

## Child Welfare Worker Caseload: What's Just Right?

*Hide Yamatani, Rafael Engel, and Solveig Spjeldnes*

This study was designed to establish a caseload standard for child welfare workers. Understanding reasonable workload expectations for child welfare workers is a cornerstone of quality service provision and the recruitment and retention of qualified workers. Because of the analytic complexity of this question, qualitative and quantitative methods were used. The mixed methods included focus group sessions involving 60 Children, Youth and Families (CYF) workers, analysis of more than 16,000 CYF cases maintained by the CYF information management system, and job shadowing of 34 randomly selected CYF workers for an aggregate of 5,600 work hours. The study was conducted on the CYF located in Pittsburgh. Results indicated that, on average, some CYF workers had been assigned twice as many cases as the 16 to 17 per month suggested as reasonable by the present findings.

KEY WORDS: *child welfare services; child welfare workload; Children, Youth and Families caseload; staff retention; worker burnout*

The goal of the child welfare system is to “ensure safety, permanency, and well-being for all children who come to the attention of the child welfare system” (Child Welfare League of America [CWLA], n.d.-a, ¶ 5). These goals cannot be met, however, without sufficient time for child welfare workers to spend with families. The Children’s Bureau (2002) family service reviews of multiple states found that states where workers most consistently visited children best met performance standards. In 2006, the top two challenges reported by states were providing adequate services for children and families and recruiting and retaining caseworkers (U.S. Government Accountability Office [GAO], 2006). High personnel vacancy and high staff turnover rates are integrally related to excessive *workloads*, defined as time involved in completing job tasks, and *caseloads*, defined as time spent with clients, which states report are too large to meet client needs (Peat, Marwick, Mitchell & Co., 1978; GAO, 2006).

Failure to set and maintain reasonable workloads and caseloads can result in two important negative outcomes. First, federal, state, and other funding sources mandate child welfare system quality standards, and failure to meet these standards can jeopardize funding (American Public Human Services Association [APHSA], 2005; Scarcella, Bess, Zielewski, & Geen, 2006). More important, excessive caseloads can lead to workers making mistakes that harm children (McCall, 1998) and may

have liability repercussions that could devastate an agency (Herman, 2005). Here, we posit a new and empirically rigorous methodology that child welfare agencies can use to set and maintain a reasonable workload and caseload, which is paramount to effective functioning.

In 2006, the GAO reported that child welfare agencies were plagued by high workloads and caseloads, which negatively affected turnover and performance and repeatedly have been noted as being among the most significant obstacles to agencies fulfilling their legal mandate and achieving the service standards designed to protect the well-being of society’s most vulnerable children. A New York audit found that high workloads contributed to inadequate investigations and inconsistent case monitoring (McCall, 1998). In their review and meta-analysis, Mor Barak, Nissly, and Levin (2001) reported that excessive workloads and caseloads were commonly noted factors related to stress, job burnout, job dissatisfaction, and turnover of child welfare workers. Job burnout—characterized by emotional exhaustion, client depersonalization, and feelings of diminished personal accomplishment—is an often reported problem (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Mor Barak et al., 2001). When workers remained on the job despite dissatisfaction and burnout, their performance and well-being were compromised (Gold, 1998; Mor Barak et al., 2001). Female workers in one agency reported that their work had negatively affected their

health and cited caseload size and a lack of control over their workload as key reasons. Workers who felt control over their work experienced greater self-efficacy in their work and less stress (Guterman & Jarayatne, 1995).

Turnover is one of the most troublesome issues facing the child welfare system (CWLA, 2007; GAO, 2006; Howe & McDonald, 2001). Mor Barak et al. (2001) reported that annual turnover rates typically range from 30 percent to 60 percent and have significant financial and service effects. The APHSA (2005) found that turnover in 2004 for protective service workers was 69 percent, and of preventable turnover, caseload and workload that intruded on family life were the leading causes. Dickinson and Perry (2001) found that burnout and job dissatisfaction ranked first and second, respectively, as reasons for quitting child welfare work. In a survey conducted by the National Council on Crime and Delinquency (2006), 75 percent of former child welfare workers said their caseloads were excessive and required regular (often unpaid) overtime. The two main reasons reported for quitting the job were the never-ending workload (68 percent) and the heavy caseload (66 percent), which averaged 31 families with 43 children. Workers reported having entered the field to assist clients but that administrative paperwork limited client follow-up. Although most had anticipated keeping their job for five to 10 years, 41 percent left within two years. Only 29 percent of workers who left took another child welfare job.

