

Cafcass Time Recording Exercise 2008: Summary of Results

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Summary

The objective of the 2008 Time Recording Exercise was to provide an evidence base for the review of the workload allocation figures. All operational staff were asked to record their time usage for two full weeks starting 21st April 2008, the data was inputted to the Cafcass Case Management System database (CMS), and that data analysed by an independent statistician.

Analysis of the results suggests that based on April 2008 caseloads, on average cases required the following amount of practitioner input over case lifetime:

Time Recording Exercise 2008 results

Case type ¹	Duration in hours over case lifetime
Care (s31)	151.9
Adoption	26.1
Placement	78.3
Other public	49.9
Rule 9.5	102.8
DR	11.4
Private	49.5
FAO	54.5

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Methodology

Operational staff were asked to record their time in two different ways. One asked them to report their time usage in 6-minute blocks for the 14 calendar days of the exercise (we refer to this as the "Recorded Time" method). The second asked practitioner staff to estimate (for each case in their caseload) all case-related time worked on each case before and during the two weeks of the exercise, and the remaining time to be worked to the end of the case. We call this the "Estimated Time" method. In this method s31 cases were broken into stages to make the task of recalling and forecasting time, easier.

¹ Appendix 2 sets out which CMS case types were included in which case categories

Analysis of the Recorded Time data relied on mathematical calculation to arrive at results, combining Recorded Time with actual case lifetimes drawn from the CMS. The summary time method reached case lifetime results by simply summing together the subjective estimations made by practitioners. All results were weighted to ensure proper representation of Cafcass' caseload.

An independent statistician advised on the methodological design and completed the analysis of the results. The design of the Exercise and interpretation of results is overseen by the Workloads sub-committee of the National Partnerships Meeting.

Volume of responses

936 staff members participated using the calendar-like Recorded Time method and approximately 400 practitioners completed the summary "My Cases" sheets for the Estimated Time method. It was intended that practitioners would use both forms of recording their time, and that this would increase the validity of the results, however only one in five (22%) cases for which recorded time was submitted were also included in estimated time returns. Overall, 532 Recorded Time sheets and 296 My Cases forms were of sufficient quality to be of use in the analysis

As the exercise aimed to capture "average" activity on cases the following exclusions were applied to the Recorded Time submissions for the purpose of calculating average case durations and meet the objective of the Exercise, leaving recorded time relating to 5122 cases in the dataset:

- Any practitioner who recorded less than 30% and greater than 250% of a standard Whole Time Equivalence (WTE): The decision to exclude those with particularly low hours was based on the frequency distribution of the logarithm of the %WTE.
- Any practitioner who recorded data for less than 3 of the 10 working days of the exercise (those recording leave & other absences were included).
- Any practitioner with an average number of hours per day greater than 16 hours for the 2 weeks.
- Any case involving a practitioner who had been excluded as a result of the criteria above (eg. as a co-worker).
- Any case with an allocation date which fell after the end of the Time Recording Exercise.
- Non-practitioners.

Similar data cleaning was applied to the Estimated Time dataset prior to analysis.

Results

The results of the Exercise have been weighted according to the number of open cases per region as recorded on CMS, to ensure they can be applied to all caseloads across Cafcass.

Results from both methods of recording are shown here but caution must be exercised in respect of the Estimated Time data which includes a higher degree of subjectivity and is based on a smaller number of returns.

Analysis of Recorded Time

Using the Recorded Time dataset, the expected case lifetime in hours was estimated using the following formula:

$$\text{Case lifetime in hours} = \frac{\text{Actual (allocated) case time recorded} \times (1 + \frac{\text{Total unallocated case time recorded}}{\text{total allocated case time per practitioner}}) \times \text{mean length of case in available working days as recorded on CMS}}{\text{Total allocated case time per practitioner}}$$

This method is advantageous as it is a combination of the average of reported time per case per day actually recorded during the Exercise, and the average usual lifetime for that particular case category as identified from closed case data on CMS over the last two years. The Recorded Time dataset is large, little subjectivity is introduced by the method of recording and thus we have a high degree of confidence in this dataset.

Recorded Time results

Case Type	Duration in hours over case lifetime	Confidence interval ²
Care (s31)	151.9	7%
Adoption	26.2	33%
Placement	72.7	62%
Other public	46.9	44%
Rule 9.5	102.3	17%
DR	10.1	34%
Private	49.5	9%
FAO	56.1	38%

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² The confidence level for the exercise has been set at 95%. Appendix 1 provides a description of how confidence intervals are calculated, the confidence level, and how these should be interpreted.

