather than trying to arrive at answers.

Building a team case practice culture through the consistent use of group supervision is an important aim for the Agency. The *National Policy and Toolkit for Social Work Caseload Management (2018)* supports the implementation of the Signs of Safety framework by making provision for key aspects of the new approach:

- Cases may be deemed to be *Less Intensive, Intensive* or *Very Intensive Cases* based on the amount of work projected for the coming period, providing the flexibility required for Signs of Safety work (section 5.3).
- There is a specific section on group supervision (section 7.3.5).

[5] Turnell, A. (2015). *Signs of Safety Group Supervision Process: Mapping to develop Analysis, Judgement and Questioning Skills.*

3.3 Selection of Case Type

3.3.1 List of Case Types

Before applying the National Policy and Toolkit for Social Work Caseload Management (2018), you need to decide which case type(s) are applicable. There are different weights for **intensive** and **less** intensive cases for each case type, derived from evidence-based research within Tusla, and these in turn are reflected in the Ready Reckoners (RRs). Ready reckoners are look-up tables and are found in a separate document.

The five case types and their associated RRs are:

Case Type	Description	RR
Short-Term	Screening, preliminary enquiries, intake records and initial assessments. The assumption is that workers hold an allocated caseload and may spend some time on Duty on a rotational basis. Note that if the worker is working on "pure duty" i.e. screening and intake tasks only, this current caseload management toolkit will not apply: a tool for "pure duty" should be available by early 2019.	RR1
Child Protection	Children assessed as requiring or awaiting a child protection conference and those who are the subject of a child protection plan/listed on the child protection notification system. Cases where concerns have escalated to the point where consideration is being given to progress to child protection conference would also use the RR2.	RR2
Child Welfare / Family Support Plan	Cases where the child is subject of child welfare interventions such as undergoing a further assessment or the child is on a family support plan.	RR3
Children In Care	Children in care cases.	RR4
Fostering	Foster carer cases.	RR5

Children First: National Guidance for the Protection and Welfare of Children (DCYA 2017, Appendix 4) defines various pathways when responding to a child welfare or protection concerns reported to Tusla and these underpin decision making in relation to the above case types[6]:

Response Pathway 1: Early Intervention	Some children and families will need additional help at times. We know that if this can be provided as early as possible, we can work to stop problems or difficulties getting worse. Tusla has developed the Meitheal approach to help children where their needs may require the help of more than one service. Meitheal may be utilised and **led by practitioners in different agencies** so that they may communicate and work together more effectively to bring together a range of expertise, knowledge and skill to meet the needs of the child and family.

[6] Text on response pathways provided by Colette McLoughlin, Head of Policy and Research for Tusla, on 23/7/18

Response Pathway 2: Child Welfare	Where children have met the threshold for "reasonable grounds for concern"under *Children First: National Guidance for the Protection and Welfare of Children* (2017) and the social work team establish through the assessment process that the child has **not** been subject to abuse, a welfare response is provided to the child. This response and intervention is based on the willingness of the parent or carer to address the harm the child may have experienced, and it also involves a number of different agencies but it is **led** by a Tusla social worker. The aim is to develop a plan with the child, their parents, their family network and professional network that helps the family understand and overcome their difficulties and keep the child safe from any future harm or abuse. Tusla to/from Garda notifications and Children First related case strategy discussions may be relevant in this response pathway.
Child Protection	Where the child has experienced significant harm that is deemed to be abusive and there is strong evidence that a parent's motivation and capacity to change or support the child is severely limited, the child receives a child protection response. When abuse is suspected, in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017), the case is also referred to An Garda Síochána. A Child Protection Conference is arranged for children who are at ongoing risk of significant harm. The aim of the Child Protection Conference is to bring the child, their parents, their family and the professionals who work with them, together and to develop a plan that helps the family understand and overcome their difficulties and keep the child safe from any future harm or abuse. At the Child Protection Conference it is also decided if the child's details need to be placed on the Child Protection Notification System (CPNS). The CPNS is a national record of every child about whom Tusla is satisfied that there are unresolved child protection concerns. Tusla to/from Garda notifications and Children First related case strategy discussions **will** be relevant in this response pathway. The types of reports which will require a Tusla/An Garda Síochána response include the following: • All cases of child sexual abuse, non-accidental injury, serious physical abuse (pattern of ongoing abuse/ evidence of bruising) and chronic neglect. • Repeated reports and complex history of child protection involvement. • Reports regarding child abandonment. • Reports regarding Convicted Sex Offenders (and SORAM) cases having contact with children).
Response Pathway 4: Alternative Care	In some cases children may require to be placed 'in care' in order to ensure their immediate or ongoing safety. In such circumstances we will always look to the child's extended family and friend network to provide this care, with our support, before we consider other care options. We will also work with families and professionals to try and return children to the care of their parents and family as soon as we can be assured that it is safe to do so. It is important for both Tusla and An Garda Síochána to maintain their authority in respect of decision making relating to their areas of statutory responsibility. An Garda Síochána will always maintain the lead responsibility for the decision making in respect of the criminal investigation and Tusla the lead responsibility for decisions relating to a child's welfare and protection.

RED (Review Evaluate Direct) is an internal Tusla meeting that may occur at the end of the intake process or at the end of the initial assessment process. The RED meetings focus on:

- What is the appropriate response pathway for the family?
- Would this family benefit from community-based supports?
- Has the threshold for a child welfare assessment been met?
- Discussion and determination of a plan of action on cases requiring joint action between Tusla and An Garda Síochána.
- Informal consultation between Tusla and An Garda Síochána where decision on notification between both agencies has not yet been determined.

3.3.2 Holding a Mixture of Cases

Social workers are likely to be in a team matching one of the case types above (e.g. they may be in a child protection and welfare team or a children in care team) but might also hold some cases that are from a different case type e.g.

Short-term team (RR1)	May carry some cases that are child protection (RR2), child welfare/family support plan (RR3) or children in care (RR4).
Child protection (RR2)	May carry some cases that are short-term (RR1), child welfare/family support plan (RR3) or children in care (RR4).
Child welfare / family support plan (RR3)	May carry some cases that are short-term (RR1) or child protection (RR2).
Children in care (RR4)	May carry some cases that are child protection (RR2) or fostering (RR5).
Fostering (RR5)	May carry some cases that are children in care (RR4).

The correct RR should be applied for each case: use a mix of ready reckoners (e.g. RR2 and RR4, RR1 and RR4) to optimise accuracy of the caseload score.

3.3.3 Where the Case Type Changes

Ensure that when a **case develops into another case type** the correct RR is used. The most likely changes are:

- A **short-term case** that becomes **child protection case** (change from using the RR1 to the RR2).
- A **child protection case** that becomes a **children-in-care case** (change from using the RR2 to the RR4).
- A **child protection case** that becomes a **child welfare/family support plan** (change from using the RR2 to the RR3).
- A **child welfare/family support plan case** that becomes a **child protection case** (change from using the RR3 to the RR2).
- A **children-in-care case** that becomes an **aftercare case**. Further work will be undertaken to develop an appropriate RR for **aftercare teams** but, pending this development, where a social worker continues to hold a case when the child moves into aftercare the RR4 for children in care should continue to be used.

3.4 Toolkit to Support Caseload Management

There are a set of accompanying tools provided to support caseload management. The main body of the *National Policy and Toolkit for Social Work Caseload Management* (2018) is concerned with practical application of these tools.

The tools are:

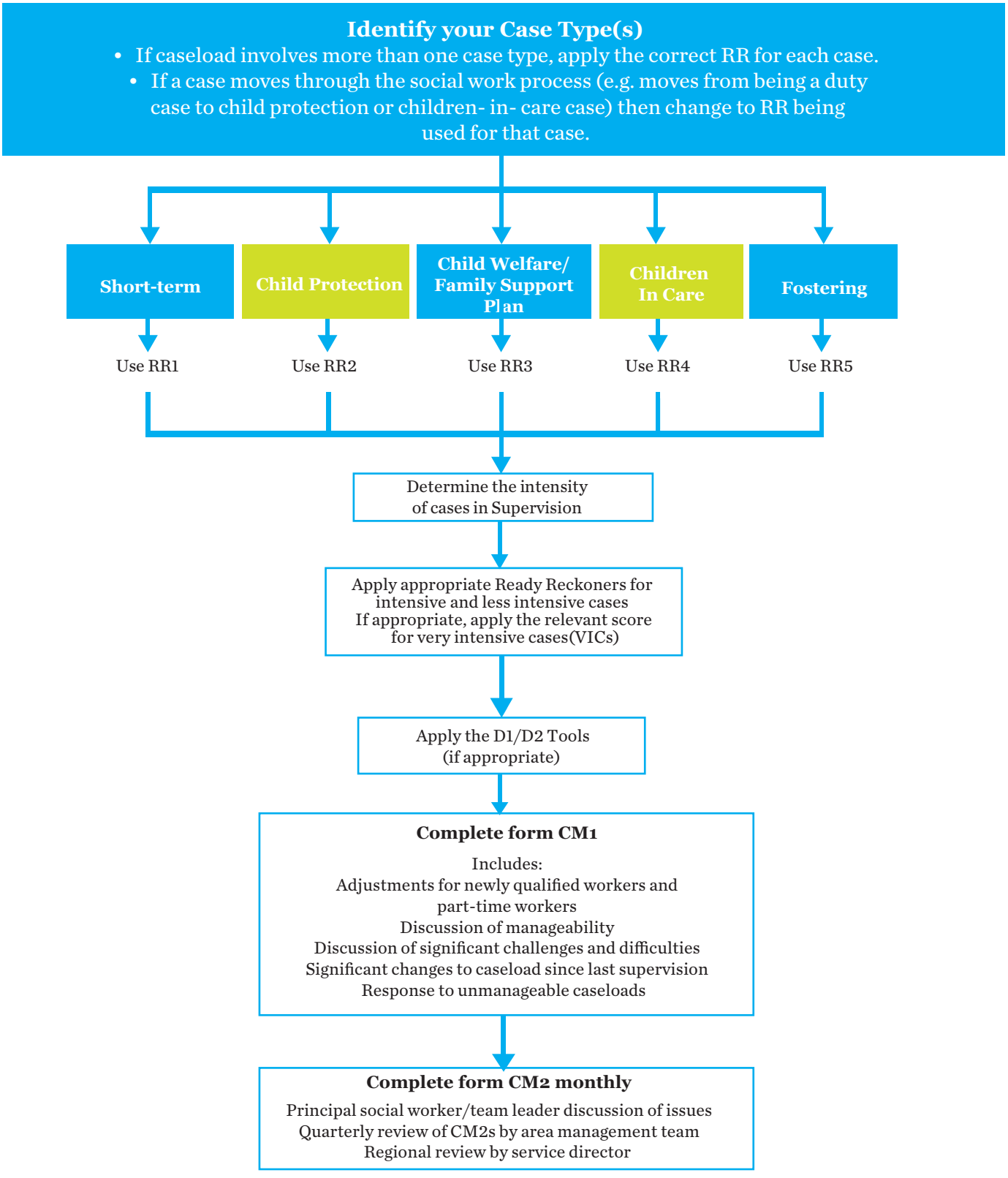
Tool	Purpose
CM1: Caseload Recording Tool	The CM1 should be completed at every supervision session and held on the supervision file. It is used to record the number of cases that a practitioner has and their **intensity.** This information is used to produce a **score** for the caseload, with adjustments made if the worker is **part-time** or a **newly qualified social worker.** It allows an additional score to be added where the worker works on **Duty**; or where there are non-case related activities needing to be factored in **(Additional Tasks).** The CM1 is used to record the **supervisor's and supervisee's view of the manageability** of the caseload and any consequent/raising/resultant significant challenges and difficulties experienced in responding to the needs of children and their families. The CM1 records the **prediction of the range** on the manageability of the caseload. It allows supervisor and supervisee to record **significant changes to the caseload since the last supervision.** There is a section to record **unmanageable caseloads:** *Actions Taken to Address Unmanageability.*
Ready Reckoners (RRs)	Ready reckoners are look-up tables used to support the completion of the CM1. A **different RR is provided for each case type.**
D1 and D2 Tools	There are tools for periods on **Duty (D1)** and other **Additional Tasks that need to be taken into account (D2)** (e.g. court attendance, travel having a significant impact on caseload, access above norm, preparation and delivery of training, time involved in supervising a student). *(Continued)*

CM2: Caseload Management Team Summary Tool	The CM2 provides an **overview of the team caseload as a whole** and must be completed every month by team leaders and **shared with principal social workers.** It has three sections: • The first **summarises the information from each CM1** for each worker, with a snapshot of scores and views on caseload manageability. • The second provides **contextual information** on team pressures –including staffing, changes in demand and unallocated cases. • The third looks at the **workload of the team leader.**
CM3: Caseload Management Principal Social Worker Summary Tool	The CM3 is completed by the principal social worker and shared with their area manager on a quarterly basis. It is intended to aggregate data and themes from the CM2s, plus any other issues that affect caseload manageability in the teams for which the principal social worker is responsible, allowing them to be considered strategically. Senior Management Team has decided that use of the CM3 is mandatory.
CM4: Caseload Management Area Manager Summary Tool	The CM4 is completed by the area manager and shared with their service director on a quarterly basis. It is intended to aggregate data and themes from the CM3s, plus any other issues that affect caseload manageability in the area for which the area manager is responsible, allowing them to be considered strategically. Senior Management Team has decided that use of the CM4 is mandatory.

4 APPLYING THE TOOLS

The process for applying the Caseload Management Tools is shown in Figure 1.

Figure 1: Process for Applying the Caseload Management Tools



5 TASK ONE: DEFINING THE INTENSITY OF CASES

5.1 Definition of a Case

A 'CASE' IS A CHILD, NOT A FAMILY Where there is more than one child in a family, each child who is subject to Tusla child protection and welfare processes or care processes[7] must be counted as a case for the purposes of caseload management. The following additional guidance should be taken into account:	
Co-working a case	Where the social worker is **co-working a case**, this should be regarded as a case for caseload management purposes.
Sickness cover	Where a social worker is **covering a case for a worker who is off sick**, that case should be regarded as a case for caseload management purposes.
SW doing work of fostering link worker	**If a social worker is doing the work of the fostering link worker** to support the foster carer(s) because there is **no fostering link worker,** this should be regarded as a case. The RR5 for fostering should be used for such cases.
CIC Social Worker providing aftercare	If a **children-in-care (CIC) social worker continues to be a young person's social worker** when that young person is receiving an **aftercare** service (in the absence of an aftercare worker), the social worker should continue to regard the young person as a children-in-care case for caseload management purposes.
Transfer of area	If a worker **transfers to another area and is required to complete some follow-up work on a case for a period of time,** this should counted as a case on their caseload.
Transfer of team	**If a worker transfers team within their area and continues to provide an intervention on a case,** this should be counted as a case on their caseload.
Assigned a specific piece of work	Where a worker is assigned a **specific piece of work that is not an allocated case** (e.g. a parenting capacity assessment or Marte Meo), this should be counted as a case for caseload management purposes.
Cases allocated at supervision	Where a case is **allocated at supervision,** this should be counted as a case for caseload management purposes.
Case awaiting allocation	Where a social worker is **completing a significant piece of work on a case awaiting allocation, outside of Duty-rostering time,** this should be counted as a case for caseload management purposes. This might include completion of an initial assessment, a children-in-care plan or review, and home visits to a child/family.

[7] *Child Protection and Welfare Practice Handbook (2011), Section 3.1 Child Protection and Welfare Overview*

Allegations against a foster carer	If a social worker is involved in **investigations of allegations against a foster carer**, where the social worker is neither the allocated social worker for the child or the fostering link worker for the foster family, this should be regarded as a case for caseload management purposes.
Retrospective abuse	**Where a social worker is completing an assessment on an adult against whom allegations of retrospective abuse have been made,** this should be counted as a case for caseload management purposes. The totality of the work on the case can include interviewing of/engagement with the adult who made the allegation, interviewing of/engagement with the alleged abuser, risk assessment, legal issues, notification issues, multidisciplinary and interagency liaison. **Any and each identified child** is counted as a case in its own right.
Online child abusers and sex/sexual offenders	Assessment of allegations in respect of **online child abusers** and **sex/sexual offenders** should be regarded as a case for caseload management purposes.
Allegation against an adult who is not in a parental/ caregiver role to the child	**Where a child makes an allegation against an adult who is not in a parental/caregiver role to her/him,** the adult should be counted as a case for caseload management purposes. **Each identified child** should also be regarded as a case.

Additional Guidance for Fostering Teams

	A 'CASE' IS A FOSTER FAMILY, NOT A CHILD
Foster family with multiple children	For a **foster family with multiple children placed in their care**, this should be regarded as one case but the fact there are multiple children should be considered when determining the intensity of that case.
FLW doing work of a CIC Social Worker	If a **fostering link worker is doing the work of a children in care social worker** to support the child because there is **no allocated social worker**, this should be regarded as a case. The RR4 for children in care should be used for such cases.