Turnover creates both direct and indirect costs (Graef & Hill, 2000). Direct costs include separation costs (for example, costs associated with termination processes, separation pay, unemployment tax), rehire costs (for example, advertising job vacancies, pre-employment activities), and training costs (for example, formal and on-the-job training). Indirect costs include lower staff morale, lower productivity, and lower well-being of clients who had rapport with the worker they lost. Finding that Child Protective Services (CPS) worker turnover was estimated to cost \$10,000 (in 1995 dollars) per vacancy in the agency studied, Graef and Hill argued that child welfare agencies should conduct turnover cost-benefit analyses to jumpstart plans for proactive retention strategies.

The Council on Accreditation (COA) and the CWLA have suggested maximum caseloads—the number of cases manageable by workers without

compromising service quality—but these are not followed (CWLA, 2007; COA, 2006; GAO, 2006; McCall, 1998). The COA, an international independent accrediting body for public and private social service agencies that specifies standards and guidelines for functions throughout the child welfare system, has suggested a caseload maximum of 15 active investigations and a maximum of 15 to 30 open cases for CPS workers. The CWLA (n.d.-a) has recommended a monthly maximum caseload of 12 active cases for child welfare workers. Despite these standards, the GAO (2003) found that some caseworkers handled twice the recommended caseloads and spent 50 percent to 80 percent of their time on administrative tasks. In 2004, with only 15 states reporting, average caseloads for intake workers ranged from eight to 76 (CWLA, n.d.-b). With only nine states reporting, in-home service workers' caseloads ranged from 11 to 30. Also in 2004, only four states reported having enacted laws regarding caseload standards or requirements; of those states, two indicated that their standards met a nationally suggested caseload standard. Despite the states' concern about maintaining reasonable workloads, only 11 states reported initiating strategies to reduce caseloads, and no state had attempted to reduce caseworkers' paperwork burden (CWLA, n.d.-b; GAO, 2003).

Two key factors influence workload and caseloads that complicate the business of setting and maintaining reasonable caseloads. First, the number of referred cases continues to increase annually, yet states complain that budgets are inadequate to allow for hiring sufficient numbers of workers (GAO, 2003, 2006). Second, the unpredictability of the work—for example, emergencies, wait times in court, or unanticipated case demands—can cause the workload to spike. By using an empirically based methodology to determine caseload, agencies can provide funders with ammunition to fight for sufficient funding to hire workers to meet changing service needs.

This study was conducted at the countywide Children, Youth and Families department (CYF) in Pittsburgh. According to the University of Pittsburgh (2004), the city of Pittsburgh, with approximately 370,000 residents, has a significantly high poverty rate (20.4 percent, compared with 12.4 percent for the United States as a whole), and its unemployment rate for African American men and women is the fifth highest among cities of all sizes in the nation.

This study examined the following questions: What is an appropriate caseload among trained child welfare workers at a specific agency? What methodology can be used to set caseloads for an agency? First, we determined that the initial questions should not concern how many cases can be completed per month or completion times for specific cases. Although the research questions may seem simple to answer, major challenges complicated empirical assessment, including the following:

- Each CYF case required differing amounts of time, depending on factors such as number and age of children, history of abuse, parental mental illness or criminal justice involvement, and family assistance from other service organizations.
- Child welfare cases did not follow a routine or predictable pattern. CYF caseworkers' workflow involved frequent interruptions (for example, calls from families, family court judges demanding reports, requests from other agencies, emergency events).
- CYF caseworkers typically worked several cases per day, spending varying amounts of time on administrative as well as service tasks (for example, family service plans, payment plans, petition hearings, referrals, travel and home visits, and case transfers and closures). Thus, a discrete task that could have been completed in an hour of uninterrupted time generally required many hours of intermittent effort across multiple days.