Analysis of Estimated Time

Using the averages for each case group, the expected case lifetime in hours was estimated using this formula.

$$\text{Case lifetime in hours} = \text{Ratio of Recorded Time to estimated time} \times \text{Practitioner estimate of case time prior to TRE} + \text{Allocated case time during TRE} + \text{Non-allocated case time per practitioner recorded during TRE} + \text{Ratio of actual case time to estimated time} \times \text{Estimated time until case completion}$$

This method is weaker as it relies largely (approximately 90%) upon practitioner estimates (which were primarily recorded to calculate bias in Recorded Time entries³). The relatively low response rate for this method (particularly for SECs) means that using it to accurately calculate confidence intervals is difficult.

Estimated Time results

Case Type	Duration in hours over case lifetime	Confidence interval
Care stage 1 (Prior to 1st Directions)	61.9	27%
Care stage 2 (Between 1st Directions and CMC)	88.2	14%
Care stage 3 (CMC to Final Hearing)	122.1	8%
Care stage 4 (after the Final Hearing)	112.4	17%
Care (s31)	384.6	8%
Adoption	25.9	36%
Placement	83.3	71%
Other public	56.0	19%
Rule 9.5	103.8	14%
DR	16.2	29%
Private	33.0	8%
FAO	51.5	24%

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The stages of the care case were introduced in the forms as it was anticipated that practitioners would have difficulty casting their minds back, on occasion over years, and estimating the number of hours they had spent on a long-running s31

³ A bias factor of 15% was included in the calculations. This was arrived at by comparing both Self-Employed Contractor time recorded during the Exercise with Self Employed Time recorded on CMS for accounting purposes, and by comparing Recorded Time with Estimated Time.

case. The stages are the same as included in the Public Law Outline, introduced a few weeks before the Exercise. Practitioners were instructed to record time during the two week period for the current stage of a Care case and to base their estimations on how many hours they thought would be required to completed that stage of the case. They were also asked the estimate how many hours had been spent on that particular stage of the case previously.

Upon receipt of the results it became apparent that many participants had misinterpreted this and included all time spent on a case, in just one of the four stages. This seems the most likely explanation for the very high Care case lengths resulting from this dataset. For example, based on our knowledge of the Children's Guardian's role in public law proceedings, we feel it is unreasonable to conclude that the average time spent after the Final Hearing and before the end of our statutory remit really is 112 hours. We thus recommend that the results for Care be ignored in the final results.

Conversely, the Estimated Time figure for Private Law work is substantially lower than that shown by Recorded Time. We believe that this is largely due to the often 'bitty' nature of private law work being difficult to sum up in an estimate of time spent to date. It is therefore likely that practitioners participating in the exercise neglected to include some parts of their work on private law cases in their "My Cases" estimates.

The results for the remaining case types overlap closely, indicating a specific methodological issue with both the categories Care and Private law. We therefore recommend that the Estimated Time data be ignored for both these case types.

Overall results & recommendation

The table below shows a weighted average results (as a combination of the two methods, bar Care and Private). We conclude that these results reflect average case lifetimes of the open Cafcass caseload in April 2008.

Time Recording Exercise 2008 results	
Case Type	Duration in hours over case lifetime
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Appendix 1: Confidence Intervals

For this exercise the Confidence Interval has been set at the standard 95%, meaning that if the exercise were repeated one hundred times, the results for each category would fall within the designated Upper and Lower Confidence Intervals ninety-five times out of a hundred.

Confidence intervals thus show the percentage of the results by which results could vary by either above or below this expected value if the exercise were repeated one hundred times under the same conditions. This is sometimes reported as a margin of error.

The width of Confidence Intervals are affected primarily by the sample size and its standard deviation and therefore the results for the Time Recording Exercise vary according to the sample size of the various case groupings. For example, Care and Private Law (non-DR) have large sample sizes and low confidence intervals while case types with smaller recorded samples (such as Placement, FAO and Adoption) have much larger Confidence Intervals.

The tables below show the sample sizes, average lifetimes and standard error range for each case category calculated using the Recorded Time method. All values shown here are derived from Recorded Time measurements.