5.2 Principles for Determining the Intensity of a Case

The first caseload management task is to establish the intensity of each case the social worker has.

Intensity is determined by the work/anticipated levels of support required in a case in the coming four-week period.

- It includes **face-to-face work** that directly benefits children and families.
- It includes **evidencing the work** in terms of recording and documenting.
- It relates **only to the work required to be carried out by the social worker,** and not the work of other disciplines/agencies involved.
- It includes any work **required to co-ordinate and/or participate in multi-disciplinary/ interagency processes related to a case.**

Where the discussion on the intensity of a case reflects any of the following are present **(court attendance, travel that has a significant impact, access above the norm)** they are not measured in the intensity of the case but rather are provided for in the D2 Tool (see section 7.3).

Signs of Safety has been adopted as the national approach to practice by Tusla *(Creating Effective Safety: Tusla Child and Family Agency Child Protection and Welfare Strategy 2017-2022).*

'The Signs of Safety is a questioning (not an expert) approach... The consultant/supervisor uses an inquiring (questioning) approach to help the worker "map" or "think themselves into and through" the case using the Signs of Safety framework.'[8]

In considering the intensity of a case, it is critical that sufficient time and space is accorded to the discussion between supervisee and supervisor to support appreciative inquiry which is the cornerstone of the Signs of Safety approach.

"The process of building a culture of appreciative inquiry around frontline practice must be embedded in regular individual and group supervision.' [9]

It is anticipated a case using the Signs of Safety approach may be determined to be within any of the levels of intensity (i.e. less intensive, intensive or very intensive). As always consideration needs to be given to the social work tasks which are required in the coming month and intensity needs to be reviewed in every supervision.

[8] Turnell, A; Etherington, Katrina; Turnell, Pene (2017). *Signs of Safety Workbook* (2nd edition), p1.
[9] Turnell, A; Murphy, Terry (2017). *Signs of Safety Comprehensive Briefing Paper* (4th edition), p 57.

What intensity is not – (for caseload management purposes)	It **is not** about the **COMPLEXITY** of the presenting issues: e.g. • A teen with behavioural problems, where there is no abuse, but there is lots of work for the social worker would probably be **intensive** for caseload management purposes. • A Category 1 case under *Measuring the Pressure*, with extra-familial sexual abuse, parents co-operative and protective, and no issues relating to the child's safety would probably be **less intensive** for caseload management purposes. • Cases are **not** static – intensity may change over time and should be reviewed at every supervision. It **is not** about **EMOTIONAL INTENSITY** of a case: • The **four functions of supervision** within the *Tusla Staff Supervision Policy* (see section 3.2) provide room for the discussion of the emotional impact of a case more generally within the supervision process.
Forward planning	Caseload management is intended to be a **forward-planning tool, not an activity-recording tool.** However, in forward planning it may be useful to reflect on the period that has just passed. Events that impact substantially on the caseload may be noted; particularly where they significantly altered the planned work and where service delivery to a family was seriously affected (see section 5.5 on *Retrospective Application of the National Policy and Toolkit for Social Work Caseload Management (2018)*).
Professional judgement	In determining the level of intensity for a case, **professional judgement should be exercised,** based on the **work required** prior to the next supervision.
Collaborative process	**Both supervisor and supervisee should be involved in this discussion.** It is a collaborative process.

When considering the intensity of a case, see section 5.3 *Illustrations of Different Levels of Intensity*. Please note:

- The examples are **illustrative and not an exhaustive list.** There may be cases not on the list of illustrations that are relevant – there is room for professional judgement.
- If, for example, the illustrations suggest that case is always likely to be intensive, supervisor and supervisee are not obliged to agree with this. **Professional judgement should always be paramount.**
- A **combination of factors** might influence the determination of the intensity of a case.

5.3 Illustrations of Different Levels of Intensity

5.3.1 Intensive and Less Intensive Cases

Cases Always Likely to be Determined as Intensive

The following are likely to always be determined as intensive:

From *Measuring The Pressure:*

- Further assessment of child protection concern
- Awaiting child protection conference following initial assessment
- Child subject to court proceedings
- Child in care in unstable placement
- Young person at high risk (e.g. mental health, antisocial behaviour).

Additional illustrations:

- Significant conflict with parent(s)/carer(s) or highly resistant parent(s)/carer(s)
- Expectant mothers with addiction problems that raise significant concerns
- Ethnic minorities where interpreters are required or immigrants where it is very difficult to establish a care history
- Children in families where the following present together: domestic violence, addiction and adult mental health issues
- Children at home under a care order.

Cases that May be Determined as Either Intensive or Less Intensive

The following may be determined as either intensive or less intensive, depending on the expected level of work required in the coming period (reflecting the extent to which the current situation is regarded as stable):

From *Measuring the Pressure:*

- Initial assessment of child protection concern
- Child subject to a child protection plan
- Initial assessment of child welfare concern
- Further assessment of child welfare concern
- Child subject to a family support plan following an initial assessment
- Child in care < 6 months
- Child in care > 6 months with approved carers
- Child in care with non-approved carers.

Additional illustrations:

- Ongoing health or personal problems for the child that impact on their physical or emotional health
- Reunification plans for children being discharged from care
- Mental health, physical health or substance misuse issues that impact substantially on the parent/carer(s) ability to parent
- Assessment of retrospective abuse.

5.3.2 Intensive and Less Intensive Cases for Fostering Teams

The following cases **are likely** to be determined as intensive cases for fostering teams. This is an illustrative list rather than an exhaustive list, and professional judgement should be exercised. In addition, some of the illustrations may lead to intensive work for the allocated social worker for the child rather than the fostering social worker.

- First placement for the foster carer(s)
- Difficult relationships – child/foster carer/Social Worker
- Prolonged disagreements about access
- Fostering assessments
- Death of foster carer
- Placement broken down/at risk of breakdown
- Allegations against foster carers.

The following cases **may be either intensive or less intensive**, depending on the expected level of work required in the coming period:

- Placement of a sibling group
- Disclosure during the placement of past abuse
- Long-term placement coming to an end/ young person approaching 18
- Multiple children placed with foster family.

5.3.3 Very Intensive Cases (VICs)

The review identified the need for an additional category of intensity for cases that were **much more demanding than the norm** for an **intensive** case but did not meet the threshold for an **extremely high intensity case.**

This (new) category of case is called a **Very Intensive Case (VIC).**

We did some further data gathering to find out the type of cases that might be a VIC and an approximation of how much time these cases might take up over the coming four weeks.[10]

There was a considerable array of examples returned, traversing all of the five case types. These cases reflected substantially increased demands on social workers' time and capacity to respond to the needs of vulnerable children and their families.

Examples of VICs included: a requirement for more frequent visits; high levels of multidisciplinary and/or interagency liaison; the triggering of or increase in certain kinds of processes such as special care processes; placements creating substantial demands (for a wide range of reasons); and dual process cases (cases that involve parallel protection and care processes).

The array of examples returned were so diverse, reflecting that almost any case on a social worker's caseload has the potential to change to a **very intensive case**, that it would not be helpful to provide a list of illustrations. Instead, the criteria for determining whether a case might be classified as a VIC is the time involved.

Similarly, in the data gathering exercise there was a wide spread in the number of hours that these cases were projected to consume, so rather than a single figure for a VIC we have created a number of bands. In doing this, we have also **eliminated the previous category of extremely high intensity cases** as these are provided for more flexibly by the VIC Bands.
Please bear in mind the following:

- Cases that involve high levels of **court attendance, significant travel**, or **access above the norm** are **NOT VICs** unless there are other factors that make them VICs: specific allowances are made for these circumstances using the D2 Tool (see section 7.3.2 *Travel that has a Significant Impact;* section 7.3.3 *Court Attendance;* section 7.3.4 *Access Above the Norm).*
- **A case is a child, not a family**. For example, if there are five children (cases) in a family and the total hours for child 1 comes to 30 hours that does not make them all VICs – you must **review the intensity for each individual child.** Section 5.4 on *Application of Intensity to Families where More than One Child Is a Case* provides important guidance on this.

In considering whether a case is a **very intensive case,** the approximate number of hours required to work the case over the next four weeks should be estimated

If the case is projected to take up 20 hours or more, the case is deemed to fall into the very intensive case category and the appropriate points (as below) should be awarded for the case. Remember also that when a case becomes a VIC it is no longer an intensive case – ensure that you do not double count that case as both a VIC and an intensive case.

[10] Mark Brierley Consulting (April 2017). *Analysis of Very Intensive Cases Data Returns: Briefing Report for the Caseload Management Steering Group.*

Approximately how much time do you think this case might occupy over the next four weeks?	Points
20 hours	22
21-30 hours	27
31-40 hours	38
40-60 hours	54
More than 60 hours	75

5.4 Application of Intensity to Families where More than One Child Is a Case

When there are several children in a family, make sure that you consider the intensity for each child individually: they may be different. Ensure that you are following the *Principles for Determining the Intensity of a Case* (section 5.2) when doing this.

If all the children in the family were to be automatically regarded as intensive because one child is an intensive case, the resulting caseload score would be too high and therefore inaccurate.

The totality of work required with parents/others should be considered in the **intensity level for one child;** for each remaining child intensity is considered for that child in their own right.

5.5 Retrospective Application of the *National Policy and Toolkit for Social Work Caseload Management (2018)*

The essence of the caseload management approach requires supervisor and supervisee to plan ahead and to estimate as best they can how manageable the caseload will be in the coming period. It is not intended to be a retrospective record of activity.

However, the revised CM1 now contains a specific section to record significant changes that have happened between supervision periods. Suggested uses for this section are:

- Where a worker finds they have to **substantially reprioritise their work in response to events,** this may be recorded in this section. This will reflect the extent to which the work the social worker had planned to do was affected. Where work is constantly being reprioritised it will result in a poorer service to children and their families.
- If there have been events since the last supervision that have **significantly affected the manageability of the caseload,** then they may be recorded in this section. For example, a caseload might have been temporarily unmanageable but has now returned to 'Busy. But Ok'. This section allows the circumstances behind this change and the impact it has had on the caseload to be recorded and reflected upon.
- The **team leader should review any emergent themes** related to significant changes to the caseload and **include this in their commentary on the CM2**.

Optionally, supervisor and supervisee might also agree occasionally to use the *National Policy and Toolkit for Social Work Caseload Management (2018)* **retrospectively as well as prospectively** if they wish to compare what had been planned to what was actually delivered.

6 TASK TWO: APPLYING THE APPROPRIATE READY RECKONER

As a result of Task One, the intensity level for each case on the caseload will have been decided. Each of the levels of intensity has a different weight, varying according to case type. These weights are evidence-based: the figures for intensive and less intensive cases were derived from the 2013 Pilot[11]; and the figures for very intensive cases were derived from research in 2016-17[12].

6.1 Less Intensive and Intensive Case Weights

The case weights for **intensive** and **less intensive cases**, according to each case type, are shown in the table below.

Table 1: Case Weights for all Case Types

Case type	RR	Intensive Case Weight	Intensive Case Weight	Intensive Case Weight
Short-Term	RR1	7	2	As per section 5.3.3
Child Protection	RR2	10	3.5	
Child Welfare/ Family Support Plan	RR3	9	2	
Children In Care	RR4	11.5	4.5	
Fostering	RR5	11	3	

A series of Ready Reckoners (RR) have been produced based on the case weights for intensive and less intensive cases. A ready reckoner is a look-up table so practitioners can find the correct score for their particular mix of cases without having to perform any maths. There is a separate document containing the **RRs.**

There are different RRs for each of the five case types, each with columns for the number of **intensive** cases and rows for the number of **less intensive** cases. An abbreviated RR2 is shown below. So, for example, nine intensive cases and four less intensive cases produce a score of 104.

Table 2: Abbreviated example of a RR (RR2)

RR2		Number of Intensive Cases (weight = 10)											
		0	1	2	3	4	5	6	7	8	9	10	→
Number of Less Intensive Cases (weight = 3.5)	0	0	10	20	30	40	50	60	70	80	90	100	Grid goes up to 25 or 30
	1	3.5	13.5	23.5	33.5	43.5	53.5	63.5	73.5	83.5	93.5	103.5	
	2	7	17	27	37	47	57	67	77	87	97	107	
	3	10.5	20.5	30.5	40.5	50.5	60.5	70.5	80.5	90.5	100.5	110.5	
	4	14	24	34	44	54	64	74	84	94	104	114	
	↓	Grid goes up to 60 (70 for fostering)											

[11] Mark Brierley Consulting (2014). *Caseload Management Pilot Final Report.*
[12] Mark Brierley Consulting (April 2017). *Analysis of Very Intensive Cases Data Returns: Briefing Report for the Caseload Management Steering Group.*

6.2 Very Intensive Cases (VICs)

The **number** of Very Intensive Cases (VICs) should be recorded on the CM1.

The **total score** for VICs should also be recorded.

The table below provides a quick reference look-up for the points awarded according to the amount of time a VIC is projected to take up. Fuller guidance on VICs is provided in section 5.3.3 *Very Intensive Cases*.

Approximately how much time do you think this case might occupy over the next four weeks?	Points
20 hours	22
21-30 hours	27
31-40 hours	38
40-60 hours	54
More than 60 hours	75

7 TASK THREE: APPLY THE D1 AND D2 TOOLS

7.1 What the D1 and D2 Tools May be Used For

The third task of the caseload management approach is to apply the D1 and D2 Tools as appropriate.

These are designed to be used for **activities which impact substantially on the time available to the worker to work on their allocated caseload.**

The **D1 Tool** is used for time spent on **Duty** while holding an allocated caseload.

The **D2 Additional Tasks Tool** is used for **any other blocks of activity that will take up a sizeable portion of the worker's time.**

7.2 How it Works for Duty: The D1 Tool

7.2.1 General Application The D1 Tool

The D1 Tool

a) This is applicable to **Duty/intake teams** and **other teams that provide a support function to Duty systems.**

b) For **fostering teams,** this includes systems that are in place in which workers deal with **enquiries, placement requests,** and **screening home visits.**

c) When someone is on Duty on a rotational basis, they **may spend all their Duty time on Duty activities;** or **they may spend only a small proportion of their time on Duty** while mainly working on their allocated caseload.

d) Note if someone works permanently on Duty every week **(a Pure Duty function),** the caseload management approach is not suitable, as the D1 is intended to award points to the worker for time spent away from their allocated caseload while working on Duty.

The D1 allows supervisor and supervisee to:

- Consider **how much time the worker will be spending on Duty** in the coming period (e.g. they may be scheduled to work on Duty for one day a week or one week in every four);
- **Estimate the proportion of that time that will actually be spent on Duty tasks** (the rest of the time being available to work on the allocated caseload);
- The worker may be required to spend some additional time on **follow up Duty tasks** when off the Duty roster and this should also be estimated where possible.

7.2.2 Time on Duty

Draw on your recent experience of working on duty and, to keep things simple, select one of the following:

I will be entirely working on Duty activities when on the rota	= 100%
Almost all time will be on Duty (or other) tasks	= 90%
Significant majority of time will be on Duty (or other) tasks	= 75%
Around half of the time will be on Duty (or other) tasks	= 50%
A significant minority of time will be on Duty (or other) tasks	= 25%
Not very much time will be on Duty (or other) tasks	= 10%

So, for example, if someone works on Duty for **2.5 days a week** every week and estimates that **75% of that time will be spent on Duty tasks,** the D1 gives them a score of 60.

		% of Time on Duty Tasks					
		10%	**25%**	**50%**	**75%**	**90%**	**100%**
Time per week on Duty for: Workers who tend to do this for part of a day or a few days every week	0.25 days	0.8	2	4	6	7.2	8
	0.5 days	1.6	4	8	12	14.4	16
	1 day	3.2	8	16	24	28.8	32
	1.5 days	4.8	12	24	36	43.2	48
	2 days	6.4	16	32	48	57.6	64
	2.5 days	8	20	40	60	72	80
	3 days	9.6	24	48	72	86.4	96
	3.5 days	11.2	28	56	84	100.8	112
	4 days	12.8	32	64	96	115.2	128
	4.5 days	14.4	36	72	108	129.6	144
	5 days	16	40	80	120	144	160
Workers who tend to do this for full week at a time every few weeks	1 week in 2	8	20	40	60	72	80
	1 week in 3	5.3	13.3	26.7	40	48	53.3
	1 week in 4	4	10	20	30	36	40
	1 week in 5	3.2	8	16	24	28.8	32
	1 week in 6	2.7	6.7	13.3	20	24	26.7
	1 week in 7	2.3	5.7	11.4	17.1	20.6	22.9
	1 week in 8	2	5	10	15	18	20

Note: The figures in this table are based around the recommended optimal caseload score of 160.

Workers with more irregular patterns:

- **Worker works on Duty 1 day only in four weeks:** This is exactly the same as a worker who works 0.25 days every week over four weeks – both of them work one full day over that period. So use the 0.25 days per week row.