The CYF is a dynamic, fast-paced, intense, and hectic workplace. Unlike on a manufacturing assembly line, routine task completion and predictability are unachievable. Consequently, this study investigated caseload service tasks as workload components in a naturalistic setting rather than examining specific tasks and completion times out of context. We suggest that by using the following methodology, CYF offices can more accurately set caseloads and standards that can improve worker morale and retention and provide better service to families.

## **METHOD**

Because of the complexity of the workload and unpredictable work environment, a mixed-methods design was selected. We started with focus groups

to collect qualitative data and then applied two quantitative research methods. The CYF system consists of two major departments: (1) the intake department, which is responsible for conducting CPS investigations after receiving information about children in potentially abusive or neglectful situations, and (2) the family services department, which develops a plan to serve families and children who are potentially in danger as well as those who have been abused or neglected. Sixty caseworkers from CYF intake and family services departments voluntarily participated in 10 focus group sessions. First, we conducted one session with each of the six branch offices and included case managers. We followed up with four additional debriefing sessions after major findings were generated. In these sessions, explanatory and interpretive suggestions were solicited for some of our major findings.

During the initial focus group sessions, participants were assigned a summary of case stories that were viewed as typical of CYF cases by the point person designated by CYF to assist in this study. On the basis of a given case scenario, focus group participants identified and described two things: (1) tasks CYF workers performed and the normal sequence of those tasks and (2) a reasonable time frame for completing each task (including associated paperwork and record keeping) while meeting best practice standards. Intake and family services supervisors reviewed and affirmed these findings (see Table 1). The follow-up sessions were designed to review our findings and review and answer any questions about our conclusions.

One quantitative data collection method was job shadowing 34 caseworkers, randomly selected by use of a random number table method among 112 case managers. Together, this selected sample of case managers carried approximately 850 cases. During a four-week period, 15 trained graduate students and the principal investigator shadowed selected workers throughout the workday for more than 5,600 aggregate hours. The graduate students were provided with in-class training on how to classify and record case management tasks. The selected case managers also were debriefed on assisting the data gatherers to accurately record information regarding task functions and time expended. The graduate students recorded the start time and end time of every activity, including meetings, lunch periods, and sick and personal days, which are part of workers' normal job pattern. Students recorded client family contact

**Table 1: Major Sets of Case Management Tasks for Intake and Family Services**

Major Intake Task	Major Family Services Task
Investigation/risk assessment	Case transfer/closure
Safety plan	Case review/investigation
Removal planning/implementation	Crisis intervention
Court hearing	Family service plan
Meetings	Meetings
In-home/community service	Payment plan
Travel time	Petition hearing/preparation
Collateral contacts	Referral/resource connection
Supervision	Shelter hearing/preparation
Transfer/closure	Supervision
Other	Training
	Travel time
	Visits (home, foster care, and so forth)
	Other

and case management tasks by case identification numbers and by task to track time spent on each aspect of casework as part of the workday.

The second quantitative method involved analyzing actual service times for more than 16,000 CYF cases throughout a three-year period. This data set provided dates of entry and terminations for all cases during the period, which ensured that assessments were reality based. However, missing data problems were an issue on some variables; more important, selected research question regarding ideal caseload could not be answered by the huge data set. Thus, we decided that this data set would only be used for assessment of average caseload distribution. The results indicated that CYF workers had been assigned to work on 24 or more cases on average per month. In addition, a limitation was that many cases were combined, which disallowed capturing selected variables from specific types of cases for comparative analyses. For example, evaluation of cases handled by inexperienced workers or cases that started prior to and extended after enactment of the Adoption and Safe Families Act of 1997 (P.L. 105-89) was not possible.

## RESULTS

By combining three streams of data (professional best judgments, daily observations, and historical data), we calculated recommended maximum caseload sizes for two CYF departments (intake, family services). To estimate per month caseloads, we calculated available monthly work hours and then

divided by the average number of hours expended on CYF cases (see Table 2). Based on data gathered through the job shadowing method, the average total number of case hours was 7.2 per one-month period. This time includes average time expended on family visits.

