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The importance of caseload levels in the child welfare field has been recognized in both the academic literature and the professional arena (Child Welfare Information Gateway, 2016; Social Work Policy Institute, 2010; U.S. General Accounting Office, 2003; Yamatani, Engel, & Spjeldnes, 2009). The Child Welfare League of America (1995) issued some of the first standards for optimal caseload levels. They recommended that child welfare agencies maintain caseloads no larger than 15. A similar standard was issued by researchers who conducted a comprehensive study of the time necessary per case. These researchers identified 17 cases as the ideal condition for child welfare work (Yamatani et al., 2009). However, with the financial pressures inherent in meeting this standard, one may ask whether a reduction in caseload is a wise choice for child welfare agencies. Administrators in particular may ask what they can expect to see when caseload levels are reduced. This study seeks to address this question through an examination of the effects of caseload level reduction from the viewpoint of the child welfare case manager.

Literature Review

The research literature provides the field with an examination of caseload levels and their effects on both case managers and case outcomes. Descriptive information on caseload levels can be found in both the gray literature and academic journals, which provide estimates of the average caseload levels seen throughout the field of child welfare. The literature also includes estimates of the effects of caseload levels and the related concept of workload on job satisfaction/morale, turnover, the processing of cases, and child permanency. This small body of research serves as a foundation for this study.

Descriptive Information on Caseloads

The literature includes multiple examples of caseload levels that exceed the recommendations. Early research on this problem found that the majority of child welfare units in a sample of 10 states failed to meet the standards for acceptable caseload levels (American Federation of State, County and Municipal Employees, 1998). In a more recent survey of state child welfare administrators, the American Public Human Services Administration (2005) identified a high level of variation across states. The average caseload for the sample of states was acceptable for some categories of workers; however, the caseloads for those handling in-home supervision and out-of-

home care rose to a maximum of 80 children. The variation across geographical region persists, as evidenced by the most recent assessment of caseload levels in the United States (Edwards & Wildeman, 2018). These studies demonstrate that high caseload levels are a continuing challenge for the child welfare field.

Effects on Case Managers

The relationship between caseload levels and job satisfaction of case managers is seldom studied. However, a few researchers have examined the effect of workload, which is closely related to caseload levels. These studies have produced mixed results. Landsman (2001) identified a significant, negative relationship between workload and job satisfaction among employees in the child welfare field, though others who have tested this relationship have not produced significant results (Jayaratne & Chess, 1984).

The literature includes multiple studies regarding the effect of caseload levels on turnover, though the findings have been inconsistent. In qualitative studies, case managers have reported a perception that high caseload levels contribute to turnover (Ellett, Ellis, Westbrook, & Dews, 2007; Gonzalez, Faller, Ortega, & Tropman, 2009; Griffiths & Royse, 2017; Jacquet, Clark, Morazes, & Withers, 2007; U.S. General Accounting Office, 2003). On the other hand, a meta-analysis conducted in 2014 did not find a significant relationship between caseload levels and turnover intention (Kim & Kao, 2014), and comprehensive reviews of the literature did not yield evidence of a significant relationship between turnover and the related concept of workload (DePanfilis & Zlotnik, 2008; Mor Barak, Nissly, & Levin, 2001). However, quantitative researchers who studied actual turnover have produced mixed results, with some finding no significant effect for caseload levels (Jacquet et al., 2007), some finding an expected positive effect (Smith, 2005), and others finding an unexpected negative effect (Dickinson & Perry, 2002). Quantitative research on this relationship is complicated by the fact that some agencies provide new employees with a protected period in which caseload levels are small. If these new employees are more likely to quit, then this early departure during the protected period may dilute the effect of caseload levels in the analysis. Further, the variation of caseload levels across employees who are past the protected period is typically very small within an agency, which may limit the ability to fully capture an effect.

Effects on Cases

While the effect of caseload levels on case processing and outcomes is frequently discussed in the field of child welfare practice, tests of this effect

are rarely published in the literature. In one qualitative study, case managers described high caseload levels as a barrier to permanency outcomes (Lodermeier, Hammond, Henderson, & Carvalho, 2002). Only a small number of quantitative studies have examined the effect of caseload levels on the processing of cases. Early research by Shapiro (1976) suggested a curvilinear relationship between caseload level and case closure, with discharges more likely to be found among those with the highest and lowest caseload levels. Steen (2010) found a significant linear relationship between agencies' average caseload per worker and agencies' percentage of cases closed within 60 days, with case closure being more likely to occur in agencies that had high caseload levels. This finding might suggest that overworked case managers close cases as soon as possible, perhaps even earlier than they should be closed. One might assume that case closure is indicative of successful outcomes; however, case closure can result from children aging out of care or a family moving to a new district. Therefore, permanency and safety outcomes are important variables to consider. Successful permanency outcomes were the subject of study for Weigensberg (2009). She found reunification to be delayed among agencies with larger caseloads but found no relationship between caseload levels and time to adoption or time to guardianship. It should be noted that Weigensberg tested the total number of cases per agency rather than per worker, thus this measure could be a better representation of agency size than of case managers' workload.