- **Worker who works on Duty 1 day only in eight weeks.** First establish if they are working on Duty over the next four weeks.
  - If they are not on Duty during this period, then do not use the D1.
  - If they are on Duty during this period, then they are working 1 day in the next four weeks which, as in the previous example, is the same as someone working for 0.25 days for each of four weeks.

7.2.3 Follow-Up Work Arising from Time on Duty

Some workers will also undertake **follow-up tasks arising from their period on duty** (e.g. the day or week after they were on Duty).

This may vary from team to team but it is probable that the social worker and team leader can make a reasonable estimate of how much time this will take up, based on past experience.

For **every hour of follow-up** likely to be required over the next four weeks, **award an additional 1 point** and include this in the D1 score.

7.3 How it Works for Additional Tasks: The D2 Tool

7.3.1 General Application

The D2 Tool is intended to be used for **any other block of activity that takes up a sizeable portion of a worker's time,** such as:

- **Travel that has a significant impact on the caseload** (see section 7.3.2);
- Significant levels of **court attendance** (see section 7.3.3);
- Significant levels of **access above the norm** (see section 7.3.4);
- **Signs of Safety Group Supervision process** (see section 7.3.5);
- **Preparation and delivery of training courses;**
- The time involved in **supervising a student** (formally and informally);
- Circumstances where **cover is being provided for a team leader** (e.g. for annual leave);
- Responses by the social worker to **external requests for information** (e.g. FOIs, PQs, complaints, media enquiries);
- **Any other circumstances** that impact significantly and frequently on the time available to work on an allocated caseload.

For these tasks, work out approximately how many hours these tasks will involve over the next four weeks and use the D2 table below to produce a score. Note that a standard working week is 37 hours and a standard working day is 7.24 hours. For example, a social worker might know that they are covering for a team leader for 2 days (just under 15 hours) in total in the coming four week period, concentrated in one week. That produces a D2 score of 16.

D2 Additional Tasks Table[13]

Total hours in the next 4 weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D2 Score	1	2	3	4	5	6	8	9	10	11	12	13	14	15	16

Total hours in the next 4 weeks	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
D2 Score	17	18	19	21	22	23	24	25	26	27	28	29	30	31	32

If you have several Additional Tasks, add the total number of days and read off the table above.

The D2 Tool should NOT be used for individual supervision or team meetings(see section 7.3.5 *for Application of the D2 to Signs of Safety Group Supervision Process).* Because these repeat on areasonably regular basis, they are effectively constants, with minimal variation from supervision period tosupervision period and have already been of accounted for.

[13] This is based on a 37 hour week (148 hours over a four week period) producing the optimum score of 160. Note that the effect of rounding is the reason why 6 hours is 6 points but 7 hours in 8 points.

7.3.2 Application of D2 to Travel that has a Significant Impact on Caseload

A key principle of the approach to caseload management is **not** to try to measure every variable which might affect a caseload as this becomes too complicated. The calculation of case weights already has a built in allowance for certain level of normative travel. However, it is necessary to **make allowances where travel has a significant impact on the caseload.**

The threshold for significant impact is a case involving **travel of more than 2 hours (120 minutes) as a round trip (1 hour in one direction).** Travel below this threshold is regarded as being within normative boundaries.

- While considering the intensity of cases, some will be identified as having travel with a potentially significant impact on the caseload.

- For each of these, work out how much time is over the 2-hour round-trip threshold, taking into account:
  a. The **number of visits required** during the next four weeks;
  b. **Whether journeys might be co-ordinated for several cases** to offset the impact of that travel. In this situation, treat just one of those cases as having travel that has a significant impact.

- For all cases considered to have met the threshold for significant impact, add up the total extra time that qualifies and get the relevant score for this time from the **D2 Additional Tasks table.**

Example: Social worker has six cases where travel has significant impact.	
#1	Involves a 2½-hour round trip to see one child. The child will be visited once in the next four weeks. That means that **half an hour** is above the threshold and may be counted as significant travel (2 ½ hours minus the 2 hours threshold = ½ hour).
#2	Involves a 2½- hour round trip to see one child. The child will be visited twice in the next four weeks. That means that half an hour is above the threshold and may be counted as significant travel and because the worker does the trip twice this half hour may be doubled, making it **one hour.**
#3	Worker travels a long distance to visit a child in an out of Area placement. They will do this once in the next four weeks. This is a six hour round trip, with the result that **4 hours** is above the threshold for significant travel and may be counted as significant travel. (6 hours minus the 2 hours threshold = 4 hours).
#4 #5	Worker travels 4 hours but is able to complete two visits at the same time. You are allowed to regard one of these cases as above the threshold, with the result that **2 hours** may be counted as significant travel. (4 Hours minus the 2 hours threshold = 2 hours).
#6	Worker travels once in the next four weeks to attend court for a case that she previously worked in another Area. This is 3½ hour round trip, with the result that **1½ hours** is above the threshold for significant travel (3½ hours minus the 2 hours threshold = 1½ hours).
Total Significant Travel = 9 hours = 10 points.	

7.3.3 Application of the D2 for Court Attendance

Court-related work is part of the day-to-day social work task and should be considered when determining the intensity of the case (e.g. preparation for court: production of a report, telephone calls, and legal consults).

However, court attendance in some instances has been identified as having a significant impact on caseloads by requiring the social worker to be in attendance at court very frequently and for a substantial amount of time. In such circumstances this may be addressed using the D2 Additional Tasks table.

- Work out how much time court attendance is likely to occupy before the next supervision, and get the relevant score for this time off the **D2 Additional Tasks table.**

- **Travel to/from Court** is counted in the normal way (see section 7.3.2).

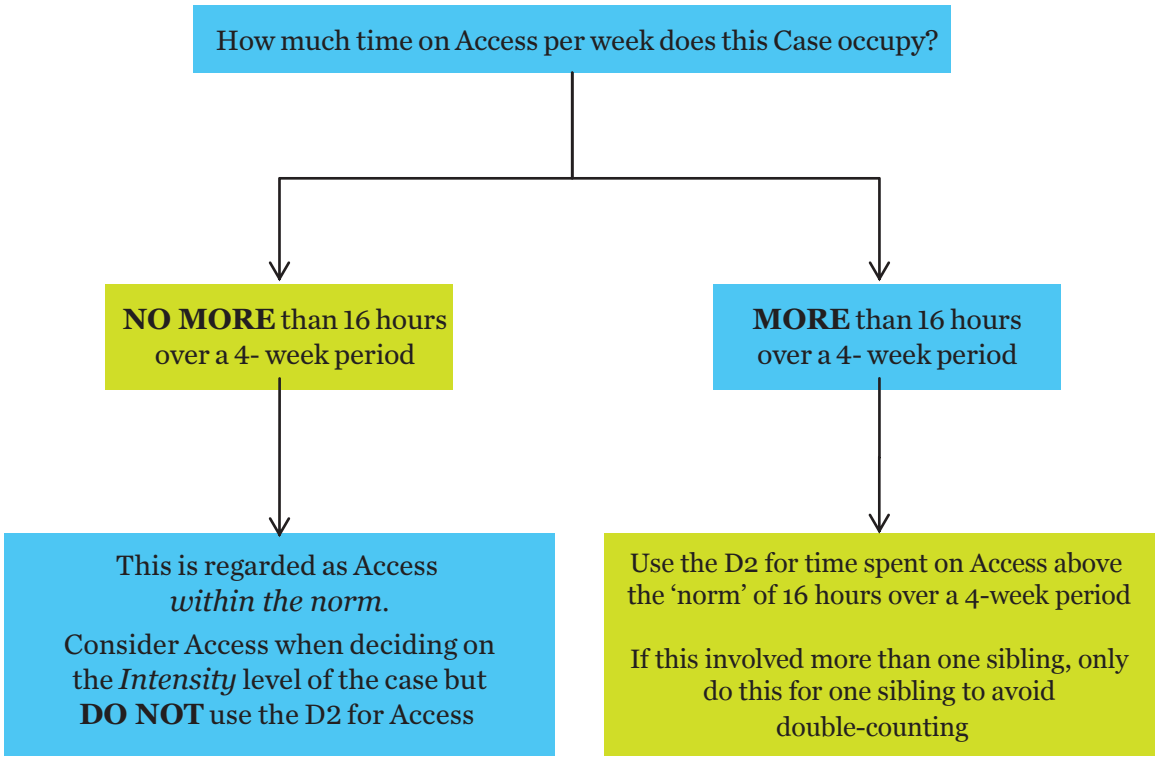
7.3.4 Application of the D2 for Access above the Norm

Access tasks that are required to be completed by the social worker should be looked at when considering the intensity of the case. This **includes** any **preparation for access** and **any post-access work** that may be required. Some access may involve much more preparation time or be much more contentious than others.

Where access is above the norm, the excess time may be addressed by using the D2 Tool.

Access *within* the norm (including any pre- and post-access work required) is defined, for caseload management purposes, as occupying **no more than 16 hours per case over a four-week period.**

Note that if significant travel is involved, the guidance in section 7.3.2 should be applied.



Examples of the application of the above are shown on the next page.

Example: Social worker has five cases where access tasks are required to be completed. Access appears to be above the norm in four of these.

1	Involves substantial preparation work and significant work with parents and occurs every week. It is taking around 6 hours every week which equates to 24 hours in a 4-week period.	This means that **8 hours** are above the threshold (24 hours minus the 16 hours threshold = 8 hours).
2 & 3	Involves substantial preparation work and post access input. There are two siblings in the same placement who attend together for access. To avoid double-counting, we consider the Access time for Child 1 only. The total time is 7 hours every week which equates to 28 hours over a 4-week period.	**12 hours** are above the threshold (28 hours minus the 16 hours threshold = 12 hours).
4	Involves around 6 hours every two weeks which equates to 12 hours in a 4-week period.	This is considered as **access within the norm.**
5	Involves substantial preparation and direct accesstime. There are three siblings: two are placed together and the third is in a different placement. Access time is 7 hours per week for parental/family access. Plus 6 hours every 2 weeks for siblings only access. So we have: **Parental Access:** 28 hours over a 4-week period. **Sibling Access:** 12 hours over a 4-week period. Giving a total of 40 hours in a 4-week period.	**24 hours** are above the threshold (40 hours minus the 16 hours threshold = 24 hours)
	Total Access = 44 hours **D2 table says 22 hours is 24 points, so double that to make it 44 hours= 48 points.**	

7.3.5 Application of the D2 to Signs of Safety Group Supervision Process

The D2 Tool should NOT be used for individual supervision sessions or team meetings. Because these repeat on a reasonably regular basis, they are effectively constants, with minimal variation from supervision period to supervision period and have already been accounted for.

However the **Group Supervision** process required under the Signs of Safety approach is a new task/activity. It is recommended it is undertaken every two weeks or at the very minimum at least once every four weeks. The group supervision session will take 90-120 minutes not including travel time for team members.

The D2 Tool may be used for workshops attended or facilitated by social workers which enhance and train on the use and practice of the Signs of Safety approach. An example of this is group participation when applying the harm matrix where the threshold for social work intervention is explored in the context of parental behaviour and evidenced impact on the child.

The Group Supervision process should be measured as follows:

- **Preparation** by the caseworker bringing the case should be included in the consideration of intensity of the case for that month (see section 5.2 on *Principles for Determining the Intensity of a Case).*
- **Attendance** at the group supervision process should be calculated using the D2. For example attendance at one group session of 120 minutes would yield 2 points; attendance at two sessions would be 4 points.
- **If any significant travel is involved,** the guidance in section 7.3.2 should be applied.

8 TASK FOUR: COMPLETE THE CM1 DOCUMENT

The CM1 document is used to generate the score for the caseload and record views on its manageability. A copy of the CM1 from each supervision should be kept alongside other supervision records for the supervisee.

8.1 Introductory Section of the CM1

The introductory section of the CM1 asks for some basic details: date of supervision, team, supervisor name and job title, supervisee name and job title.

8.2 Generating the Caseload Score

Caseload Score for intensive and less intensive cases	Record the number of intensive and less intensive cases for each relevant case type and record the relevant score for each as read off the correct RR (e.g. *RR2 for Child Protection*). Cases allocated during supervision to be included. Remember to use more than one RR if you hold cases across several case types.	The sum of all the scores for the RRs used should be recorded against: **a. Caseload score (sum of scores from RRs)**
Very Intensive Cases (VICs)	The number of very intensive cases should be recorded and the appropriate scores recorded Remember that VICs should NOT be included in the number of intensive cases to avoid double counting.	**b. Very Intensive Cases score**
Duty D1 Score (if relevant)	Where the worker is working on Duty, the D1 should be used to get a score for that work.	**c. D1 score**
Additional Tasks D2 Score	If the worker has any Additional Tasks, use the D2 to estimate the points this equates to.	**d. D2 score** *Briefly note what the D2 was used for.
Caseload Score (e)	Add together a+b+c+d to generate the caseload score.	**e. Caseload Score**
Newly Qualified Social Workers (NQSW) adjustment	An adjustment to the caseload score is made for newly qualified social workers (in their first 12 months since qualifying). • This follows the *Induction of Social Workers: A Policy and Guidelines for Children and Families Social Services* (HSE 2011) which states that NQSW should be taking 90% of the work undertaken by a competent second or third year qualified HSE social worker in their first 12 months since qualifying. • It does **not** apply to new starters to a team who are experienced social workers as the induction	Multiply e. above by 1.11 **f. Adjusted Caseload Score**

	• It does **not** apply to new starters to a team who are experienced social workers as the induction policy does not provide similar guidance for them. Cases may be more intensive for the new team worker as they familiarise themselves with their caseload.	
Part-time workers	Adjustment may be made for **part-time workers** (those on formal part-time contracts and those working part-time on a temporary basis e.g. people taking a day a week parental leave). Page 2 of the CM1 provides a table showing the ratios to be used. The standard working week is 37 hours.	**g. Part-time adjusted Caseload Score**

8.3 Supervisor/Supervisee Views on the Manageability of the Caseload

8.3.1 Both Supervisor and Supervisee must be involved in Discussion of Manageability

Application of the *National Policy and Toolkit for Social Work Caseload Management (2018),* including scoring the caseload, should not detract from the important conversations and discussions between team leaders and social workers that are central to good quality professional supervision.

A critical part of the process of caseload management is for supervisor and supervisee to discuss the manageability of the caseload.
Three options are provided: **Manageable - Busy But OK - Unmanageable** *(see section 8.4)*

It is central to the caseload management approach that the discussion of manageability is done as a **collaborative process.**

Both supervisor and supervisee **should be given the opportunity to express their views on manageability.**

The views of the supervisor and supervisee on the manageability of the caseload **MUST be recorded on the CM1.**

One of the functions of the supervision process is to afford the supervisee the opportunity to reflect on the impact of the work on them. It is of critical importance that supervisor and supervisee discuss how the supervisee is experiencing the caseload: the challenges it presents, how the supervisee perceives they are managing their caseload and the emotional impact of working with vulnerable children, young people, parents, carers and communities. The emotional impact of challenging cases should be taken into account when discussing the manageability of the caseload.

A good question to ask is **"How does it feel for you?"**

This is particularly important if the caseload score does not reflect how busy or pressurised the supervisee feels themselves to be. The supervisor should engage constructively with the supervisee to help manage the caseload and address the presenting challenges.

8.3.2 Differences of Opinion and/or Disagreements between Supervisor and Supervisee

The essence of the caseload management approach is collaborative and places an onus on both supervisor and supervisee to engage openly in the process.

Disagreement about **intensity and/or manageability** levels may arise from time to time and where this occurs, should prompt a constructive discussion between supervisor and supervisee. Differences of opinion may be healthy as they may aid reflective discussion. Some of the variations in views on the intensity of individual cases might also be the basis for a team discussion as a learning exercise to develop further understanding of intensity.

- Every effort should be made to resolve differences of opinion within supervision.
- Typically this will involve consideration of different views of the intensity of certain cases.
- Sufficient time needs to be allowed for a discussion in these circumstances.
- Sometimes the variation in opinion might occur where a caseload is on the cusp between two bands of the range (e.g. the range might predict a score of 190 or 210 – see section 8.4 *Use of the Range*) and these variations in supervisor/supervisee views will not be of significant concern.

However, if either supervisor or supervisee regards a caseload to be unmanageable over three consecutive months, the matter should be brought to the attention of the principal social worker.

- The principal social worker should explore with both parties the reasons for the variation in views/ disagreements and assist in resolving.
- Unresolved differences of opinion and disagreements should be clearly recorded on the CM1 form.

Where differences of opinion and disagreements cannot be resolved, the policy and procedures within the *Child and Family Support Agency Staff Supervision Policy (Standard Operating Procedures and Interim Standards)* (CFSA 2013) should be followed.

Where there are disagreements this should be included in the supervision record and actions taken to address this.

8.4 Use of the Range

When supervisor and supervisee have discussed their views on the manageability of the caseload, this may then be compared to the predictions of the range.

It is Tusla's National Policy that the optimal score to aim for on caseloads is 160.