The assessment of available work hours was calculated for the intake department by starting with the total number of viable monthly workdays and adjusting for holidays, average sick and personal days, and vacation days. The derived estimate was further adjusted for lunch, training, and meetings. The average hours available for casework were estimated to be 118.3 per month, which was divided by hours expended per case (7.2) during a one-month period to arrive at a maximum caseload of 16 families. This suggested maximum caseload number was significantly lower than the average of 24 cases assigned for intake department workers at the time of assessment. Although trainees typically were assigned to work on 15 or fewer cases, some seasoned workers handled more than 30 cases.

In contrast to the findings for the intake department, the average total number of hours spent on a case by family service caseworkers was 6.84 hours per one-month period, including average travel time for family visits and face-to-face family meetings. To estimate a maximum caseload per month, we divided available total work hours by the average number of hours expended on cases (see Table 3). Based on this calculation procedure, the maximum caseload per month was determined

**Table 2: Estimated Maximum Caseload for the Children, Youth and Families Intake Department**

Variable	Maximum	Time per Month
Available average days		
A. Work days		20.00
B. Holidays (11 per year, or 11/12)		0.92
C. Sick/personal days (10 per year, or 10/12)		0.83
D. Vacation days (10 per year, or 10/12)		0.83
E. Total work days (A - (B + C + D))		17.42
Available average hours		
F. Work hours (E × 8)		139.33
G. Lunch hours/month (1 × E)		17.42
H. Training hours (20 per year, or 20/12)		1.67
I. Monthly staff meeting hours (2 per month)		2.00
J. Total work hours (F - (G + H + I))		118.25
Estimated maximum caseload		
K. Average total time needed for case management per case	7.2 hours	
L. Caseload (J/K)	16 cases	

to be 17 (118.25 total work hours per month/6.84 hours per case). The recommended family services department caseloads were significantly lower than the average 24 cases actually assigned to workers at the time of the study.

To understand the implications of worker caseload, we asked focus group respondents to define “best practice.” They noted that caseload and workload issues were critical to their ability to provide best practice. Their definitions of *best practice* included three themes: providing quality service, identifying outcomes, and creating conditions under which best practices can occur. Most respondents mentioned the processes or activities that would reflect quality services. Nearly half of the respondents discussed desired outcomes. Their comments went beyond “positive outcomes” or “helping families meet their goals,” dealing with end results such as safety, reunifi-

cation, and permanence—and the interrelationships among these results. Other respondents focused on factors that indicated best practice optimal outcomes. A third group discussed the environmental factors that enable best practice to occur. For example, some respondents argued for the importance of service individualization—for instance, identifying each family’s strengths and serving their specific needs. Some respondents alluded to providing services, whereas others mentioned casework, assessment, coordination, goal setting, and linkages to community resources. Typical comments were “providing quality services consistently to clients in an efficient way in order to facilitate positive change” and “service provided to families in a holistic, culturally sensitive and relevant manner by competent staff.”

Responses indicated that best practice integrates multiple ideas from different perspectives. One focus

**Table 3: Estimated Maximum Caseload for the Children, Youth and Families Family Services Department**

Variable	Maximum	Time per Month
A. Available work hours		118.25
B. Family visit hours per case		3.29
C. Casework processing hours per case		3.55
D. Average total hours needed for case management per case (B + C)		6.84
E. Caseload (A/D)	17 cases	

group participant's statement captured responses from many groups:

The practice of providing safe, efficient, effective services to families in a respectful manner that takes into consideration the cultural, financial, educational, developmental, emotional, and spiritual orientation and needs of the family. In order to make this occur, you must have properly trained staff that wants and is dedicated to perform this service for families and a management structure that can facilitate this and will do the things necessary to allow this kind of training, hiring, and staffing to occur.

Respondents were asked to suggest ways that workers can achieve best practice levels for all consumer children and families. The responses were classified into five broad themes. The most frequently mentioned themes were workload and having adequate time to complete tasks. Specifically mentioned were handling too many cases, specialized caseloads or units, the number of caseworkers, and the time consumed by certain tasks. Respondents offered several suggestions, but the overall tone underscored the importance of workload and caseload size in achieving best practice.