Study Purpose

Much of the existing literature focuses on the effects of caseload level in a static context, so more research is needed regarding the effects of caseload level reductions. This study makes a unique contribution through a qualitative analysis of caseworker perceptions of the effect of caseload level reduction during a period of agency adjustment of caseload levels. The methodology was framed by the following research questions:

- Do case managers view caseload level reduction as having positive, negative, or neutral effects?
- What are case managers' perceptions of caseload level reduction as a causal condition for the four consequences of job satisfaction, retention, child safety, and child permanency?
- What are the mechanisms by which case managers believe caseload levels produce these four consequences?

These questions were addressed within a sample of case managers who directly experienced employment within an agency that reduced caseload levels.

Method

Design

This study was one component of a comprehensive evaluation designed to assess an organizational change effort in a child welfare agency that serves one urban county in the United States. The agency operates as a private non-profit organization and a contracted vendor of case management services for families under in-home supervision and children in out-of-home placement. In order to reduce case manager turnover and improve case outcomes, the organization's administrators implemented three changes in the areas of caseload levels, pay structure, and training. Caseload levels were reduced through a large-scale addition of new hires. A graduated structure for annual salary and bonuses was developed to reward longevity and participation in professional development activities. Employees were provided with new training opportunities on solution-based casework (Christensen et al., 2008). The data presented in this manuscript were collected six months after caseload level reduction, three months after the new pay structure, and in the middle of the training schedule.

This article focuses on the qualitative component that captured caseworker perceptions of the organizational change effort. The qualitative component had a mixed purpose of both theory testing and theory generation. As stated in the first and second research question, one of the goals was to ascertain how case managers viewed the general theory that caseload level reduction has positive consequences for both case managers and case outcomes. As such, the qualitative data were used to test whether the case managers witnessed and experienced the consequences expected by this theory. The second goal was to generate a more comprehensive theoretical framework composed of mechanisms that connect caseload level reduction to its distal consequences.

Data Collection

Qualitative data were collected through three focus group discussions, which took place in the agency's private conference rooms. Following approval by the Institutional Review Board of the researcher's university, case managers were recruited for the focus groups through two methods. First, the principal investigator sent recruitment emails to the case managers. These emails informed the recipients that they could sign up for a focus group by contacting the principal investigator by email or phone. Announcements were also made by agency administrators, and a sign-up sheet was distributed through the agency. Through these methods, 10 case managers were recruited. This sample represented 29% of the agency's case managers. They were diverse in demographic characteristics and

work experience. The focus groups contained both new case managers who began their positions after the reduction in caseload levels and more seasoned case managers who experienced pre- and post- caseload reduction time periods. To protect the identity of participants and encourage open dialogue, focus group members were given name tags and told to write numbers of their choosing on the name tags. These numbers were then used in place of names during focus group discussions. To facilitate analysis, the focus group discussions were audiotaped and transcribed.

The focus groups were guided using a semi-structured set of questions. The topic of caseload levels was addressed through the following questions: Do you believe reduced caseloads will improve employee morale? If so, how? Do you believe reduced caseloads will improve case outcomes? If so, how? Do you believe the changes imposed (career ladder, training, and lower caseloads) will improve employee retention? If so, how?

Analysis

The analysis consisted of both deductive and inductive coding of transcripts. Given that one of the goals of the evaluation was to identify the effects of reduced caseload, the coding began with a deductive strategy. In response to the first research question, all quotes that referred to the possible effects of caseload level reduction were extracted and coded using three pre-determined themes: positive impact, negative impact, and no impact. The effects were then placed in an outcomes matrix (Miles, Huberman, & Saldaña, 2020). The frequencies of quotes representing each theme were added to this outcomes matrix alongside key quotes for each category. The next round of coding, which was conducted to address the second and third research questions, relied on an inductive strategy and produced a wide range of subthemes. Aside from these themes and subthemes, other quotes that were merely descriptive (i.e., describing the caseload levels) rather than evaluative (i.e., assessing the impact of the caseload levels) were placed in their own category, which represented the context in which the participants worked. The final step of the analysis involved the creation of a figure (Figure 1) to represent the relationships between the themes, using the causal network model (Miles et al., 2020).