The Range is intended to:

- Provide a 'third voice' in the room that compares the mix of cases on the caseload to a national average for that mix.
- Provide a measurable method for looking at caseloads that is more useful than simply counting cases because it makes allowances for different levels of intensity for cases.
- Help to develop a common language about manageability.
- Be broad enough to provide room for professional judgement and flexible enough to enable supervisor and supervisee to take external (or personal) factors into account.
- Assist practitioners in identifying how close caseloads are to becoming unmanageable or what scope there is for allocating another case.
- Where there is significant variation between what the range predicts and the views of the supervisor and supervisee, the reasons for this should be explored by the two participants in the process. For example, it may be that very experienced workers are comfortable holding caseloads that the range predicts to be unmanageable.

The Bands within the Range are:

Final Caseload Score	Band
0-120	Manageable
121-199	Busy but ok
200 or over	Unmanageable

Both **Manageable** and **Busy But Ok** caseloads are **acceptable.**

It is very important to note scores that fall within the same band of a range are not directly comparable.

- The range is **NOT** intended to act as a **performance management tool.** It is intended to promote balanced caseloads.
- Someone with a score of 160 does not necessarily have a busier caseload than someone with a score of 150 because other mitigating or aggravating factors may be having an impact.
- This is why **professional judgement** is paramount in the process and the prediction of the Range should be regarded as a supplementary "third voice in the room".

8.5 Significant Changes to the Caseload Since the Last Supervision

A new section has been added to record significant changes to the caseload since the last supervision. See section 5.5 on *Retrospective Application of the Policy and Toolkit*.

8.6 Unmanageable Caseloads: Actions Taken to Address Unmanageability

Section 2.2 of this document defines roles and responsibilities for different levels of staff where a caseload is deemed to be unmanageable.

A new section has been added to the CM1 to record *Unmanageable Caseloads: Actions Taken to Address Unmanageability*.

8.7 Supervisee and Supervisor Comments and Signatures

Supervisee and supervisor should both sign the CM1 and there is space for both to make comments. The commentary may include challenges and difficulties within the caseload in responding to and meeting the needs of vulnerable children and their families.

8.8 Completed Example of the CM1

The page that follows shows an example of a completed CM1.

CM1: Caseload Management Recording Tool

Team: *Child Protection and Welfare*

Date of Supervision: *September 18th 2018*

Supervisor: *Mary Ellen Greene*

Job title: *Social Work Team Leader*

Supervisee: *Jonathan Browne*

Job title: *Professionally Qualified Social Worker*

Ready Reckoners	RR1 Short-Term	RR2 Child Protection	RR3 Child Welfare / Family Support Plan	RR4 Children in Care	RR5 Fostering
# Intensive Cases		3	2	2	
# Less Intensive Cases		3	1		
Score (from RR)		40.5	20	23	

a. Caseload score (sum of scores from RRs) a. 83.5

Very Intensive Cases (VICs) 3

b. Total points for VICs b. 103

c. D1 score, if relevant (Duty) _____ c. 0

d. D2 score, if relevant (Additional Tasks) d. 40

e. Caseload Score: total for a+b+c+d = e. 226

Briefly note what you used D2 Additional Tasks score for

Half day a week in Court on 6 cases (2 days in next 4 weeks= 16 pts)

9 hour journey to child placed outside of the Area = 7 hours

Significant Travel = 8 pts

2 court directed Access per week –= 16 pts

If worker is newly qualified (in first 12 months since qualifying), multiply the Caseload Score ("e" above) by 1.11: **Adjusted Caseload Score** f. 251.41

If worker is part-time, multiply the Caseload Score ("e" above; or "f" if they are newly qualified) by the ratio shown on the page overleaf that best represents their hours:

Ratio used N/A **Part-Time Adjusted Caseload Score** g.

Views on the Manageability of the Caseload

Supervisor	☐ Manageable	☐ Busy but OK	☑ Unmanageable
Supervisee	☐ Manageable	☐ Busy but OK	☑ Unmanageable
Range prediction	☐ Manageable	☐ Busy but OK	☑ Unmanageable

Significant Changes to the Caseload since the last Supervision

As a consequence of the need to conduct an unexpected visit to a child in care outside of the area and also the amount of court-related work (attendance and preparation) I have been unable to make a number of Home Visits to parents with whom I am carrying through a Parenting Capacity Assessment. I am also unable to make a number of necessary visits to children in care.

I have been unable to complete necessary recording and case notes and letters of advocacy to other agencies. I am unable to locate a school placement for a child in care and I am working collaboratively with the EWO in relation to this case. I am currently trying to locate a resource to complete a court-directed Psychological Assessment for a child in care and I am unable to secure funding for necessary orthodontic treatment for a child. I am unable to access a treatment programme for a child in care where there are concerns of child sexual abuse. I am stressed by the administrative tasks needing to be completed for a Child in Care Statutory Review.

My caseload is now 'Unmanageable.'

Unmanageable Caseloads: Actions to be taken to address Unmanageability

- *Explore possibility of accessing other services for less intensive cases or placing on waiting list.*
- *Appointment of social care worker to follow through on direct work with children.*
- *Advocate with principal social worker re identified gaps in services.*
- *Possibility of senior social work practitioner to co-work complex cases.*
- *Team Leader and Social Worker to review manageability of caseload again in on Oct 1st.*

Supervisee Comments

I am very stressed by my Caseload currently and worried that I am unable to complete my recording and administrative tasks. I am concerned also that I am unable to locate the services and resources needed for the vulnerable children and families with whom I work. I am concerned also that due to the work needing to be carried through on my Caseload that some of the direct work with children tasks are referred to my Social Care Worker colleagues. I would like to work directly with children and to support the voice of the child in my work.

Supervisee signature: *Jonathan Browne* Date: 18/9/2018

Supervisor Comments

Jonathan is 10 months post qualification – his Caseload is not appropriate for a newly qualified Social Worker

Supervisor signature: *Mary Ellen Greene* Date: September 18th 2018

Actions required should be clearly recorded on the Supervision File.

Additional Guidance

Part-Time Workers

Adjustment needs to be made for part-time workers (both those on a formal part-time contract and those working part-time on a temporary basis such as people taking a day a week for parental leave).

Tick	Worker works	Multiply score by
☐	4.5 days a week	1.11
☐	4 days a week	1.25
☐	3.5 days a week	1.43
☐	3 days a week	1.67
☐	2.5 days a week	2
☐	2 days a week	2.5
☐	1.5 days a week	3.33

Tick	Worker works (based on 37 hour week)	Multiply score by
☐	28 hours a week	1.32
☐	27 hours a week	1.37
☐	26 hours a week	1.42
☐	25 hours a week	1.48
☐	24 hours a week	1.54
☐	23 hours a week	1.61
☐		

Tick	Worker works	Multiply score by
☐	22.5 hours a week	1.65
☐	22 hours a week	1.68
☐	21 hours a week	1.76
☐	20 hours a week	1.85
☐	19 hours a week	1.95
☐	18 hours a week	2.06
☐	17 hours a week	2.18

9 TASK FIVE: COMPLETE CM2 CASELOAD MANAGEMENT TEAM SUMMARY TOOL

9.1 General Application

The *CM2 Caseload Management Team Summary Tool* summarises pressures on the team and individuals, showing trends over time, placing the caseloads of individual workers within the context of the team as a whole, and facilitating discussions with principal social workers and area managers.

Page 1 captures **information on the caseloads of individual workers,** derived entirely from information recorded on the CM1. For each worker, information from the CM1 from their most recent supervision session should be used.

Page 2 allows team leaders to record **contextual information for the team around staffing,** changes in demand, and unallocated cases. Any themes relating to significant changes to caseloads and patterns of unmanageable caseloads should also be recorded here.

Page 3 allows team leaders to record **issues related to their own workload**.

CM2s should be subject to a look-back review by area management teams every quarter.

9.2 Roles and Responsibilities in Relation to the CM2

Team Leaders

- Team leaders must **ensure that CM2s are completed at the end of each month** using the most recent available information.
- Team leaders must **forward CM2s to principal social workers** on a monthly basis.

Principal Social Workers

- The information from the CM2s must be **discussed routinely by the principal social worker with team leaders** at an appropriate forum.
- Particular attention must be paid to the information on **manageability levels** in the team/area.
- Using the CM2 Caseload Management Team Summary Tools and discussions with their team leaders, principal social workers must complete the **CM3 Caseload Management Principal Social Worker Summary Tool** and forward this to their area manager on a quarterly basis.

Area Managers

- Area managers must ensure that a **retrospective area quarterly review** of caseload management data takes place.
- The area manager with the area management team must **review the information and issues arising** from the CM3 Caseload Management Principal Social Worker Summary Tools on a quarterly basis and **identify necessary actions** including strategic actions, advocacy for resources etc.
- A short **briefing report** must be provided to staff, on a **quarterly basis**, on the **progress in addressing barriers** to making caseloads more manageable. This might include commentary on staffing, admin, ICT systems.

- Using the CM3s and quarterly review by the Area Management Team, area managers must **complete the CM4 Caseload Management Area Manager Summary Tool** and forward this to their service director on a quarterly basis.

Service Directors

- The service director with the regional management team **must review the information and issues arising** from the **CM4 Caseload Management Area Manager Summary Tools** on a quarterly basis and **identify necessary actions** including strategic actions, advocacy for resources etc.

- **Aggregated information on manageability levels** must be provided to teams.

9.3 Team Leader Workloads

The revised CM2 now has a third page to allow team leaders to record their views on their own workload. It asks:

- What particular demands and pressures have you experienced as team leader in managing/supporting/resourcing the work of your team?

- How manageable is your own workload?

- What would help to make it more manageable?

9.4 Completed Example of the CM2

A completed example of the CM2 follows.

CM2: Caseload Management Team Summary Tool
To be completed every month, holding the most recent information from either supervision or caseload reviews.

Team: _____ *Child Protection and Welfare* _____ Team Leader: _____ Aine Power _____ Date: _____ 2nd October 2018 _____

Date	Worker	P/T Days or Hours	No. of cases			D1 Score	D2 Score	Final Caseload Score[14]	Manageability		
			Less Intensive	Intensive	Very Intensive				Supervisor view	Supervisee view	Range prediction
9/9/18	*Rachael Dennison*	4 days	7	9	0	32	0	183	BBOK	Unmanag	BBOK
10/9/18	*Clare Anne Mooney*	F/T	3	16	2 (49)	16	24	259.5	Unmanag	Unmanag	Unmanag
17/9/18	*Laura Scott*	F/T	5	15	0	8	0	181.5	BBOK	BBOK	BBOK
17/9/18	*Maeve Gallivan*	NQ F/T	11	5	1 (38)	20	8	171.5	BBOK	BBOK	BBOK
24/9/18	*Lauren Brown*	F/T	12	16	0	8	8	227	Unmanag	Unmanag	Unmanag
10/9/18	*Terri Williams*	22.5 hrs	4	7	0	16	0	172	BBOK	BBOK	BBOK

How many caseloads are:	**Manageable**	**Busy But Ok**	**Unmanageable**
Supervisor view	**0**	**4**	**2**
Supervisee view	**0**	**3**	**3**

[14] Note: this should be the Caseload Score on the CM1 after all adjustments have been applied. For most staff this will be box E; if the worker is a NQSW it would be box F; if they are Part-Time it would be box G. If they are both NQSW and Part-Time, it would be box G. ALWAYS use the box on the CM1 that is the furthest on in the alphabet.

Contextual Information

Staffing/resource issues

A NQ social worker commenced work with us last month. TW has returned from long term sick leave and has reduced his working hours. LB is going on Maternity Leave at the end of the month and to date there is no one to replace her despite post being sanctioned for filling. An access worker is currently helping with additional Access requirements and this is a support to social workers. We now have a designated admin worker and this is a very positive development for the Team.

Any significant changes in levels of demand?

There is constant change in the caseloads for workers with all workers having a variety of Cases. Caseloads include children active on the CPNS, Children in Short Term Care, CSA Assessments, and Court Work. While the number of cases transferred in to the Child Protection Team has not fluctuated greatly over the last number of months, the cases are becoming more complex and demanding. Many cases have multi-professionals involved with whom considerable and continuous liaison and collaboration is required. The demands of court have been quite onerous more recently and this has had an impact on planned work, of which some tasks have not been completed. Lack of placements for Children in Care, especially teenagers is a particular challenge. There are a number of children in private placements (6). 4 of these placements are in counties quite a distance away, with travel time impacting on the caseloads in those situations

Profile of unallocated cases (and any significant changes to this)

4 cases (2 on the CPNS and 2 CIC) are due to transfer in to the child protection team next week and a further 12 have been identified as needing to transfer at the end of the month. In addition a number of LB's cases will need to be moved to the unallocated list, although some will be closed and I will be reallocating some within the team. This will mean that the Unallocated List will increase to around 20-25 by the end of the month.

What are the main challenges/issues that are affecting the workload of the team?

I am becoming rather concerned about the pattern of unmanageability emerging in the team. Two of the more experienced social workers have had unmanageable caseloads for two consecutive months and while I have reallocated within the team, I have only been able to reduce one of the caseloads although it is still in the unmanageable band. The NQ social worker is energetic and capable but is carrying an intricate high level VIC case which is not ideal to say the least. If we are not able to fill the maternity vacancy speedily the situation in the team will deteriorate further with no space for reallocating / allocating. As a team leader, I feel that I am not able to provide the necessary support that the Team needs at present. Supervision has had to be cancelled or rearranged a number of times over the last few months. There is little time or space for reflecting on the work at present. I am also concerned about administrative tasks not being completed, paperwork falling behind.

Any other comments on the workload of the team as a whole?

The workload will continue to increase or at least remain stable and it is vital, if we are to retain the staff who are in the Team, that vacant posts are filled in a timely fashion. The constant need to deallocate/reallocate cases/reprioritise work because of vacant posts/lack of adequate resources is not helpful to the morale of the Team nor is it in the interests of the children and families with whom we work. The principal social worker is very supportive in helping to address the issues involved and has advised that the next retrospective review by the area manager of the Caseload Management data will be an opportunity to consider what is emerging from the CM2s with Actions identified where gaps are evident. Staff are feeling stressed and anxious about being unable to allocate adequate time for the timely completion of documenting and evidencing their work due to constant reprioritisation of work.

Team Leader Workload

What particular demands and pressures have you experienced as team leader in managing/supporting/resourcing the work of your team?
A particular challenge for me as a team leader is ensuring that team morale is maintained so that staff can continue to be energised and effective in their work. This can be difficult to achieve when there are so many gaps.

What impact, if any, have recent national transitions/developments had on your workload (for example, Children First, Signs of Safety, new policies/practices/procedures etc.)?
The introduction of the Signs of Safety approach will have many benefits, I am sure, and my Team and I are excited about working in this way with children and families. As team leader my main concern is that I will be given the time and space to drive this forward, that is, to adequately learn about the approach, to engage constructively in the ongoing training and practice sessions required. As team leader I will have a very significant role in implementing the approach in my team.

How manageable is your own workload? What would help to make it more manageable?
At this transitional point in time, a smaller team of social workers, ie 4 rather than 6, with a corresponding reduction in the overall team caseload, would help me to carry out my role as team leader more effectively. I consider that it would allow me to both provide an improved level of supervision and support to individual workers and also to participate more fully in the development and implementation of new Agency initiatives.

Signed: *Aine Power* **Print Name: AINE POWER** **Date:** *2/10/2018*

10 CM3 AND CM4 TOOLS

10.1 Flow of Caseload Information

Tusla Senior Management Team has decided that it is required that the CM3 Caseload Management Principal Social Worker Summary Tool and the CM4 Caseload Management Area Manager Summary Tool are used.