**Sample Size Used to Calculate National Lifetime Estimates
(TRE Recorded Time)**

Sample n	Care	Adopt	Place	Other	r9.5	DR	Private	FAO
East Midlands	215	18	5	14	29	17	279	13
Eastern	137	14	1	11	16	56	130	10
Greater London	183	23	2	7	60	75	244	7
North East	229	7	3	14	18	87	52	3
North West	348	18	6	39	105	57	245	26
South East	80	7	1	3	22	14	90	4
South West	130	5	3	5	34	45	140	11
Southern	56	10	1	4	11	15	84	3
West Midlands	156	5	7	15	30	148	182	10
Yorkshire	308	32	8	44	62	103	401	10
National	1842	139	37	156	387	617	1847	97

Given that sample size determines confidence in the result, the very small numbers included in the table above imply that the regional breakdowns of the results (shown for illustrative purposes below) should not be taken as representative of the duration of Cafcass work over case lifetimes for each region.

**Average time per case in hours by region and case group
(TRE Recorded Time)**

Avg Hrs	Care	Adopt	Place	Other	r9.5	DR	Private	FAO
East Midlands	132	40	56	33	120	6	46	72
Eastern	175	34	51	57	88	11	64	48
Greater London	171	25	9	55	124	6	41	88
North East	142	15	115	55	96	23	50	16
North West	127	46	153	38	104	4	50	43
South East	150	21	8	161	89	8	50	23
South West	151	17	69	33	96	11	55	43
Southern	195	12	0	10	139	16	55	61
West Midlands	138	27	60	34	78	12	42	49
Yorkshire	153	29	119	45	91	9	52	82
National	152	26	73	47	102	10	49	56

Appendix 2: Case categories specified for the 2008 Exercise

The following groupings of cases (numbered and shown in shaded bars) were made for the purposes of the 2008 Time Recording Exercise. The left-hand column is the CMS classification, the right-hand column describes filters applied to CMS cases in order to create the case groupings. The tables throughout this document report results for eight of these ten groupings: no cases in the datasets were identified as 'private other', and the tenth grouping is a list of cases excluded from the exercise.

Category & case type	
1-Care	
Care (S31)	
Interim Care	
Supervision (S31)	
2-Adoption	
Adoption agency (Guardian) (R59)	
Adoption agency (RO) (R69)	
Adoption intercountry (in) (S87)	
Adoption non-agency (CFR) (R73)	
Adoption non-agency (Guardian) (R59)	
Adoption non-agency (RO) (R69)	
Guardian Adoption	
Placement(S19)/Adoption(S20)	
Special Guardianship (S14A)	
3-Placement	
Placement (Guardian) (R59)	
Placement Orders	
Placement (RO) (R69)	
4-Public other	
Secure Accommodation (S25)	
EPO (S44)	
EPO Extension (S45)	
Terminate Contact (S34(4))	

	Child Assessment (S43)	
	Discharge or Vary of CO or SO (S39)	
	Contact (S34)	
	Discharge/Variation Special Guardianship (S14D)	
5-Rule 9.5		
	FPR - Rule 9.5	
6-DR / EDR		
	Contact (S8)	If DR on CMS
	Parental Responsibility (S4)	If DR on CMS
	Residence (S8)	If DR on CMS
	Prohibited Steps (S8)	If DR on CMS
	Specific Issues(S8)	If DR on CMS
7-Other Private		
	Any	All private not S7, S7 addenda or DR / EDR
8-Private (Section 7 reports + addenda)		
	Contact (S8)	If S7 requested or addenda
	Residence (S8)	If S7 requested or addenda
	Parental Responsibility (S4)	If S7 requested or addenda
	Prohibited Steps (S8)	If S7 requested or addenda
	Specific Issues(S8)	If S7 requested or addenda
	Residence Order (S91)	If S7 requested or addenda
	Removal from Jurisdiction (S13)	If S7 requested or addenda
	Direction (S37)	If S7 requested or addenda
9-FAO		
	FAO (S16)	
10-Excluded		
	Change of Surname (S33(7))	
	Child Abduction & Custody Act	
	Parental Order (S30 HF&E)	
	Leave to Disclose	
	Other	
	Appeal	

	Declaration of Parentage (S55A)	
	FLA - 1996 (Non-Mol/Occupation)	
	Guardians (S55)	
	Change of Surname (S13)	
	Enquiry from Foreign Court	
	SO Extension (S38)	
	Ward of Court (S41)	
	Revocation of Freeing Order	
	Recovery Order (S50)	