Results

Description of Caseload Level Reduction

During the course of the focus groups, the case managers made descriptive statements regarding the extent of the caseload level reduction. These statements provide a picture of the context in which the data were collected. Several of the participants described having past caseload levels from 40-

45. Another participant mentioned having a caseload level as high as the low 30s before the reduction began. The most common description of their current caseload level was 20. The one exception to this standard of 20 was a very low caseload held by a participant who was a recent hire in the initial months following training and certification.

Effects of Caseload Level Reduction

The first research question focused on whether the caseload level reduction was viewed as having positive, negative, or no effects. The responses were overwhelmingly positive. Out of 23 passages that described effects, 19 included positive comments, 3 included statements asserting no impact, and 1 included mixed statements that described areas positively impacted and areas not impacted. The participants did not describe any negative impacts. See Table 1 for detail on the frequency of transcript passages that reflect various types of effects.

The positive effects that were described by participants included those that were specifically referenced in the questions and two additional effects that they spontaneously noted. When queried regarding the effects on case managers, the focus group discussions supported the idea of links between caseload level reduction and job satisfaction among and retention of case managers. Further, the discussions supported the idea that caseload level reduction affected permanency and safety. The participants described two additional effects that were spontaneously noted by the case managers. A couple of participants believed that the reduction allowed for timely completion of tasks and greater support of foster children. Both effects were spontaneously mentioned in two of the three focus groups.

A few participants believed that the caseload level reduction would have no effect on job satisfaction or case outcomes. One participant described employee morale as being primarily determined by the employee's fit with the job's tasks rather than the caseload level. The participant further supported this argument by describing the reaction of new employees who begin with the reduced caseload and are still overwhelmed. In another focus group, a relatively new employee who had never had a high caseload expressed a similar thought – that the current caseload was still overwhelming. Aside from these comments regarding no effect on the case manager's morale, one participant believed that the caseload reduction did not affect case outcomes, asserting that these outcomes are primarily determined by the parent's actions.

Table 1
Frequency of Transcript Passages that Reference Specific Types of Effects of Caseload Level Reduction

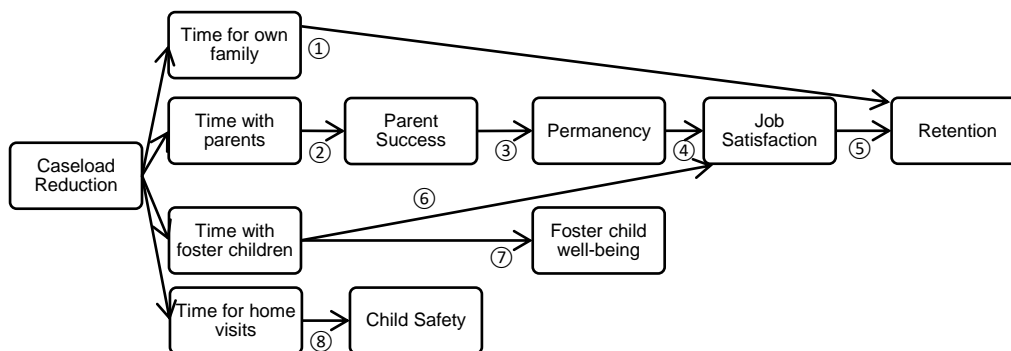
Consequences	Positive Effect (+)	No Effect (0)	Negative Effect (-)	Select Transcript Passages Representing Category
Effects on Case Managers				
Job Satisfaction	7	3	0	(+) “When we don’t have the high caseload and we have the opportunity to get to know the families and to really engage them with services and move the case forward, it makes our lives easier because we’re not stressed – feeling that we’re letting someone down. We feel like we’re accomplishing something.” (0) “I do not believe that reduced caseloads will help with employee morale. You either love it or you don’t. No matter how many cases you have, you’re doing the same thing. Some people can’t handle it and some people can.”
Turnover	3	0	0	(+) “I have time to not only invest in these families but my family as well. So, that definitely helps you to say, ‘well, you know what, it’s manageable at work, as well as manageable in my own personal life.’ So, it doesn’t seem as if you have to give on one end or the other. With the caseloads coming down, you can definitely tell that has helped in actually keeping employees.”
Effects on Case Outcomes				
Child Safety	2	0	0	(+) “You have a better chance to assess safety...you actually have the time to go and say, ‘well, maybe they’re giving me a show right now for this quick home visit. So, I’m going to hang out for a little bit more and see if this