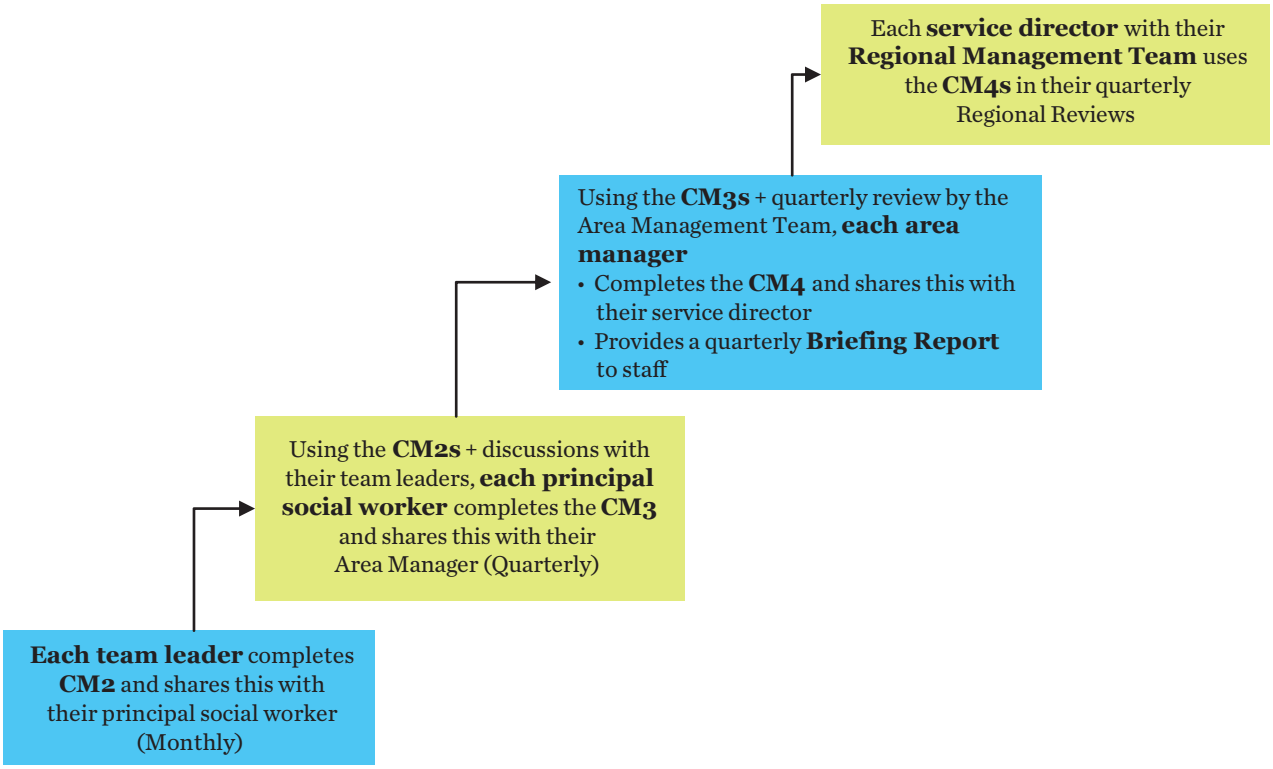
- Each **principal social worker** must complete a single **CM3** covering all their teams and share this with their area **manager on a quarterly basis;**
- Each **area manager** must complete a single **CM4,** drawing on the CM3s of their principal social workers, and share this with their **service director on a quarterly basis.**

(See section 2.1 Roles and Responsibilities: General Overview and section 9.2. Roles and Responsibilities in relation to the CM2).

The CM3 and CM4 also have sections for principal social workers and area managers respectively to comment on the manageability of their own workloads.

Blank copies of the CM3 and CM4 are included towards the end of this document.

The flow of information on caseloads is as follows:



10.2 Data Metric

A **Data Metric** on manageability will be available that will report the manageability of caseloads at team, area or regional level. This will promote oversight of the extent to which there are *"defined manageable caseloads for all social workers, with caseloads reviewed on an ongoing basis"* (section 1.1).

This will collect information on the number of caseloads which are *Manageable, Busy But Ok* and *Unmanageable,* from the perspective of supervisors, and enable the percentage of caseloads that are 'acceptable' (**Manageable** or **Busy But Ok**) or **Unmanageable** to be reported.

This information will be captured on a monthly basis so that it aligns with other indicators of pressure on the Agency (e.g. referrals, unallocated cases).

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12 GLOSSARY OF ABBREVIATIONS

CIC	Children in Care.
CM1	Caseload Management Tool: the primary tool to be used for Caseload Management.
CM2	Caseload Management Team Summary Tool: the mechanism for aggregating CM1s across a whole Team and describing the overall pressures and context for caseloads within the Team (see section 9).
CM3	Caseload Management Principal Social Worker Summary Tool: the tool which principal social workers complete and share with their area manager(see section 10).
CM4	Caseload Management Area Manager Summary Tool: the tool which area managers complete and share with their service director(see section 10).
CP	Child Protection.
CP&W	Child Protection and Welfare.
D1	Duty Ready Reckoner tool: This is used to work award points a worker for their time away from the allocated caseload while working on a Duty roster (see section 7.2).
D2	The Additional Tasks Ready Reckoner tool: This is used for any other blocks of activity that take up a sizeable portion of the worker's time (see section 7.2), with specific guidance around its potential use for travel that has a significant impact (section 7.3.2), Court attendance (section 7.3.3) and Access above the norm (section 7.3.4).
FLW	Fostering Link Worker.
RR	Ready Reckoner: A short look-up table to enable practitioners to find the correct score for their particular mix of cases without having to perform any maths. There is a separate document containing the Ready Reckoners.
RR1	The Ready Reckoner for Short-Term cases.
RR2	The Ready Reckoner for Child Protection and Welfare cases.
RR3	The Ready Reckoner for Child Welfare/Family Support Plan cases.
RR4	The Ready Reckoner for Children-In-Care cases.
RR5	The Ready Reckoner for Fostering cases.
SW	Social Worker.
VIC	Very Intensive Case (see section 5.3.3).

Appendix 1: Factors That Affect Caseloads

Set of Factors	Why this is important	Examples
Not just Cases	Time available to work on cases doesnot equate to the time a worker is contracted to work because of other legitimate demands on the practitioner's time.	There is a range of non-case activities the social worker might be required to undertake, such as non-case meetings, induction, training, supervision.
Demand factors	The overall level of work in a socialwork department / team will be influenced by local demand factors	Demand for social work services is likely to be influenced by issues such as local demographics, levels of deprivation and geography. Demand for social work services will also be influenced by the capacity of other agencies to respond to lower level needs: the extent and success of preventive and early intervention activity that might arise through effective interagency processes, the availability of local preventive resources and services, and the understanding of other agencies about when to involve social work services in a case. Individual cases will have different levels of intensity/ complexity, and those levels of intensity /complexity may change over time. Child protection and child welfare alone are not sufficient as indicators of intensity or complexity: a child protection case may be stable, and a child welfare case may be moving towards crisis.
Entry, Throughput and Exit	Without well-defined processes forthe entry, throughput and exit of cases, caseloads will become full.	There is a need to be clear about what legitimate work is for Tusla, based on national policy, legislation and guidance. The development the Signs of Safety approach and mandatory reporting under Children First are part of this: • The robustness of local 'gatekeeping' processes will influence 'entry' (e.g. dedicated Screening/ Intake teams). • The robustness of local systems for determining response according to the current 'needs' of a case will influence management of the caseload.

Set of Factors	Why this is important	Examples
		Expectations of the work to be undertaken (e.g. requirements around initial assessments, full assessments, child protection and care procedures, planning and review) will inflence caseloads. Expectations with regards to case closure and step-down or step-up processes will also impact on caseloads.
Organisational Design Factors	Organisational design factors will influence which teams receive and work with which cases, and when cases should be transferred to another team	Organisational design factors include: • Structural reorganisation as Tusla develops • Duty and Intake structures • Geographical structures • Social work involvement in integrated teams • Allocation processes and the operation of 'waiting lists' • Role definition (Social worker role compared to, for example, social care workers, family support workers within the team) • Admin support • Supervision: critical to overviewing caseloads safely while also managing entry, throughput and exit factors
Staff Profile Factors	The profile of available staff is vital in order to meet the demands placed upon them	In addition to the number of posts, other issues that will affect caseloads in practice include: Turnover levels and vacancies Allocation policy and practice with regards to ability, experience, qualifications, interests Allocation policy and practice to provide an interesting and manageable caseload mix

Appendix 2: Caseload Management Steering Group

John Smyth, Service Director, West (project sponsor and Chair of Caseload Management Steering Group up to September 2016);

Linda Creamer, Service Director, Dublin North East (member of steering group up until September 2016; project sponsor and Chair of Caseload Management Steering Group since September 2016);

Gary Kiernan, Regionalist Specialist and Project Manager for Caseload Management to April 2017;

Séarán Boland, Principal Social Worker, Dublin North (steering group member from April 2017 and Project Manager for Caseload Management from August 2017);

Representative from Social Work Areas (including the four sites that were involved in the original Caseload Management Pilot):

- **Patricia Finlay**, then Area Manager, Dublin South West/Kildare/West Wicklow (to November 2016);
- **Jim Gibson,** then Area Manager for Waterford/Wexford (to November 2016);
- **Susanne Pelican-Kelly,** Senior Social Worker, Cork (from April 2017);
- **Catherine Sweeney,** Principal Social Worker Louth/Meath (to November 2016);
- **Angela Toolis,** Area Manager Galway/Roscommon (to March 2017);

Representatives from IMPACT/Fórsa:

- **Marie Levis,** Assistant General Secretary (to July 2017);
- **Chris Cully,** Assistant General Secretary (from August 2017);
- **Maura Cahalan,** Chairperson of the Health and Welfare Division (from January 2018);
- **Maria Hayes,** Principal Social Worker;
- **Sinead Murtagh,** National Social Work Vocational Group;
- **Kevin Webster,** Principal Social Worker (to September 2017).

Representative from the Tusla Programme Management Office: **Séamus Woods,** Programme Manager (From October 2017).

Representatives from Workforce Learning Development (WLD):

- **Mary J Egan,** Principal Social Worker (to April 2018);
- **Peggy Healy,** Training and Development Officer (from April 2018)

Mark Brierley, Consultant;
Linda Gallagher, Tusla Project Manager (to April 2017), Consultant (from April 2017).

Administrative support to the Chair of the Steering Group and Project Team:

- **Jacqueline Patton,** Office of the Service Director, West (to September 2016)
- **Mary McAleese,** Office of the Service Director, Dublin North East, (from September 2016).

Caseload Management Project Team
Mark Brierley
Séarán Boland (from August 2017)
Mary J Egan (to April 2018)
Gary Kiernan (to April 2017)
Linda Gallagher
Peggy Healy (from April 2018)

CM1: Caseload Management Recording Tool

Team: _____ Date of Supervision: _____

Supervisor: _____ Job title: _____

Supervisee: _____ Job title: _____

Ready Reckoners	RR1 Short-Term	RR2 Child Protection	RR3 Child Welfare / Family Support Plan	RR4 Children In Care	RR5 Fostering
# Intensive Cases					
# Less Intensive Cases					
Score (from RR)					

a. Caseload score (sum of RRs scores) **a.**

Very Intensive Cases (VICs) ☐

b. Total points for *VICs* b.

c. D1 score, if relevant (Duty) c.

d. D2 score, if relevant (Additional Tasks) d.

e. Caseload Score: total for a+b+c+d = e.

Briefly note what you used the D2 Additional Tasks score for

If worker is newly qualified (in their first 12 months since qualifying), multiply the *Caseload Score* ("e" above) by 1.11:

Adjusted Caseload Score f.

If worker is part-time, multiply the *Caseload Score* ("e" above; or "f" if they are newly qualified) by the ratio shown on the page overleaf that best represents their hours:

Ratio used ☐ **Part-Time Adjusted Caseload Score g.**

Views on the Manageability of the Caseload

Supervisor	☐ Manageable	☐ Busy but OK	☐ Unmanageable
Supervisee	☐ Manageable	☐ Busy but OK	☐ Unmanageable
Range prediction	☐ Manageable	☐ Busy but OK	☐ Unmanageable

Significant Changes to the Caseload since the Last Supervision

Unmanageable Caseloads: Actions Taken to Address Unmanageability

Supervisee Comments

Supervisee signature: _____ Date: _____

Supervisor Comments

Supervisor signature: _____ Date: _____

Actions required should be clearly recorded on the Supervision File.

Additional Guidance

Part-Time Workers

Adjustment needs to be made for part-time workers (both those on a formal part-time contract and those working part-time on a temporary basis such as people taking a day a week for parental leave).

Tick	Worker works	Multiply score by
☐	4.5 days a week	1.11
☐	4 days a week	1.25
☐	3.5 days a week	1.43
☐	3 days a week	1.67
☐	2.5 days a week	2
☐	2 days a week	2.5
☐	1.5 days a week	3.33

Tick	Worker works based on 37 hour week)	Multiply score by
☐	28 hours a week	1.32
☐	27 hours a week	1.37
☐	26 hours a week	1.42
☐	25 hours a week	1.48
☐	24 hours a week	1.54
☐	23 hours a week	1.61
☐		

Tick	Worker works	Multiply score by
☐	22.5 hours a wk	1.65
☐	22 hours a week	1.68
☐	21 hours a week	1.76
☐	20 hours a week	1.85
☐	19 hours a week	1.95
☐	18 hours a week	2.06
☐	17 hours a week	2.18

Range for Cases

The range below provides an indication of the manageability of the caseload.

Note that it is Tusla policy that the optimal score for a caseload is 160.

This is a tool to guide discussion on manageability and acts as a 'third voice' to the discussion.

- This should not detract from the important conversations and discussions, between team leader and social worker that are central to good quality professional supervision.
- It should *not* be used as a straitjacket as there may be other mitigating or aggravating factors being considered.
- It is **not** intended to act as a **performance management tool:** it is intended to promote balanced workloads.
- Both **Manageable** and **Busy But Ok** caseloads are acceptable.

Final Caseload Score	Band
0-120	Manageable
121-199	Busy But Ok (BBOK)
200 or over	Unmanageable

CM2: Caseload Management Team Summary Tool

To be completed every month, holding the most recent information from either supervision or caseload reviews.

Team: _____ Team Leader: _____ Date: _____

Date	Worker	P/T Days or Hours	No. of cases			D1 Score	D2 Score	Final Caseload Score[15]	Manageability		
			Less Intensive	Intensive	Very Intensive				Supervisor view	Supervisee view	Range prediction

How many caseloads are:	Manageable	Busy But Ok	Unmanageable
Supervisor view			
Supervisee view			

[15] Note: this should be the Caseload Score on the CM1 **after all adjustments have been applied.** For most staff this will be box E; if the worker is a NQSW it would be box F; if they are Part-Time it would be box G. If they are both NQSW and Part-Time, it would be box G. ALWAYS use the box on the CM1 that is the furthest on in the alphabet.

Contextual Information

Staffing/resource issues

Any significant changes in levels of demand?

Profile of unallocated cases (and any significant changes to this)

What are the main challenges/issues that are affecting the workload of the team?

Any other comments on the workload of the team as a whole?

Team Leader Workload

What particular demands and pressures have you experienced as team leader in managing/supporting/resourcing the work of your team?

What impact, if any, have recent national transitions/developments had on your workload (for example, Children First, Signs of Safety, new Policies/Practices/Procedures etc.)?

How manageable is your own workload? What would help to make it more manageable?

Signed: _____ **Print Name:** _____ **Date:** _____

CM3: Caseload Management Principal Social Worker Summary Tool

The CM3 is intended to support **Principal Social Workers** and **Area Managers** in fulfilling the roles and responsibilities set out in the *National Policy and Toolkit for Social Work Caseload Management* (2018) in sections:

- *2.1 Roles and Responsibilities: General Overview;*
- *2.2 Responding to Unmanageable Caseloads;*
- *9.2 Roles and Responsibilities in relation to the CM2;*
- *10 CM3 and CM4 Tools.*

The CM3 provides a mechanism for key information on caseload manageability across all teams in the principal social worker's remit to be shared with the area manager on a **minimum quarterly basis**.

Data

CM2s should be completed on a monthly basis. The CM3 should be used by PSWs to summarise the data on the CM2s for all the Teams that are under their remit or each of the three months in a quarter (i.e. three CM2s per Team).

Area: _____ Principal Social Worker: _____ Quarter: _____

CM2 Month	Team	Team Leader	According to the Supervisor, how many caseloads are:			Total # Caseloads	% that are Unmanageable
			A. Manageable	B. Busy But Ok	C. Unmanageable	D Sum of A+B+C	C ÷ D

Manageability

What comments do you have on the levels and patterns of manageability within the teams under your remit?

What actions have been taken by yourself as Principal Social Worker and your Team Leaders to address any issues relating to *Unmanageable* caseloads for Social Workers and the workloads of Team Leaders?

What support do you need from the Area Manager and Senior Management to make the caseloads of Social Workers and the workloads of Team Leaders more manageable?

Contextual Information

Staffing/resource issues

Any significant changes in levels of demand?

Any issues relating to unallocated cases?

Impact of any new national transitions/developments on the caseloads of Social Workers and the workloads of Team Leaders

Principal Social Worker Workload

How manageable is your own workload? What would help to make it more manageable?

Actions Agreed by the Area Manager and Principal Social Worker

Principal Social Worker

Signed: Print Name: Date:

Area Manager

Signed: Print Name: Date:

CM4: Caseload Management Area Manager Summary Tool

The CM4 is intended to support **Area Managers** and **Service Directors** in fulfilling the roles and responsibilities set out in the National Policy and Toolkit for Social Work Caseload Management (2018) in sections:

- *2.1 Roles and Responsibilities: General Overview;*
- *2.2 Responding to Unmanageable Caseloads;*
- *9.2 Roles and Responsibilities in relation to the CM2;*
- *10 CM3 and CM4 Tools.*

This CM4 provides a mechanism for key information on manageability across all teams in the Area Manager's remit to be shared with the Service Director **on a minimum quarterly basis.**

Data

The CM4 is a tool which should be used on a Quarterly basis to inform the Regional Quarterly Review of the information from the CM2s. Information should be provided on the teams for each of the 3 months in the quarter.