Focus group participants were asked, "On what tasks do you spend the most time?" A significant number of respondents indicated that documentation took a disproportionate amount of time, followed by court-related activities such as preparation for court or time spent waiting for court to begin. Respondents were then asked, "On which tasks do you wish you had more time?" Regardless of position, the vast majority of respondents reported wanting more direct contact time with clients during both home and office visits. Although most respondents did not elaborate beyond statements such as "family contacts" or "home visits with staff," several discussed the value of more direct client contact to achieve best practice outcomes.

Focus group respondents were asked, "How many children and families can a caseworker be responsible for and still be able to do 'best case practice' with all families?" Responses included three categories: the number of families only, the number of children only, and a combination. Nearly half of the respondents reported a range such as five to 22.5 ( $M = 13.4$ ) rather than a specific number of cases. Few respondents believed that the number of

cases should be greater than 15 per month. Some respondents suggested caseloads in reference to a maximum number of children, not families, ranging from 15 to 50—with an average maximum caseload of 31 children.

## DISCUSSION

Compared with quantitative data-based findings, the suggested lower caseload rate coming from the focus group is not surprising. The focus group's assessment was based on the participants' perception of a reasonable caseload for implementing and maintaining best practice. We found that typical CYF caseloads in Allegheny County, Pennsylvania, were as much as 50 percent higher than what our findings suggested would be optimal. Excessive caseloads are a commonly reported problem throughout the country (GAO, 2006).

The COA (2006) accreditation guidelines state the importance of a manageable workload that balances casework with other duties so that best practices can be maintained to meet optimal client outcomes. To meet these goals, the CWLA (n.d.-a) and the COA have recommended that each agency develop caseload standards by job category. These standards should be based on activity time studies, with case complexity (for example, size and severity of family needs) and worker experience level factored into the final number. Although these guidelines are useful, organizations need more detailed strategies to analyze workload, and they need empirically based benchmarks from which to set their own caseload standards, which this study provides.

The multiple data-collection methodology used in this study contrasts with what may appear to be an obvious approach to calculating CYF caseload size—namely, measuring the total amount of time needed for each major casework function and adding them to derive a total amount of time per case. The flaw in this method is that, as child welfare workers explained, devoting uninterrupted time to one case until its closure is impossible. All caseworkers served multiple families during any given period rather than sequentially serving families. Caseworkers noted that typical cases lasted longer than one month, especially in the family services department. Thus, the present methodology has the advantage of considering the naturalistic work setting to more accurately determine reasonable caseload sizes.

With caseloads exceeding the recommended maximum, caseworkers were under significant

pressure to process cases quickly. CYF workers reported frequently working overtime during the week and on weekends to keep up with the workload. Workers admitted that sometimes major casework functions were rescheduled. Such issues demonstrate a need for additional funding to expand the workforce so as to reduce staff turnover and maintain quality service. Another approach to handling excessive caseload is to implement greater efficiency by reducing unnecessary administrative paperwork either through increasing use of technology or decreasing form redundancy. Thus, future research should consider these factors as well as others, such as the potential impact of training of case managers, quality of supervisory support, and combining intake and family service as one process so that a case manager can process the same family's needs from beginning to end.

A quality child welfare workforce is essential to providing vital services to the nation's most vulnerable children. Reasonable workloads that are based on empirically sound methodology can help alleviate the stress, burnout, turnover, and potential for errors that currently undermine the child welfare system. The CWLA (2007) has recommended a national workload study. Although no nationally accepted method for determining caseload exists (CWLA, n.d.-a), the present study describes a comprehensive methodology for assessing child welfare workload and caseload that can serve as a model for others. To maintain quality CYF systems, funding is needed to assess and determine caseload standards by department and to hire the requisite workforce. **SW**

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**Hide Yamatani, PhD, MSW, MBA**, is associate dean for research and professor, and **Rafael Engel, PhD, MSW**, is associate professor, School of Social Work, University of Pittsburgh.

*Solveig Spjeldnes, PhD, MSW, MA, is assistant professor, Department of Social Work, Ohio University. Address correspondence to Hide Yamatani, School of Social Work, University of Pittsburgh, 2033 Cathedral of Learning, Pittsburgh, PA 15260; e-mail: hzy@pitt.edu. This study was made possible by a grant from the Human Service Integration Fund of Greater Pittsburgh. The authors thank Marc Churna, executive director of*

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