Permanency	7	1	0	<p>charade ends and we actually get to see what really happens with the family.”</p> <p>(+) “When you have a high caseload, you can’t focus on the tiny aspects of the case – things that may seem small but make a difference in some of the families’ lives. Things like community resources or transportation that some of our families need – things that are small, but they can help the case move along and they help your relationship with the families as well.”</p> <p>(0) “When it comes to the outcome of a case, it definitely depends on the parent. At the end of the day, we can still do everything that we can do as case managers but it is still on that parent to improve.”</p>
Other Effects				
Foster Child Wellbeing	2	0	0	(+) “With the lower caseload, you can attend events for kids in foster care – soccer games, graduation, drama plays, band performances. And they know that someone is in the stands for them. With the lower caseload, you can give the people on your cases more feeling that they can accomplish something.”
Timely Completion of Tasks	2	0	0	(+) “I’m able to turn things in on time instead of turning things in late because I’m running around.”
Total	20	4	0	

Mechanisms Underlying Effects

The focus group discussions allowed for the collection of comments regarding the mechanisms that underlie these effects. These mechanisms were identified through inductive coding and are diagrammed in Figure 1.

Figure 1. Mechanisms that underlie the effect of caseload reduction on foster child well-being, permanency, job satisfaction, and retention.



The four mechanisms by which participants believed that reduced caseloads promote increased safety, foster child well-being, permanency, job satisfaction and/or retention can be found in Figure 1. Each causal chain begins with one of the ways in which case managers used the time saved through caseload level reduction. One of the chains led to the result of child safety. Participants reported having **more time to spend on home visits** when they suspected a threat to safety. They mentioned two ways that this time was extended: making additional visits that were not required and staying longer during a home visit.

Sometimes we get this feeling that maybe something wasn't right. With lower caseloads, you have that opportunity to pop up in a few days unannounced and really see if this was something I need to be concerned about. [Link 8 in Figure 1]

Another chain began with the **extra time spent with the foster children** in their caseloads, which increased their enjoyment of the job (job satisfaction) and increased the self-esteem of the foster children (foster child well-being).

I think [caseload reduction] makes a difference because you can spend more time with your kids. That's the whole point of this job – we want to spend time with our kids and make their lives better. And it was like we didn't have the time, but now we do. [Link 6 in Figure 1]

With the lower caseload, you can attend events for kids in foster care – soccer games, graduation, drama plays, band performances. And they know that someone is in the stands for them. With the lower caseload, you can give the people on your cases more feeling that they can accomplish something. [Link 7 in Figure 1]

A longer chain of effects begins with **extra time spent with the parents**. Focus group participants believed that the time spent with parents increased rapport, which promoted parent success at regaining their children (permanency).

If you show a parent that you are invested in them, then I believe that they are more receptive to want to make a change. It motivates them to move forward. [Link 2 in Figure 1]

I think [caseload reduction] will [improve outcomes] because you're actually able to work with the family and spend more time with them. If you actually engage with the parents and families and spend more time with them, I think they would benefit and so would their case. [Link 3 in Figure 1]

These positive outcomes with the parents then promoted a sense of reward for the case managers (job satisfaction), which increased likelihood of retention.

When you have 40 kids on the caseload, you feel like you're not helping anyone. I'm just seeing them and checking them off a list. With the lower caseload, we get to interact with the parents more...We're building relationships. We're encouraging them. We're building up their self-esteem. So, the lower caseloads give the employees themselves more of a sense of "I'm actually making a

difference.” So, they are happier in the workplace. [Link 4 in Figure 1]

I love seeing a broken family put back together – the kids and the happiness that they have from being with their families. That’s why I stay. [Link 5 in Figure 1]

Participants also described having **extra time to invest in their own families**, which then led them to a decision to remain in the position rather than seek employment elsewhere.

The [lower caseloads] allow you to have your own personal life. That’s a big factor as far as anyone staying in a job – do you have time to address what is going on in your own personal life? [Link 1 in Figure 1]

The focus groups included a discussion of the reverse mechanism – the way in which high caseload levels promoted increased turnover. This chain took on a circular pattern that began with the high caseload leading some case managers to resign. The cases of these employees were then distributed to the remaining case managers, further increasing their caseload levels. The remaining case managers then became more inclined to leave their positions, which led to even higher caseload levels. Thus, the participants described both conditions (high caseloads in the past and lower caseloads in the present) and the effects of each.