Area: _____ Principal Area Manager: _____ Quarter: _____

CM2 Month	Team	Team Leader	According to the Supervisor, how many caseloads are:			Total # Caseloads	% that are Unmanageable
			A. Manageable	B. Busy But Ok	C. Unmanageable	D Sum of A+B+C	C ÷ D

Area Manager Commentary on Manageability Levels in the Area

In particular please comment on whether manageability levels in the area are acceptable and refer to any caseloads and teams where you have a concern about manageability. Also reference any factors/barriers that are impacting on achieving acceptable manageability levels.

Actions Agreed by Area Manager with Principal Social Workers to Address any Manageability Issues Identified

Area Manager Workload

How manageable is your own workload? What would help to make it more manageable?

Recommendations to Service Director for Support/Resources Required to Address the Manageability Issues Identified

Area Manager

Signed: Print Name: Date:

Service Director

Signed: Print Name: Date:

TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

READY RECKONER

Ready Reckoners For Social Work Caseload Management

August 2018

Page Index

D1: Time Spent On Duty

General Application

a) This is applicable to **Duty/Intake teams** and **other teams that provide a support function to duty systems.**

b) For **fostering teams**, this includes systems that are in place in which workers deal with **enquiries, placement requests,** and **screening home visits.**

c) When someone is on Duty on a rotational basis, they **may spend all their Duty time on Duty activities;** or **they may spend only a small proportion of their time on Duty** while mainly working on their allocated caseload.

d) Note if someone works permanently on Duty every week **(a 'pure' Duty function),** the Caseload Management approach is not suitable, as the D1 is intended to award points to the worker for time spent away from their allocated caseload while working on Duty.

The D1 allows Supervisor and Supervisee to:

- Consider **how much time the worker will be spending on Duty** in the coming period (e.g. they may be scheduled to work on Duty for one day a week or one week in every four);
- **Estimate the proportion of that time that will actually be spent on Duty tasks** (the rest of the time being available to work on the allocated caseload);
- Worker may be required to spend some additional time on **follow up duty tasks** when off the duty roster and this should also be estimated where possible.

Time on Duty

Draw on your recent experience of working on Duty and, to keep things simple, select one of the following:

I will be entirely working on Duty activities when on the rota	= 100%
Almost all time will be on Duty (or other) tasks	= 90%
Significant majority of time will be on Duty (or other) tasks	= 75%
Around half of the time will be on Duty (or other) tasks	= 50%
A significant minority of time will be on Duty (or other) tasks	= 25%
Not very much time will be on Duty (or other) tasks	= 10%

So, for example, if someone works on Duty for **2.5 days a week** every week and estimates that **75% of that time will be spent on Duty tasks,** the D1 gives them a score of 60.

		% of Time on Duty					
		10%	25%	50%	75%	90%	100%
Time per week on Duty for:	0.25 days	0.8	2	4	6	7.2	8
Workers who tend to do this for part of a day or a few days every week	0.5 days	1.6	4	8	12	14.4	16
	1 day	3.2	8	16	24	28.8	32
	1.5 days	4.8	12	24	36	43.2	48
	2 days	6.4	16	32	48	57.6	64
	2.5 days	8	20	40	60	72	80
	3 days	9.6	24	48	72	86.4	96
	3.5 days	11.2	28	56	84	100.8	112
	4 days	12.8	32	64	96	115.2	128
	4.5 days	14.4	36	72	108	129.6	144
	5 days	16	40	80	120	144	160
Workers who tend to do this for a full week at a time every few weeks	1 week in 2	8	20	40	60	72	80
	1 week in 3	5.3	13.3	26.7	40	48	53.3
	1 week in 4	4	10	20	30	36	40
	1 week in 5	3.2	8	16	24	28.8	32
	1 week in 6	2.7	6.7	13.3	20	24	26.7
	1 week in 7	2.3	5.7	11.4	17.1	20.6	22.9
	1 week in 8	2	5	10	15	18	20

Note: The figures in this table are based around the recommended optimal caseload score of 160.

Workers with more irregular patterns:

1. **Worker works on Duty 1 day only in four weeks:** This is exactly the same as a worker who works 0.25 days every week over four weeks – both of them work one full day over that period. So use the 0.25 days per week row.
2. **Worker who works on Duty 1 day only in eight weeks.** First establish if they are working on Duty over the next four weeks.
3. If they are not on Duty during this period, then do not use the D1.
4. If they are on Duty during this period, then they are working 1 day in the next four weeks which, as in the previous example, is the same as someone working for 0.25 days for each of four weeks.

Follow-Up Work Arising from Time on Duty

Some workers will also undertake **follow-up tasks arising from their period on Duty** (e.g. the day or week after they were on Duty).

This may vary from team to team but it is probable that the social worker and team leader can make a reasonable estimate of how much time this will take up, based on past experience.

For every **hour of follow-up** likely to be required over the next four weeks, **award an additional 1 point** and include this in the D1 score.

D2: Additional Tasks

The D2 Tool is intended to be used for **any other block of activity that will take up a sizeable portion of a worker's time**, such as:

a. **Travel that has a significant impact on the caseload** (see section 7.3.2 of Policy document)

b. Significant levels of **court attendance** (see section 7.3.3 of policy document)

c. Significant levels of **access above the norm** (see section 7.3.4 of policy document)

d. **Signs of Safety Group Supervision process** (see section 7.3.5 of policy document)

e. **Preparation and delivery of training courses**

f. The time involved in **supervising a student** (formally and informally)

g. Circumstances where **cover is being provided for a team leader** (e.g. for annual leave)

h. Responses by the social worker to **external requests for information** (e.g. FOIs, PQs, complaints, media enquiries)

i. **Any other circumstances** that impact significantly and frequently on the time available to work on an allocated caseload.

For these tasks, work out approximately how many days these tasks will involve over the next four weeks and use the D2 table below to produce a score.

For these tasks, work out approximately how many hours these tasks will involve over the next four weeks and use the D2 table below to produce a score. Note that a standard working week is 37 hours and a standard working day is 7.24 hours. For example, a social worker might know that they are covering for a team leader for 2 days (just under 15 hours) in total in the coming four week period, concentrated in one week. That produces a D2 score of 16.

D2 Additional Tasks Table[16]

Total hours in the next 4 weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D2 Score	1	2	3	4	5	6	8	9	10	11	12	13	14	15	16

Total hours in the next 4 weeks	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
D2 Score	17	18	19	21	22	23	24	25	26	27	28	29	30	31	32

If you have several Additional Tasks, add up the total number of days and read off the table above.

The D2 Tool should *not* be used for supervision or team meetings. Because these repeat on a reasonably regular basis, they are effectively 'constants', with minimal variation from supervision period to supervision period and have already been accounted for.

[16] This is based on a 37 hour week (148 hours over a four week period) producing the optimum score of 160. Note the effect of rounding is why 6 hours is 6 points and 7 hours is 8 points.

RR1: SHORT-TERM (1 OF 3)

Number of Less Intensive Cases (weight= 2)	Number of Intensive Cases (weight = 7)															
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0	0	7	14	21	28	35	42	49	56	63	70	77	84	91	98	105
1	2	9	16	23	30	37	44	51	58	65	72	79	86	93	100	107
2	4	11	18	25	32	39	46	53	60	67	74	81	88	95	102	109
3	6	13	20	27	34	41	48	55	62	69	76	83	90	97	104	111
4	8	15	22	29	36	43	50	57	64	71	78	85	92	99	106	113
5	10	17	24	31	38	45	52	59	66	73	80	87	94	101	108	115
6	12	19	26	33	40	47	54	61	68	75	82	89	96	103	110	117
7	14	21	28	35	42	49	56	63	70	77	84	91	98	105	112	119
8	16	23	30	37	44	51	58	65	72	79	86	93	100	107	114	121
9	18	25	32	39	46	53	60	67	74	81	88	95	102	109	116	123
10	20	27	34	41	48	55	62	69	76	83	90	97	104	111	118	125
11	22	29	36	43	50	57	64	71	78	85	92	99	106	113	120	127
12	24	31	38	45	52	59	66	73	80	87	94	101	108	115	122	129
13	26	33	40	47	54	61	68	75	82	89	96	103	110	117	124	131
14	28	35	42	49	56	63	70	77	84	91	98	105	112	119	126	133
15	30	37	44	51	58	65	72	79	86	93	100	107	114	121	128	135
16	32	39	46	53	60	67	74	81	88	95	102	109	116	123	130	137
17	34	41	48	55	62	69	76	83	90	97	104	111	118	125	132	139
18	36	43	50	57	64	71	78	85	92	99	106	113	120	127	134	141
19	38	45	52	59	66	73	80	87	94	101	108	115	122	129	136	143
20	40	47	54	61	68	75	82	89	96	103	110	117	124	131	138	145
21	42	49	56	63	70	77	84	91	98	105	112	119	126	133	140	147
22	44	51	58	65	72	79	86	93	100	107	114	121	128	135	142	149
23	46	53	60	67	74	81	88	95	102	109	116	123	130	137	144	151
24	48	55	62	69	76	83	90	97	104	111	118	125	132	139	146	153
25	50	57	64	71	78	85	92	99	106	113	120	127	134	141	148	155
26	52	59	66	73	80	87	94	101	108	115	122	129	136	143	150	157
27	54	61	68	75	82	89	96	103	110	117	124	131	138	145	152	159
28	56	63	70	77	84	91	98	105	112	119	126	133	140	147	154	161
29	58	65	72	79	86	93	100	107	114	121	128	135	142	149	156	163
30	60	67	74	81	88	95	102	109	116	123	130	137	144	151	158	165

RR1: SHORT-TERM (2 OF 3)

		Number of Intensive Cases (weight = 7)															
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of Less Intensive Cases (weight= 2)	31	62	69	76	83	90	97	104	111	118	125	132	139	146	153	160	167
	32	64	71	78	85	92	99	106	113	120	127	134	141	148	155	162	169
	33	66	73	80	87	94	101	108	115	122	129	136	143	150	157	164	171
	34	68	75	82	89	96	103	110	117	124	131	138	145	152	159	166	173
	35	70	77	84	91	98	105	112	119	126	133	140	147	154	161	168	175
	36	72	79	86	93	100	107	114	121	128	135	142	149	156	163	170	177
	37	74	81	88	95	102	109	116	123	130	137	144	151	158	165	172	179
	38	76	83	90	97	104	111	118	125	132	139	146	153	160	167	174	181
	39	78	85	92	99	106	113	120	127	134	141	148	155	162	169	176	183
	40	80	87	94	101	108	115	122	129	136	143	150	157	164	171	178	185
	41	82	89	96	103	110	117	124	131	138	145	152	159	166	173	180	187
	42	84	91	98	105	112	119	126	133	140	147	154	161	168	175	182	189
	43	86	93	100	107	114	121	128	135	142	149	156	163	170	177	184	191
	44	88	95	102	109	116	123	130	137	144	151	158	165	172	179	186	193
	45	90	97	104	111	118	125	132	139	146	153	160	167	174	181	188	195
	46	92	99	106	113	120	127	134	141	148	155	162	169	176	183	190	197
	47	94	101	108	115	122	129	136	143	150	157	164	171	178	185	192	199
	48	96	103	110	117	124	131	138	145	152	159	166	173	180	187	194	201
	49	98	105	112	119	126	133	140	147	154	161	168	175	182	189	196	203
	50	100	107	114	121	128	135	142	149	156	163	170	177	184	191	198	205
	51	102	109	116	123	130	137	144	151	158	165	172	179	186	193	200	207
	52	104	111	118	125	132	139	146	153	160	167	174	181	188	195	202	209
	53	106	113	120	127	134	141	148	155	162	169	176	183	190	197	204	211
	54	108	115	122	129	136	143	150	157	164	171	178	185	192	199	206	213
	55	110	117	124	131	138	145	152	159	166	173	180	187	194	201	208	215
	56	112	119	126	133	140	147	154	161	168	175	182	189	196	203	210	217
	57	114	121	128	135	142	149	156	163	170	177	184	191	198	205	212	219
	58	116	123	130	137	144	151	158	165	172	179	186	193	200	207	214	221
	59	118	125	132	139	146	153	160	167	174	181	188	195	202	209	216	223
	60	120	127	134	141	148	155	162	169	176	183	190	197	204	211	218	225

RR1: SHORT-TERM (3 OF 3)

		Number of Intensive Cases (weight = 7)														
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Number of Less Intensive Cases (weight= 2)	0	112	119	126	133	140	147	154	161	168	175	182	189	196	203	210
	1	114	121	128	135	142	149	156	163	170	177	184	191	198	205	212
	2	116	123	130	137	144	151	158	165	172	179	186	193	200	207	214
	3	118	125	132	139	146	153	160	167	174	181	188	195	202	209	216
	4	120	127	134	141	148	155	162	169	176	183	190	197	204	211	218
	5	122	129	136	143	150	157	164	171	178	185	192	199	206	213	220
	6	124	131	138	145	152	159	166	173	180	187	194	201	208	215	222
	7	126	133	140	147	154	161	168	175	182	189	196	203	210	217	224
	8	128	135	142	149	156	163	170	177	184	191	198	205	212	219	226
	9	130	137	144	151	158	165	172	179	186	193	200	207	214	221	228
	10	132	139	146	153	160	167	174	181	188	195	202	209	216	223	230
	11	134	141	148	155	162	169	176	183	190	197	204	211	218	225	232
	12	136	143	150	157	164	171	178	185	192	199	206	213	220	227	234
	13	138	145	152	159	166	173	180	187	194	201	208	215	222	229	236
	14	140	147	154	161	168	175	182	189	196	203	210	217	224	231	238
	15	142	149	156	163	170	177	184	191	198	205	212	219	226	233	240
	16	144	151	158	165	172	179	186	193	200	207	214	221	228	235	242
	17	146	153	160	167	174	181	188	195	202	209	216	223	230	237	244
	18	148	155	162	169	176	183	190	197	204	211	218	225	232	239	246
	19	150	157	164	171	178	185	192	199	206	213	220	227	234	241	248
	20	152	159	166	173	180	187	194	201	208	215	222	229	236	243	250
	21	154	161	168	175	182	189	196	203	210	217	224	231	238	245	252
	22	156	163	170	177	184	191	198	205	212	219	226	233	240	247	254
	23	158	165	172	179	186	193	200	207	214	221	228	235	242	249	256
	24	160	167	174	181	188	195	202	209	216	223	230	237	244	251	258
	25	162	169	176	183	190	197	204	211	218	225	232	239	246	253	260
	26	164	171	178	185	192	199	206	213	220	227	234	241	248	255	262
	27	166	173	180	187	194	201	208	215	222	229	236	243	250	257	264
	28	168	175	182	189	196	203	210	217	224	231	238	245	252	259	266
	29	170	177	184	191	198	205	212	219	226	233	240	247	254	261	268
	30	172	179	186	193	200	207	214	221	228	235	242	249	256	263	270

RR2: CHILD PROTECTION (1 OF 3)

		Number of Intensive Cases (weight = 10)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight= 3.5)	0	0	10	20	30	40	50	60	70	80	90	100	110	120
	1	3.5	13.5	23.5	33.5	43.5	53.5	63.5	73.5	83.5	93.5	103.5	113.5	123.5
	2	7	17	27	37	47	57	67	77	87	97	107	117	127
	3	11	20.5	30.5	40.5	50.5	60.5	70.5	80.5	90.5	100.5	110.5	120.5	130.5
	4	14	24	34	44	54	64	74	84	94	104	114	124	134
	5	18	27.5	37.5	47.5	57.5	67.5	77.5	87.5	97.5	107.5	117.5	127.5	137.5
	6	21	31	41	51	61	71	81	91	101	111	121	131	141
	7	25	34.5	44.5	54.5	64.5	74.5	84.5	94.5	104.5	114.5	124.5	134.5	144.5
	8	28	38	48	58	68	78	88	98	108	118	128	138	148
	9	32	41.5	51.5	61.5	71.5	81.5	91.5	101.5	111.5	121.5	131.5	141.5	151.5
	10	35	45	55	65	75	85	95	105	115	125	135	145	155
	11	39	48.5	58.5	68.5	78.5	88.5	98.5	108.5	118.5	128.5	138.5	148.5	158.5
	12	42	52	62	72	82	92	102	112	122	132	142	152	162
	13	46	55.5	65.5	75.5	85.5	95.5	105.5	115.5	125.5	135.5	145.5	155.5	165.5
	14	49	59	69	79	89	99	109	119	129	139	149	159	169
	15	53	62.5	72.5	82.5	92.5	102.5	112.5	122.5	132.5	142.5	152.5	162.5	172.5
	16	56	66	76	86	96	106	116	126	136	146	156	166	176
	17	60	69.5	79.5	89.5	99.5	109.5	119.5	129.5	139.5	149.5	159.5	169.5	179.5
	18	63	73	83	93	103	113	123	133	143	153	163	173	183
	19	67	76.5	86.5	96.5	106.5	116.5	126.5	136.5	146.5	156.5	166.5	176.5	186.5
	20	70	80	90	100	110	120	130	140	150	160	170	180	190
	21	74	83.5	93.5	103.5	113.5	123.5	133.5	143.5	153.5	163.5	173.5	183.5	193.5
	22	77	87	97	107	117	127	137	147	157	167	177	187	197
	23	81	90.5	100.5	110.5	120.5	130.5	140.5	150.5	160.5	170.5	180.5	190.5	200.5
	24	84	94	104	114	124	134	144	154	164	174	184	194	204
	25	88	97.5	107.5	117.5	127.5	137.5	147.5	157.5	167.5	177.5	187.5	197.5	207.5
	26	91	101	111	121	131	141	151	161	171	181	191	201	211
	27	95	104.5	114.5	124.5	134.5	144.5	154.5	164.5	174.5	184.5	194.5	204.5	214.5
	28	98	108	118	128	138	148	158	168	178	188	198	208	218
	29	102	111.5	121.5	131.5	141.5	151.5	161.5	171.5	181.5	191.5	201.5	211.5	221.5
	30	105	115	125	135	145	155	165	175	185	195	205	215	225

