

LOUISIANA DEPARTMENT OF CHILDREN & FAMILY SERVICES

Frontline Job Redesign

The Louisiana Department of Children and Family Services (DCFS) Child Welfare Division (CWD) is a state-operated child welfare system. Louisiana has 64 parishes statewide organized into nine regions. The local parish offices provide child protective service (CPS), family services (FS), foster care (FC), and adoption services. CWD has approximately 1,500 employees including about 640 frontline caseworkers. In 2017, when Louisiana applied to become a QIC-WD site, CWD estimated its [turnover](#) rate across the state to be 24%, with one region having a turnover rate of 51%, while another had a turnover rate of only 8%.

When DCFS started working with the Quality Improvement Center for Workforce Development (QIC-WD), an Implementation Team was established to participate in a [needs assessment](#) process, determine an intervention, and support implementation. The needs assessment found that high caseloads and a large number of administrative tasks were barriers to caseworkers' ability to effectively engage in the clinical aspects of their work. Agency leaders recognized the challenges and decided to engage in a [job redesign](#) because it had the potential to address the large number of administrative tasks, as well as improve engagement with families. The development of the redesign model included a job analysis, surveys of workers, and focus groups representing all areas of practice. Following this process, supervisory units providing CPS, FS, and FC were identified as the focus of the redesign. Tasks associated with the three programs were categorized as clinical or administrative, and as essential or considered for elimination. The tasks considered for elimination were carefully assessed for implications for job functioning, quality of practice, and outcomes for children and families before final decisions were made. The team then considered options for redesign of the CWS job that would accomplish the necessary administrative tasks and enhance clinical work with children and families. They created process maps to model existing and proposed workflows and determined which tasks the child welfare worker would keep and which administrative tasks could be assumed by a newly created Child Welfare Team Specialist (CWTS) position. The team developed a site [logic model](#) and [theory of change](#) to demonstrate how various aspects of the redesign could positively impact worker practice and retention.

This [video](#) discusses the challenges DCFS faced related to turnover and how the job redesign changed the way they work.





The redesign [intervention](#) created two types of restructured work units. First, the formerly separate CPS and FS programs were combined into Prevention teams, with the goal of providing coordinated, clinically based, interventions early in the life of a case to improve outcomes for children and the families. Second, the FC program was restructured into Permanency teams consisting of two sets of paired workers with a shared combined caseload, where one worker focused on working with parents and the other worker focused on the care and

needs of the children. Both the Prevention and the Permanency teams were supported by the new CWTS position, a professional-level position specially trained to support child welfare workers with the administrative tasks inherent in child welfare work, freeing the workers to focus on clinical tasks. A staged roll-out of the intervention was strategically designed to build support for the job redesign. There were three phased roll-outs, with new teams created in each of the experimental parishes in each phase. The Implementation Team developed a number of products and practices to support the [implementation](#) of the intervention and used a variety of tools to gather feedback and inform the implementation process.

The [evaluation](#) included an implementation evaluation and a quasi-experimental pretest-posttest non-equivalent groups design comparing workers providing CPS, FS, and FC services in the three parishes implementing the redesign (the experimental group) to a group of workers providing the same services in six similar parishes doing business as usual (the comparison group). The goals of the evaluation were to determine whether the redesign reduced overload and increased worker well-being and time spent on clinical work with children and families resulting in improved practice, and decreased turnover.

Early [evaluation findings](#) were very promising. Focus group feedback indicated that participants were satisfied with the model and wanted to see it maintained in some form, particularly the role of the CWTS. Participants cited a wide range of benefits including less stress and improved morale. They pointed to improvements in timeliness and quality of the work and favorable impacts for children and families, including more timely referrals, earlier service provision, faster case closure, and reductions in cases going to family services or foster care.

Surveys were administered in May 2020, three months after full implementation of the redesign, and again in November 2021. Caseworkers in the experimental group scored

significantly higher than caseworkers in the comparison group on measures of team cohesion, work-life balance, fit with the organization, and fit with their work group, and significantly lower than the comparison group on role conflict. In addition, caseworkers in the experimental group rated their work stress significantly lower than the comparison



group. Caseworkers in the experimental group rated their jobs significantly lower on job complexity, degree of specialization required, and variety of skills needed than they had in an earlier assessment conducted as part of the 2018 needs assessment. This suggests that those in redesigned teams perceived their jobs to be more manageable. However, the differences reported above were no longer significant on the follow-up survey in November 2021, which could be related to COVID-19 restrictions and major hurricanes affecting both the experimental and comparison parishes.

Time study data collected between July 2019 and October 2021 indicated increases in the percentage of time caseworkers in redesigned units spent on clinical activities, such as interviews, home visits, and case planning, and that the new CWTSs were taking on a wide range of administrative tasks, such as opening and closing cases in the data systems, obtaining consents, and archiving records.

Random samples of cases served by the experimental and comparison groups were reviewed and showed statistically significant improvements for the experimental group in the accuracy of risk and safety assessments, early provision of prevention services, timely involvement of the family services worker in cases identified as requiring in-home family services, and quality and frequency of contacts with children and parents. Significant improvements occurred in diligent efforts to locate absent parents, and timely notifications to participants in Family Team Meetings which were part of the CWTS's duties. Additional research is needed with respect to intervention effects on turnover.

Although not all hypothesized changes in worker well-being, job satisfaction, and commitment were supported, the job redesign showed promise in reducing perceptions of work stress and role conflict, increasing time available for clinical work with families, and improving case practice. The original pilot parishes will continue to use the redesigned Prevention and Permanency team model and the state is scaling up the CWTS position to be implemented statewide.

All [DCFS resources](#) summarized here can be found on the [QIC-WD website](#).