Discussion

These results provide support for the assertion that the caseload level reduction had positive effects on the case managers (e.g., job satisfaction and retention) and their case outcomes (e.g., permanency and safety). The portion of the results that demonstrated positive effects on case managers is consistent with the qualitative literature (Ellett et al., 2007; Gonzalez et al., 2009; Griffiths & Royse, 2017; Jacquet et al., 2007; U.S. General Accounting Office, 2003), but conflicts with most of the quantitative tests of these effects (DePanfilis, & Zlotnik, 2008; Dickinson, & Perry, 2002; Jacquet et al., 2007; Kim & Kao, 2014; Mor Barak et al., 2001). In terms of the effects on cases, these results are consistent with past qualitative research (Lodermeier et al., 2002) that suggested high caseload levels prevent workers from adequately investing time in their cases. Though a clear conclusion from past quantitative research is difficult to reach, the current

study supports past findings that caseload levels have some type of effect on case processing (Steen, 2010; Shapiro, 1976; Weigensberg, 2009).

This study also sheds light on the mechanisms that respondents believed to be responsible for the relationships between the causal condition of reduced caseload levels and a number of important consequences. Case managers described four ways in which they spent the time saved by caseload level reduction. These four investments included additional time spent with their own families, with the foster children on their caseload, with the biological parents on their caseload, and during additional or extended home visits to assess for safety. In sum, the case managers believed that the reduction allowed for higher quality case work that improved the lives of the children and parents on their caseload and thus provided the case managers with a rewarding job experience. They also believed that the reduction had a direct effect on their own personal lives by allowing them to spend more time with their own families.

Limitations

While the majority of transcript passages that focused on caseload levels contained descriptions of positive consequences, a few passages reflected beliefs that the caseload reduction would not affect job satisfaction or child permanency. These respondents believed that there were other more powerful causal conditions, specifically the employee's fit with the job and the parent's motivation. These views were found in 17% of the transcript passages regarding the effects of caseload levels. This minority viewpoint may be said to represent negative cases which contradict the theory that was endorsed by the majority.

These results are limited to the context in which the data were collected and the participants who experienced this context. Most of the case managers who attended the focus groups experienced substantial caseload level reduction. Case managers who consistently worked with low caseload levels may not have the same perspective regarding the consequences of low caseloads as those who experienced a substantial decline, as evidenced by the comments of the participant who was relatively new to the position. In addition, these participants were voluntary and may have had strong opinions that motivated their participation. The possibility remains that the inclusion of other participants with more neutral opinions would have yielded a greater number of negative cases that contradict the model found in Figure 1.

Further, this study was constrained by limitations of access to research participants. Ideally, the method used for theory construction consists of initial interviews, followed by the creation of tentative codes that

are repeatedly applied, refined, and expanded through additional interviews (Glaser, 1965). The result of this extended process is a fully developed theoretical model (Glaser & Strauss, 1967). Since the research participants were not available for follow-up interviews, and additional case managers did not volunteer to participate, the theoretical model produced would best be described as tentative and provisional rather than fully developed.

Implications

This study provides child welfare professionals with a provisional theoretical model for understanding the possible consequences of caseload level reduction. Child welfare professionals may struggle to determine whether their agencies would see similar benefits as those described by the case managers in this study. Readers should note that this agency substantially declined the caseload levels from the 40s to the 20s. It stands to reason that the higher the caseload level, the more likely reduction will yield positive effects. However, the degree of benefit is uncertain at this time.

Further research is needed to more clearly identify the effects of caseload levels. The current state of the literature on this topic is a conflicted one, with the qualitative research finding caseload levels to be relevant and most of the quantitative research finding no effect. Though quantitative research regarding this effect is fraught with methodological difficulties that are summarized in the literature review, the line of inquiry might be advanced through a testing of the provisional theoretical model that arose out of this study. A quantitative analysis of how case managers spend their time before and after caseload level reduction would assess whether the first links in the theoretical model are accurate. Likewise, quantitative analysis of the possible links between case outcomes and the amount of time spent on certain activities could move the field forward in understanding how to improve outcomes for children.