RR2: CHILD PROTECTION (2 OF 3)

		Number of Intensive Cases (weight = 10)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight= 3.5)	31	108.5	118.5	128.5	138.5	148.5	158.5	168.5	178.5	188.5	198.5	208.5	218.5	228.5
	32	112	122	132	142	152	162	172	182	192	202	212	222	232
	33	115.5	125.5	135.5	145.5	155.5	165.5	175.5	185.5	195.5	205.5	215.5	225.5	235.5
	34	119	129	139	149	159	169	179	189	199	209	219	229	239
	35	122.5	132.5	142.5	152.5	162.5	172.5	182.5	192.5	202.5	212.5	222.5	232.5	242.5
	36	126	136	146	156	166	176	186	196	206	216	226	236	246
	37	129.5	139.5	149.5	159.5	169.5	179.5	189.5	199.5	209.5	219.5	229.5	239.5	249.5
	38	133	143	153	163	173	183	193	203	213	223	233	243	253
	39	136.5	146.5	156.5	166.5	176.5	186.5	196.5	206.5	216.5	226.5	236.5	246.5	256.5
	40	140	150	160	170	180	190	200	210	220	230	240	250	260
	41	143.5	153.5	163.5	173.5	183.5	193.5	203.5	213.5	223.5	233.5	243.5	253.5	263.5
	42	147	157	167	177	187	197	207	217	227	237	247	257	267
	43	150.5	160.5	170.5	180.5	190.5	200.5	210.5	220.5	230.5	240.5	250.5	260.5	270.5
	44	154	164	174	184	194	204	214	224	234	244	254	264	274
	45	157.5	167.5	177.5	187.5	197.5	207.5	217.5	227.5	237.5	247.5	257.5	267.5	277.5
	46	161	171	181	191	201	211	221	231	241	251	261	271	281
	47	164.5	174.5	184.5	194.5	204.5	214.5	224.5	234.5	244.5	254.5	264.5	274.5	284.5
	48	168	178	188	198	208	218	228	238	248	258	268	278	288
	49	171.5	181.5	191.5	201.5	211.5	221.5	231.5	241.5	251.5	261.5	271.5	281.5	291.5
	50	175	185	195	205	215	225	235	245	255	265	275	285	295
	51	178.5	188.5	198.5	208.5	218.5	228.5	238.5	248.5	258.5	268.5	278.5	288.5	298.5
	52	182	192	202	212	222	232	242	252	262	272	282	292	302
	53	185.5	195.5	205.5	215.5	225.5	235.5	245.5	255.5	265.5	275.5	285.5	295.5	305.5
	54	189	199	209	219	229	239	249	259	269	279	289	299	309
	55	192.5	202.5	212.5	222.5	232.5	242.5	252.5	262.5	272.5	282.5	292.5	302.5	312.5
	56	196	206	216	226	236	246	256	266	276	286	296	306	316
	57	199.5	209.5	219.5	229.5	239.5	249.5	259.5	269.5	279.5	289.5	299.5	309.5	319.5
	58	203	213	223	233	243	253	263	273	283	293	303	313	323
	59	206.5	216.5	226.5	236.5	246.5	256.5	266.5	276.5	286.5	296.5	306.5	316.5	326.5
	60	210	220	230	240	250	260	270	280	290	300	310	320	330

RR2: CHILD PROTECTION (3 OF 3)

		Number of Intensive Cases (weight = 10)												
		13	14	15	16	17	18	19	20	21	22	23	24	25
Number of Less Intensive Cases (weight= 3.5)	0	130	140	150	160	170	180	190	200	210	220	230	240	250
	1	133.5	143.5	153.5	163.5	173.5	183.5	193.5	203.5	213.5	223.5	233.5	243.5	253.5
	2	137	147	157	167	177	187	197	207	217	227	237	247	257
	3	140.5	150.5	160.5	170.5	180.5	190.5	200.5	210.5	220.5	230.5	240.5	250.5	260.5
	4	144	154	164	174	184	194	204	214	224	234	244	254	264
	5	147.5	157.5	167.5	177.5	187.5	197.5	207.5	217.5	227.5	237.5	247.5	257.5	267.5
	6	151	161	171	181	191	201	211	221	231	241	251	261	271
	7	154.5	164.5	174.5	184.5	194.5	204.5	214.5	224.5	234.5	244.5	254.5	264.5	274.5
	8	158	168	178	188	198	208	218	228	238	248	258	268	278
	9	161.5	171.5	181.5	191.5	201.5	211.5	221.5	231.5	241.5	251.5	261.5	271.5	281.5
	10	165	175	185	195	205	215	225	235	245	255	265	275	285
	11	168.5	178.5	188.5	198.5	208.5	218.5	228.5	238.5	248.5	258.5	268.5	278.5	288.5
	12	172	182	192	202	212	222	232	242	252	262	272	282	292
	13	175.5	185.5	195.5	205.5	215.5	225.5	235.5	245.5	255.5	265.5	275.5	285.5	295.5
	14	179	189	199	209	219	229	239	249	259	269	279	289	299
	15	182.5	192.5	202.5	212.5	222.5	232.5	242.5	252.5	262.5	272.5	282.5	292.5	302.5
	16	186	196	206	216	226	236	246	256	266	276	286	296	306
	17	189.5	199.5	209.5	219.5	229.5	239.5	249.5	259.5	269.5	279.5	289.5	299.5	309.5
	18	193	203	213	223	233	243	253	263	273	283	293	303	313
	19	196.5	206.5	216.5	226.5	236.5	246.5	256.5	266.5	276.5	286.5	296.5	306.5	316.5
	20	200	210	220	230	240	250	260	270	280	290	300	310	320
	21	203.5	213.5	223.5	233.5	243.5	253.5	263.5	273.5	283.5	293.5	303.5	313.5	323.5
	22	207	217	227	237	247	257	267	277	287	297	307	317	327
	23	210.5	220.5	230.5	240.5	250.5	260.5	270.5	280.5	290.5	300.5	310.5	320.5	330.5
	24	214	224	234	244	254	264	274	284	294	304	314	324	334
	25	217.5	227.5	237.5	247.5	257.5	267.5	277.5	287.5	297.5	307.5	317.5	327.5	337.5
	26	221	231	241	251	261	271	281	291	301	311	321	331	341
	27	224.5	234.5	244.5	254.5	264.5	274.5	284.5	294.5	304.5	314.5	324.5	334.5	344.5
	28	228	238	248	258	268	278	288	298	308	318	328	338	348
	29	231.5	241.5	251.5	261.5	271.5	281.5	291.5	301.5	311.5	321.5	331.5	341.5	351.5
	30	235	245	255	265	275	285	295	305	315	325	335	345	355

RR3: CHILD WELFARE/FAMILY SUPPORT PLAN (1 OF 3)

		Number of Intensive Cases (weight = 9)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight= 2)	0	0	9	18	27	36	45	54	63	72	81	90	99	108
	1	2	11	20	29	38	47	56	65	74	83	92	101	110
	2	4	13	22	31	40	49	58	67	76	85	94	103	112
	3	6	15	24	33	42	51	60	69	78	87	96	105	114
	4	8	17	26	35	44	53	62	71	80	89	98	107	116
	5	10	19	28	37	46	55	64	73	82	91	100	109	118
	6	12	21	30	39	48	57	66	75	84	93	102	111	120
	7	14	23	32	41	50	59	68	77	86	95	104	113	122
	8	16	25	34	43	52	61	70	79	88	97	106	115	124
	9	18	27	36	45	54	63	72	81	90	99	108	117	126
	10	20	29	38	47	56	65	74	83	92	101	110	119	128
	11	22	31	40	49	58	67	76	85	94	103	112	121	130
	12	24	33	42	51	60	69	78	87	96	105	114	123	132
	13	26	35	44	53	62	71	80	89	98	107	116	125	134
	14	28	37	46	55	64	73	82	91	100	109	118	127	136
	15	30	39	48	57	66	75	84	93	102	111	120	129	138
	16	32	41	50	59	68	77	86	95	104	113	122	131	140
	17	34	43	52	61	70	79	88	97	106	115	124	133	142
	18	36	45	54	63	72	81	90	99	108	117	126	135	144
	19	38	47	56	65	74	83	92	101	110	119	128	137	146
	20	40	49	58	67	76	85	94	103	112	121	130	139	148
	21	42	51	60	69	78	87	96	105	114	123	132	141	150
	22	44	53	62	71	80	89	98	107	116	125	134	143	152
	23	46	55	64	73	82	91	100	109	118	127	136	145	154
	24	48	57	66	75	84	93	102	111	120	129	138	147	156
	25	50	59	68	77	86	95	104	113	122	131	140	149	158
	26	52	61	70	79	88	97	106	115	124	133	142	151	160
	27	54	63	72	81	90	99	108	117	126	135	144	153	162
	28	56	65	74	83	92	101	110	119	128	137	146	155	164
	29	58	67	76	85	94	103	112	121	130	139	148	157	166
	30	60	69	78	87	96	105	114	123	132	141	150	159	168

RR3: CHILD WELFARE/FAMILY SUPPORT PLAN (2 OF 3)

		Number of Intensive Cases (weight = 9)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight = 2)	31	62	71	80	89	98	107	116	125	134	143	152	161	170
	32	64	73	82	91	100	109	118	127	136	145	154	163	172
	33	66	75	84	93	102	111	120	129	138	147	156	165	174
	34	68	77	86	95	104	113	122	131	140	149	158	167	176
	35	70	79	88	97	106	115	124	133	142	151	160	169	178
	36	72	81	90	99	108	117	126	135	144	153	162	171	180
	37	74	83	92	101	110	119	128	137	146	155	164	173	182
	38	76	85	94	103	112	121	130	139	148	157	166	175	184
	39	78	87	96	105	114	123	132	141	150	159	168	177	186
	40	80	89	98	107	116	125	134	143	152	161	170	179	188
	41	82	91	100	109	118	127	136	145	154	163	172	181	190
	42	84	93	102	111	120	129	138	147	156	165	174	183	192
	43	86	95	104	113	122	131	140	149	158	167	176	185	194
	44	88	97	106	115	124	133	142	151	160	169	178	187	196
	45	90	99	108	117	126	135	144	153	162	171	180	189	198
	46	92	101	110	119	128	137	146	155	164	173	182	191	200
	47	94	103	112	121	130	139	148	157	166	175	184	193	202
	48	96	105	114	123	132	141	150	159	168	177	186	195	204
	49	98	107	116	125	134	143	152	161	170	179	188	197	206
	50	100	109	118	127	136	145	154	163	172	181	190	199	208
	51	102	111	120	129	138	147	156	165	174	183	192	201	210
	52	104	113	122	131	140	149	158	167	176	185	194	203	212
	53	106	115	124	133	142	151	160	169	178	187	196	205	214
	54	108	117	126	135	144	153	162	171	180	189	198	207	216
	55	110	119	128	137	146	155	164	173	182	191	200	209	218
	56	112	121	130	139	148	157	166	175	184	193	202	211	220
	57	114	123	132	141	150	159	168	177	186	195	204	213	222
	58	116	125	134	143	152	161	170	179	188	197	206	215	224
	59	118	127	136	145	154	163	172	181	190	199	208	217	226
	60	120	129	138	147	156	165	174	183	192	201	210	219	228

RR3: CHILD WELFARE/FAMILY SUPPORT PLAN (3 OF 3)

		Number of Intensive Cases (weight = 9)												
		13	14	15	16	17	18	19	20	21	22	23	24	25
Number of Less Intensive Cases (weight= 2)	0	117	126	135	144	153	162	171	180	189	198	207	216	225
	1	119	128	137	146	155	164	173	182	191	200	209	218	227
	2	121	130	139	148	157	166	175	184	193	202	211	220	229
	3	123	132	141	150	159	168	177	186	195	204	213	222	231
	4	125	134	143	152	161	170	179	188	197	206	215	224	233
	5	127	136	145	154	163	172	181	190	199	208	217	226	235
	6	129	138	147	156	165	174	183	192	201	210	219	228	237
	7	131	140	149	158	167	176	185	194	203	212	221	230	239
	8	133	142	151	160	169	178	187	196	205	214	223	232	241
	9	135	144	153	162	171	180	189	198	207	216	225	234	243
	10	137	146	155	164	173	182	191	200	209	218	227	236	245
	11	139	148	157	166	175	184	193	202	211	220	229	238	247
	12	141	150	159	168	177	186	195	204	213	222	231	240	249
	13	143	152	161	170	179	188	197	206	215	224	233	242	251
	14	145	154	163	172	181	190	199	208	217	226	235	244	253
	15	147	156	165	174	183	192	201	210	219	228	237	246	255
	16	149	158	167	176	185	194	203	212	221	230	239	248	257
	17	151	160	169	178	187	196	205	214	223	232	241	250	259
	18	153	162	171	180	189	198	207	216	225	234	243	252	261
	19	155	164	173	182	191	200	209	218	227	236	245	254	263
	20	157	166	175	184	193	202	211	220	229	238	247	256	265
	21	159	168	177	186	195	204	213	222	231	240	249	258	267
	22	161	170	179	188	197	206	215	224	233	242	251	260	269
	23	163	172	181	190	199	208	217	226	235	244	253	262	271
	24	165	174	183	192	201	210	219	228	237	246	255	264	273
	25	167	176	185	194	203	212	221	230	239	248	257	266	275
	26	169	178	187	196	205	214	223	232	241	250	259	268	277
	27	171	180	189	198	207	216	225	234	243	252	261	270	279
	28	173	182	191	200	209	218	227	236	245	254	263	272	281
	29	175	184	193	202	211	220	229	238	247	256	265	274	283
	30	177	186	195	204	213	222	231	240	249	258	267	276	285

RR4: CHILDREN IN CARE (1 OF 3)

		Number of Intensive Cases (weight = 11.5)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight= 4.5)	0	0	11.5	23	34.5	46	57.5	69	80.5	92	103.5	115	126.5	138
	1	4.5	16	27.5	39	50.5	62	73.5	85	96.5	108	119.5	131	142.5
	2	9	20.5	32	43.5	55	66.5	78	89.5	101	112.5	124	135.5	147
	3	13.5	25	36.5	48	59.5	71	82.5	94	105.5	117	128.5	140	151.5
	4	18	29.5	41	52.5	64	75.5	87	98.5	110	121.5	133	144.5	156
	5	22.5	34	45.5	57	68.5	80	91.5	103	114.5	126	137.5	149	160.5
	6	27	38.5	50	61.5	73	84.5	96	107.5	119	130.5	142	153.5	165
	7	31.5	43	54.5	66	77.5	89	100.5	112	123.5	135	146.5	158	169.5
	8	36	47.5	59	70.5	82	93.5	105	116.5	128	139.5	151	162.5	174
	9	40.5	52	63.5	75	86.5	98	109.5	121	132.5	144	155.5	167	178.5
	10	45	56.5	68	79.5	91	102.5	114	125.5	137	148.5	160	171.5	183
	11	49.5	61	72.5	84	95.5	107	118.5	130	141.5	153	164.5	176	187.5
	12	54	65.5	77	88.5	100	111.5	123	134.5	146	157.5	169	180.5	192
	13	58.5	70	81.5	93	104.5	116	127.5	139	150.5	162	173.5	185	196.5
	14	63	74.5	86	97.5	109	120.5	132	143.5	155	166.5	178	189.5	201
	15	67.5	79	90.5	102	113.5	125	136.5	148	159.5	171	182.5	194	205.5
	16	72	83.5	95	106.5	118	129.5	141	152.5	164	175.5	187	198.5	210
	17	76.5	88	99.5	111	122.5	134	145.5	157	168.5	180	191.5	203	214.5
	18	81	92.5	104	115.5	127	138.5	150	161.5	173	184.5	196	207.5	219
	19	85.5	97	108.5	120	131.5	143	154.5	166	177.5	189	200.5	212	223.5
	20	90	101.5	113	124.5	136	147.5	159	170.5	182	193.5	205	216.5	228
	21	94.5	106	117.5	129	140.5	152	163.5	175	186.5	198	209.5	221	232.5
	22	99	110.5	122	133.5	145	156.5	168	179.5	191	202.5	214	225.5	237
	23	104	115	126.5	138	149.5	161	172.5	184	195.5	207	218.5	230	241.5
	24	108	119.5	131	142.5	154	165.5	177	188.5	200	211.5	223	234.5	246
	25	113	124	135.5	147	158.5	170	181.5	193	204.5	216	227.5	239	250.5
	26	117	128.5	140	151.5	163	174.5	186	197.5	209	220.5	232	243.5	255
	27	122	133	144.5	156	167.5	179	190.5	202	213.5	225	236.5	248	259.5
	28	126	137.5	149	160.5	172	183.5	195	206.5	218	229.5	241	252.5	264
	29	131	142	153.5	165	176.5	188	199.5	211	222.5	234	245.5	257	268.5
	30	135	146.5	158	169.5	181	192.5	204	215.5	227	238.5	250	261.5	273