Conclusion

The child welfare field is one in which professionals have repeatedly sought, without much success, to move the needle on turnover rates and child outcomes. For this reason, continued research into the determinants of outcomes for case managers and their cases is warranted. This study contributes to these efforts through a provisional theoretical framework for understanding the effects of caseload level reduction. This framework is presented here for review and testing by the field with the hope that professionals can one day be equipped with the research necessary to meet the important goals of case manager retention, child permanency, and child safety.

References

- American Federation of State, County and Municipal Employees. (1998). *Double jeopardy: Caseworkers at risk helping at-risk kids*. Retrieved from <https://www.afscme.org/news/publications/workplace-health-and-safety/double-jeopardy-caseworkers-at-risk-helping-at-risk-kids>
- American Public Human Services Association. (2005). *Report from the 2004 child welfare workforce survey*. Washington, DC: Author. Retrieved from <http://www.theprofessionalmatrix.com/docs/WorkforceReport2005.pdf>
- Child Welfare Information Gateway. (2016). *Caseload and workload management*. Retrieved from https://www.childwelfare.gov/pubPDFs/case_work_management.pdf
- Child Welfare League of America. (1995). *Standards of excellence for family foster care services*. Washington, DC: Author.
- Christensen, D. N., Todahl, J., & Barrett, W. C. (2008). *Solution-based casework: An introduction to clinical and case management skills in casework practice*. New Brunswick, NJ: AldineTransaction.
- DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review, 30*, 995-1008.
- Dickinson, N. S., & Perry, R. E. (2002). Factors influencing the retention of specially educated public child welfare workers. *Journal of Health & Social Policy, 15*(3-4), 89-103.
- Edwards, F., & Wildeman, C. (2018). Characteristics of the front-line child welfare workforce. *Children and Youth Services Review, 89*, 13-26.
- Ellett, A. J., Ellis, J. I., Westbrook, T. M., & Dews, D. (2007). A qualitative study of 369 child welfare professionals' perspectives about factors contributing to employee retention and turnover. *Children and Youth Services Review, 29*, 264-281.
- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social Problems, 12*, 436-445.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New Brunswick, NJ: AldineTransaction.
- Gonzalez, R. P., Faller, K. C., Ortega, R. M., & Tropman, J. (2009). Exit interviews with departed child welfare workers: Preliminary findings. *Journal of Public Child Welfare, 3*, 40-63.
- Griffiths, A., & Royse, D. (2017). Unheard voices: Why former child welfare workers left their positions. *Journal of Public Child Welfare, 11*, 73-90.

- Jacquet, S. E., Clark, S. J., Morazes, J. L., & Withers, R. (2007). The role of supervision in the retention of public child welfare workers. *Journal of Public Child Welfare, 1*, 27-54.
- Jayaratne, S., & Chess, W. A. (1984). Job satisfaction, burnout, and turnover: A national study. *Social Work, 29*, 448-453.
- Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U.S. child welfare workers. *Children and Youth Services Review, 47*, 214-223.
- Landsman, M. J. (2001). Commitment in public child welfare. *Social Service Review, 75*, 386-419.
- Lodermeier, J., Hammond, D., Henderson, H., & Carvalho, N. (2002). Factors affecting timely permanency planning for children in care. *Canadian Social Work, 4*, 136-153.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks, CA: Sage.
- Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social Service Review, 75*, 625-661.
- Shapiro, D. (1976). *Agencies and foster children*. New York, NY: Columbia University Press.
- Smith, B. D. (2005). Job retention in child welfare: Effects of perceived organizational support, supervisor support, and intrinsic job value. *Children and Youth Services Review, 27*, 153-159.
- Social Work Policy Institute. (2010). *High caseloads: How do they impact delivery of health and human services?* Retrieved from <http://www.socialworkpolicy.org/wp-content/uploads/2010/02/r2p-cw-caseload-swpi-1-10.pdf>
- Steen, J. A. (2010). An exploratory study of the relationship between child protection system stressors and case outputs. *Administration in Social Work, 35*, 46-59
- U.S. General Accounting Office. (2003). *HHS could play a greater role in helping child welfare agencies recruit and retain staff*. Washington, D.C.: Author. Retrieved from <http://www.gao.gov/assets/240/237373.pdf>
- Weigensberg, E. C. (2009). *Child welfare agency performance: How are child, agency, and county factors related to achieving timely permanency outcomes for children in foster care?* (Doctoral dissertation). Retrieved from <https://pdfs.semanticscholar.org/8f6b/ebea75c32b15defea590a6ad2a15e308a798.pdf>
- Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child welfare worker caseload: What's just right? *Social Work, 54*, 361-368.