RR4: CHILDREN IN CARE (2 OF 3)

		Number of Intensive Cases (weight = 11.5)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight = 4.5)	31	139.5	151	162.5	174	185.5	197	208.5	220	231.5	243	254.5	266	277.5
	32	144	155.5	167	178.5	190	201.5	213	224.5	236	247.5	259	270.5	282
	33	148.5	160	171.5	183	194.5	206	217.5	229	240.5	252	263.5	275	286.5
	34	153	164.5	176	187.5	199	210.5	222	233.5	245	256.5	268	279.5	291
	35	157.5	169	180.5	192	203.5	215	226.5	238	249.5	261	272.5	284	295.5
	36	162	173.5	185	196.5	208	219.5	231	242.5	254	265.5	277	288.5	300
	37	166.5	178	189.5	201	212.5	224	235.5	247	258.5	270	281.5	293	304.5
	38	171	182.5	194	205.5	217	228.5	240	251.5	263	274.5	286	297.5	309
	39	175.5	187	198.5	210	221.5	233	244.5	256	267.5	279	290.5	302	313.5
	40	180	191.5	203	214.5	226	237.5	249	260.5	272	283.5	295	306.5	318
	41	184.5	196	207.5	219	230.5	242	253.5	265	276.5	288	299.5	311	322.5
	42	189	200.5	212	223.5	235	246.5	258	269.5	281	292.5	304	315.5	327
	43	193.5	205	216.5	228	239.5	251	262.5	274	285.5	297	308.5	320	331.5
	44	198	209.5	221	232.5	244	255.5	267	278.5	290	301.5	313	324.5	336
	45	202.5	214	225.5	237	248.5	260	271.5	283	294.5	306	317.5	329	340.5
	46	207	218.5	230	241.5	253	264.5	276	287.5	299	310.5	322	333.5	345
	47	211.5	223	234.5	246	257.5	269	280.5	292	303.5	315	326.5	338	349.5
	48	216	227.5	239	250.5	262	273.5	285	296.5	308	319.5	331	342.5	354
	49	220.5	232	243.5	255	266.5	278	289.5	301	312.5	324	335.5	347	358.5
	50	225	236.5	248	259.5	271	282.5	294	305.5	317	328.5	340	351.5	363
	51	229.5	241	252.5	264	275.5	287	298.5	310	321.5	333	344.5	356	367.5
	52	234	245.5	257	268.5	280	291.5	303	314.5	326	337.5	349	360.5	372
	53	238.5	250	261.5	273	284.5	296	307.5	319	330.5	342	353.5	365	376.5
	54	243	254.5	266	277.5	289	300.5	312	323.5	335	346.5	358	369.5	381
	55	247.5	259	270.5	282	293.5	305	316.5	328	339.5	351	362.5	374	385.5
	56	252	263.5	275	286.5	298	309.5	321	332.5	344	355.5	367	378.5	390
	57	256.5	268	279.5	291	302.5	314	325.5	337	348.5	360	371.5	383	394.5
	58	261	272.5	284	295.5	307	318.5	330	341.5	353	364.5	376	387.5	399
	59	265.5	277	288.5	300	311.5	323	334.5	346	357.5	369	380.5	392	403.5
	60	270	281.5	293	304.5	316	327.5	339	350.5	362	373.5	385	396.5	408

RR4: CHILDREN IN CARE (3 OF 3)

		Number of Intensive Cases (weight = 11.5)												
		13	14	15	16	17	18	19	20	21	22	23	24	25
Number of Less Intensive Cases (weight= 4.5)	0	149.5	161	172.5	184	195.5	207	218.5	230	241.5	253	264.5	276	287.5
	1	154	165.5	177	188.5	200	211.5	223	234.5	246	257.5	269	280.5	292
	2	158.5	170	181.5	193	204.5	216	227.5	239	250.5	262	273.5	285	296.5
	3	163	174.5	186	197.5	209	220.5	232	243.5	255	266.5	278	289.5	301
	4	167.5	179	190.5	202	213.5	225	236.5	248	259.5	271	282.5	294	305.5
	5	172	183.5	195	206.5	218	229.5	241	252.5	264	275.5	287	298.5	310
	6	176.5	188	199.5	211	222.5	234	245.5	257	268.5	280	291.5	303	314.5
	7	181	192.5	204	215.5	227	238.5	250	261.5	273	284.5	296	307.5	319
	8	185.5	197	208.5	220	231.5	243	254.5	266	277.5	289	300.5	312	323.5
	9	190	201.5	213	224.5	236	247.5	259	270.5	282	293.5	305	316.5	328
	10	194.5	206	217.5	229	240.5	252	263.5	275	286.5	298	309.5	321	332.5
	11	199	210.5	222	233.5	245	256.5	268	279.5	291	302.5	314	325.5	337
	12	203.5	215	226.5	238	249.5	261	272.5	284	295.5	307	318.5	330	341.5
	13	208	219.5	231	242.5	254	265.5	277	288.5	300	311.5	323	334.5	346
	14	212.5	224	235.5	247	258.5	270	281.5	293	304.5	316	327.5	339	350.5
	15	217	228.5	240	251.5	263	274.5	286	297.5	309	320.5	332	343.5	355
	16	221.5	233	244.5	256	267.5	279	290.5	302	313.5	325	336.5	348	359.5
	17	226	237.5	249	260.5	272	283.5	295	306.5	318	329.5	341	352.5	364
	18	230.5	242	253.5	265	276.5	288	299.5	311	322.5	334	345.5	357	368.5
	19	235	246.5	258	269.5	281	292.5	304	315.5	327	338.5	350	361.5	373
	20	239.5	251	262.5	274	285.5	297	308.5	320	331.5	343	354.5	366	377.5
	21	244	255.5	267	278.5	290	301.5	313	324.5	336	347.5	359	370.5	382
	22	248.5	260	271.5	283	294.5	306	317.5	329	340.5	352	363.5	375	386.5
	23	253	264.5	276	287.5	299	310.5	322	333.5	345	356.5	368	379.5	391
	24	257.5	269	280.5	292	303.5	315	326.5	338	349.5	361	372.5	384	395.5
	25	262	273.5	285	296.5	308	319.5	331	342.5	354	365.5	377	388.5	400
	26	266.5	278	289.5	301	312.5	324	335.5	347	358.5	370	381.5	393	404.5
	27	271	282.5	294	305.5	317	328.5	340	351.5	363	374.5	386	397.5	409
	28	275.5	287	298.5	310	321.5	333	344.5	356	367.5	379	390.5	402	413.5
	29	280	291.5	303	314.5	326	337.5	349	360.5	372	383.5	395	406.5	418
	30	284.5	296	307.5	319	330.5	342	353.5	365	376.5	388	399.5	411	422.5

RR5: FOSTERING (1 OF 3)

Number of Less Intensive Cases (weight = 3)	Number of Intensive Cases (weight = 11)												
	0	1	2	3	4	5	6	7	8	9	10	11	12
0	0	11	22	33	44	55	66	77	88	99	110	121	132
1	3	14	25	36	47	58	69	80	91	102	113	124	135
2	6	17	28	39	50	61	72	83	94	105	116	127	138
3	9	20	31	42	53	64	75	86	97	108	119	130	141
4	12	23	34	45	56	67	78	89	100	111	122	133	144
5	15	26	37	48	59	70	81	92	103	114	125	136	147
6	18	29	40	51	62	73	84	95	106	117	128	139	150
7	21	32	43	54	65	76	87	98	109	120	131	142	153
8	24	35	46	57	68	79	90	101	112	123	134	145	156
9	27	38	49	60	71	82	93	104	115	126	137	148	159
10	30	41	52	63	74	85	96	107	118	129	140	151	162
11	33	44	55	66	77	88	99	110	121	132	143	154	165
12	36	47	58	69	80	91	102	113	124	135	146	157	168
13	39	50	61	72	83	94	105	116	127	138	149	160	171
14	42	53	64	75	86	97	108	119	130	141	152	163	174
15	45	56	67	78	89	100	111	122	133	144	155	166	177
16	48	59	70	81	92	103	114	125	136	147	158	169	180
17	51	62	73	84	95	106	117	128	139	150	161	172	183
18	54	65	76	87	98	109	120	131	142	153	164	175	186
19	57	68	79	90	101	112	123	134	145	156	167	178	189
20	60	71	82	93	104	115	126	137	148	159	170	181	192
21	63	74	85	96	107	118	129	140	151	162	173	184	195
22	66	77	88	99	110	121	132	143	154	165	176	187	198
23	69	80	91	102	113	124	135	146	157	168	179	190	201
24	72	83	94	105	116	127	138	149	160	171	182	193	204
25	75	86	97	108	119	130	141	152	163	174	185	196	207
26	78	89	100	111	122	133	144	155	166	177	188	199	210
27	81	92	103	114	125	136	147	158	169	180	191	202	213
28	84	95	106	117	128	139	150	161	172	183	194	205	216
29	87	98	109	120	131	142	153	164	175	186	197	208	219
30	90	101	112	123	134	145	156	167	178	189	200	211	222
31	93	104	115	126	137	148	159	170	181	192	203	214	225
32	96	107	118	129	140	151	162	173	184	195	206	217	228
33	99	110	121	132	143	154	165	176	187	198	209	220	231
34	102	113	124	135	146	157	168	179	190	201	212	223	234
35	105	116	127	138	149	160	171	182	193	204	215	226	237

RR5: FOSTERING (2 OF 3)

		Number of Intensive Cases (weight = 11)												
		0	1	2	3	4	5	6	7	8	9	10	11	12
Number of Less Intensive Cases (weight = 3)	36	108	119	130	141	152	163	174	185	196	207	218	229	240
	37	111	122	133	144	155	166	177	188	199	210	221	232	243
	38	114	125	136	147	158	169	180	191	202	213	224	235	246
	39	117	128	139	150	161	172	183	194	205	216	227	238	249
	40	120	131	142	153	164	175	186	197	208	219	230	241	252
	41	123	134	145	156	167	178	189	200	211	222	233	244	255
	42	126	137	148	159	170	181	192	203	214	225	236	247	258
	43	129	140	151	162	173	184	195	206	217	228	239	250	261
	44	132	143	154	165	176	187	198	209	220	231	242	253	264
	45	135	146	157	168	179	190	201	212	223	234	245	256	267
	46	138	149	160	171	182	193	204	215	226	237	248	259	270
	47	141	152	163	174	185	196	207	218	229	240	251	262	273
	48	144	155	166	177	188	199	210	221	232	243	254	265	276
	49	147	158	169	180	191	202	213	224	235	246	257	268	279
	50	150	161	172	183	194	205	216	227	238	249	260	271	282
	51	153	164	175	186	197	208	219	230	241	252	263	274	285
	52	156	167	178	189	200	211	222	233	244	255	266	277	288
	53	159	170	181	192	203	214	225	236	247	258	269	280	291
	54	162	173	184	195	206	217	228	239	250	261	272	283	294
	55	165	176	187	198	209	220	231	242	253	264	275	286	297
	56	168	179	190	201	212	223	234	245	256	267	278	289	300
	57	171	182	193	204	215	226	237	248	259	270	281	292	303
	58	174	185	196	207	218	229	240	251	262	273	284	295	306
	59	177	188	199	210	221	232	243	254	265	276	287	298	309
	60	180	191	202	213	224	235	246	257	268	279	290	301	312
	61	183	194	205	216	227	238	249	260	271	282	293	304	315
	62	186	197	208	219	230	241	252	263	274	285	296	307	318
	63	189	200	211	222	233	244	255	266	277	288	299	310	321
	64	192	203	214	225	236	247	258	269	280	291	302	313	324
	65	195	206	217	228	239	250	261	272	283	294	305	316	327
	66	198	209	220	231	242	253	264	275	286	297	308	319	330
	67	201	212	223	234	245	256	267	278	289	300	311	322	333
	68	204	215	226	237	248	259	270	281	292	303	314	325	336
	69	207	218	229	240	251	262	273	284	295	306	317	328	339
	70	210	221	232	243	254	265	276	287	298	309	320	331	342

RR5: FOSTERING (3 OF 3)

Number of Less Intensive Cases (weight = 3)	Number of Intensive Cases (weight = 11)												
	13	14	15	16	17	18	19	20	21	22	23	24	25
0	143	154	165	176	187	198	209	220	231	242	253	264	275
1	146	157	168	179	190	201	212	223	234	245	256	267	278
2	149	160	171	182	193	204	215	226	237	248	259	270	281
3	152	163	174	185	196	207	218	229	240	251	262	273	284
4	155	166	177	188	199	210	221	232	243	254	265	276	287
5	158	169	180	191	202	213	224	235	246	257	268	279	290
6	161	172	183	194	205	216	227	238	249	260	271	282	293
7	164	175	186	197	208	219	230	241	252	263	274	285	296
8	167	178	189	200	211	222	233	244	255	266	277	288	299
9	170	181	192	203	214	225	236	247	258	269	280	291	302
10	173	184	195	206	217	228	239	250	261	272	283	294	305
11	176	187	198	209	220	231	242	253	264	275	286	297	308
12	179	190	201	212	223	234	245	256	267	278	289	300	311
13	182	193	204	215	226	237	248	259	270	281	292	303	314
14	185	196	207	218	229	240	251	262	273	284	295	306	317
15	188	199	210	221	232	243	254	265	276	287	298	309	320
16	191	202	213	224	235	246	257	268	279	290	301	312	323
17	194	205	216	227	238	249	260	271	282	293	304	315	326
18	197	208	219	230	241	252	263	274	285	296	307	318	329
19	200	211	222	233	244	255	266	277	288	299	310	321	332
20	203	214	225	236	247	258	269	280	291	302	313	324	335
21	206	217	228	239	250	261	272	283	294	305	316	327	338
22	209	220	231	242	253	264	275	286	297	308	319	330	341
23	212	223	234	245	256	267	278	289	300	311	322	333	344
24	215	226	237	248	259	270	281	292	303	314	325	336	347
25	218	229	240	251	262	273	284	295	306	317	328	339	350
26	221	232	243	254	265	276	287	298	309	320	331	342	353
27	224	235	246	257	268	279	290	301	312	323	334	345	356
28	227	238	249	260	271	282	293	304	315	326	337	348	359
29	230	241	252	263	274	285	296	307	318	329	340	351	362
30	233	244	255	266	277	288	299	310	321	332	343	354	365
31	236	247	258	269	280	291	302	313	324	335	346	357	368
32	239	250	261	272	283	294	305	316	327	338	349	360	371
33	242	253	264	275	286	297	308	319	330	341	352	363	374
34	245	256	267	278	289	300	311	322	333	344	355	366	377
35	248	259	270	281	292	303	314	325	336	347	358	369	380

Vic: Very Intensive Cases

(Section 5.3.3 of *National Policy and Toolkit for Social Work Caseload Management 2018*).

In considering whether a case is **very intensive,** the approximate number of hours required to work the case over the next four weeks should be estimated.

If the case is projected to take up 20 hours or more, the case is deemed to fall into the very intensive case category and the appropriate points (as below) should be scored for the case.

Approximately how much time do you think this case might occupy over the next four weeks?	Points
20 hours	22
21-30 hours	27
31-40 hours	38
40-60 hours	54
More than 60 hours	75

Please bear in mind the following:

1. Cases that involve high levels of **court attendance, significant travel**, or **access above the norm** are **NOT VICs** unless there are other factors that make them VICs: specific allowances are made for these circumstances using the D2 Tool (see *National Policy and Toolkit on Caseload Management 2018* section 7.3.2 *Travel that has a Significant Impact;* section 7.3.3 *Court Attendance;* section 7.3.4 *Access Above the Norm*).

2. **A case is a child, not a family.** For example, if there are five CHILDREN (cases) in a family and the total hours for CHILD 1 comes to 30 hours that does not make them all VICs – you must look at the Intensity for each individual CHILD. See *National Policy and Toolkit on Caseload Management* 2018 section 5.4 on *Application of Intensity to Families where More than One Child Is a Case* provides important guidance on this.

TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency