



Children's Defense Fund



**COMPONENTS OF AN EFFECTIVE
CHILD WELFARE WORKFORCE TO
IMPROVE
OUTCOMES FOR CHILDREN AND
FAMILIES:
WHAT DOES THE RESEARCH TELL US?**

AUGUST 2006

This report is part of a project entitled "Promoting Child Welfare Workforce Improvements through Federal Policy Changes," undertaken by the Children's Defense Fund and Children's Rights, Inc., with the generous assistance of Cornerstones for Kids. The findings and conclusions presented in this report are those of the Children's Defense Fund and Children's Rights and do not necessarily reflect the opinions of Cornerstones for Kids. Other reports from the project are available at www.cornerstones4kids.org.

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ACKNOWLEDGEMENTS

Promoting Child Welfare Workforce Improvements Through Federal Policy Changes is a project undertaken by the Children's Defense Fund (CDF) and Children's Rights to document the essential components of an effective child welfare workforce and identify federal policy improvements that can help promote an effective child welfare workforce.

This report, one part of the project, provides a review of the research literature and documents the importance of 14 key components of an effective child welfare workforce.

Detailed information about federal policy proposals developed under this project is available at www.childrensrights.org and www.childrensdefense.org and www.cornerstones4kids.org.

Children's Defense Fund and Children's Rights recognize the contributions of the members of the Federal Child Welfare Workforce Policy Group that was convened under this project to explore and identify solutions to child welfare workforce challenges: Alliance for Children and Families; American Federation of State, County and Municipal Employees; American Public Human Services Association; Black Administrators in Child Welfare; Casey Family Services; Catholic Charities USA; Center for Law and Social Policy; Center for the Study of Social Policy; Child Welfare League of America; Children and Family Research Center at the University of Illinois, Champaign-Urbana; Council of Family and Child Caring Agencies; Council on Social Work Education; Institute for the Advancement of Social Work Research; Lutheran Services in America; National Association of Counties; National Association of Social Workers; National Conference of State Legislatures; Policy America; and Salem State College School of Social Work.

This project was funded with the generous support of Cornerstones for Kids. The findings and conclusions presented in this report are those of the Children's Defense Fund and Children's Rights and do not necessarily reflect the opinions of Cornerstones for Kids. The Children's Defense Fund and Children's Rights thank Cornerstones for Kids for its support of this work and, specifically, Jennifer Miller, who provided helpful insights and guidance throughout the project.

We thank Sara Munson, Policy Analyst at Children's Rights, who was the primary author of this report, and Megan Malinconico, Policy Assistant at the CDF, for her organizational assistance throughout the project. We also acknowledge Madelyn Freundlich, former Children's Rights Director of Policy, and Rutledge Hudson, former Deputy Director of the Child Welfare and Mental Health Division at CDF, for their efforts during the development of this project.

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I. A FOCUS ON THE CHILD WELFARE WORKFORCE IS CRITICAL TO IMPROVED OUTCOMES FOR CHILDREN AND FAMILIES

The recruitment, preparation, support, and retention of child welfare staff are an important and ongoing public policy concern.¹ During the past two decades, many questions have been raised about the quality and capacity of the child welfare workforce,² as child welfare data and literature have highlighted the impact of workforce issues on outcomes for children, youth and families, and on expenditures at the federal, state, and local levels.³

Studies indicate that developing and sustaining a knowledgeable, skilled child welfare workforce able to successfully deliver quality services and supports is critical for ensuring positive outcomes for vulnerable children, youth, and families. Recent research has shown that the quality of child welfare practice is negatively impacted by a variety of workforce challenges, which in turn negatively affect outcomes for children, youth and families [Appendix I]:

- Due to high caseloads, caseworkers have less time to interact with the child, families, and providers, prepare accurate and individualized assessments and case plans, provide services, and engage in meaningful supervision with their supervisors.⁴
- High caseloads have been found to contribute to the reentry of children into foster care.⁵
- Caseworkers with social work degrees have been found to be more successful in developing permanency plans and dealing with complex problems.⁶ However, only 28 percent of child welfare staff hold either a BSW or MSW, and fewer than 15 percent of child welfare agencies require caseworkers to hold these degrees.⁷
- Children's multiple placements while in foster care are associated with caseworker turnover.⁸
- Caseworker turnover results in families' receipt of fewer services⁹ and has been found to be a major factor in failed reunification efforts,¹⁰ longer lengths of stay for children in foster care,¹¹ and lower rates of finding permanent homes for children.¹²

These reports are consistent with recent findings from the federal Child and Family Services Reviews (CFSR), as states have linked workforce issues to their failure to substantially conform to measures for effective child welfare practice.¹³ In its review of the CFSRs, the Government Accountability Office (GAO) noted that, in the majority of states, one or more workforce deficiencies (high caseloads, training deficiencies, and staffing shortages) were cited as affecting attainment of outcomes. For example, workforce challenges were reported to delay the timeliness of investigations, limit the frequency of worker visits with children and families, negatively impact the achievement of permanency goals and inhibit the level of involvement of children and families in case planning.¹⁴

In turn, these workforce challenges have significant fiscal impact at federal, state, and local levels [Appendix I]:

- The U.S. Department of Labor estimates that the cost of worker turnover is approximately one-third of the worker's annual salary; hence, it could cost child welfare agencies \$10,000-\$20,000 each time a worker leaves.¹⁵
- It takes more than six months to advertise, recruit, and train new employees to assume a full caseload.¹⁶
- Delays in finding children permanent homes result in increased foster care caseloads and more funds being spent overall, as foster care is more expensive than adoption or other permanency options.¹⁷
- Liability is costly when child welfare systems are unable to ensure children's safety, permanency, and well-being.¹⁸

II. THE KEY COMPONENTS OF AN EFFECTIVE CHILD WELFARE WORKFORCE

As recent emphasis on improving child welfare outcomes has grown,¹⁹ the need to strengthen and improve the quality and effectiveness of the child welfare workforce and federal policies to encourage these improvements has become well-recognized.²⁰

Research has increasingly made clear the importance of certain personal characteristics (such as human caring and self-efficacy), experience and specialized training in the field, educational attainment, and stake in and support by the organization as key determinants of caseworkers' propensity to exit or remain in child welfare.²¹ However, child welfare agencies experience many substantial barriers to hiring, developing, and maintaining an effective, quality workforce. These barriers include low salaries, risk of violence, limited training, insufficient resources, inconsistent supervision, disempowering leadership, excessive regulations and administrative burdens, high caseloads and workloads, and limited incentives and opportunities for professional growth.²² These challenges are linked to caseworker burnout and disillusionment, lack of professional satisfaction, post-traumatic stress, and feelings of being undervalued and isolated.²³ These experiences negatively impact workers' commitment to the field of child welfare and their ability to provide high quality casework to children and families in need.²⁴

The research identifies **14 core components** of a quality, effective child welfare workforce. (See the schematic in Appendix 2). Developing policies, plans, and resources that support these components will help to recruit and retain skilled, quality child welfare professionals. An effective workforce will, in turn, lead to better coordination and integration of services, more efficient use of public funds, and, most importantly, positive outcomes for children, youth, and families.

1. CHILD WELFARE AGENCIES MUST BE LED BY STRONG, COMPETENT, VISIONARY, AND COMMITTED CHILD WELFARE PROFESSIONALS.

In job satisfaction ratings, poor agency leadership is cited as being more significant an issue than financial considerations.²⁵

Weak or inconsistent leadership undermines the performance and effectiveness of the child welfare workforce.

Leadership is an essential element of program improvement in child welfare.²⁶ Research has highlighted the organizational importance of the following leadership qualities in child welfare: role modeling and managing to achieve desired outcomes; developing meaningful partnerships and effective working relationships; developing buy-in for the agency's mission and vision; building strong management teams; generating resources and support for agency efforts; and building a productive, motivating systemic culture.²⁷ However, many child welfare agency leaders have not been trained in social service management or finance, do not seek policy and practice input from their workers or the children, youth, and families they serve,²⁸ and are often unprepared for the competing demands of their positions.²⁹ Because workers' perceptions of leadership have been found to be important predictors of job satisfaction and commitment, child welfare agencies can improve worker performance and effectiveness by strengthening the quality of child welfare management and leadership.³⁰ Without these improvements, research makes clear that the challenges that plague the current system will continue to undercut and curtail improvements made in other areas.³¹

2. A SUPPORTIVE ORGANIZATIONAL ENVIRONMENT IS NEEDED TO PROMOTE WORKERS' LONG-TERM COMMITMENT TO CHILD WELFARE.

Agencies with higher levels of job satisfaction, fairness, role clarity, cooperation, and personalization and lower levels of role overload, conflict, and emotional exhaustion are more likely to support caseworkers' efforts to accomplish non-routinized and individualized casework and to develop personal relationships between caseworker and child.³²

Workers are often frustrated by agency policies and practices that seem incongruent with the agency's mission.

Workers often see agencies as failing to live up to the agencies' own values and philosophies, as agencies "talk the talk but don't walk the walk."³³ Research has demonstrated that the organizational philosophy, structure, and atmosphere of public child welfare agencies are often poorly understood, overly hierarchical, and chaotic.³⁴ Child welfare agencies are characterized as rigid, tight, and traditional bureaucracies. In child welfare, power is generally centralized: communications follow rigid hierarchical channels; managerial styles and job descriptions are uniform; and formal rules and regulations predominate decision-making.³⁵ Workers report that they are generally unaware of impending agency changes, have minimal information regarding why many decisions are made, and have little or no opportunities to provide input into decision-making or policy-setting processes.³⁶

Workers' fears and frustration with agency policies and practices undermine their ability to work effectively with children and families.

Research has demonstrated that organizational mission, culture, and structure affect employee morale and performance.³⁷ Studies show that job performance is negatively affected by workers' beliefs that child welfare bureaucracies' leave little latitude for discretion and independent decision making and oftentimes implement confusing, inconsistent, and unduly cumbersome policies.³⁸ These experiences result in worker burnout, lack of satisfaction, disillusionment, isolation, fragmentation, and low morale.³⁹ This in turn negatively impacts organizational productivity and the quality of services to clients.⁴⁰

All too frequently, child welfare agencies continue to reflect a deeply entrenched culture of blame,⁴¹ whereby workers feel certain they will be betrayed by department leaders if they make errors. "Children who feel deeply betrayed by adult authority are not best helped by adults who expect to be betrayed by adult authority. If we are going to serve children well, we have to end the belief and the experience of betrayal by the commissioner. We need to move from a punitive culture to a learning culture."⁴²

3. CHILD WELFARE CASELOADS AND WORKLOADS MUST BE KEPT AT MANAGEABLE LEVELS.

In a national survey of 29 union affiliates representing 13,380 child welfare workers, only 11 percent had average caseloads within the Child Welfare League of America's recommendations for out-of-home services.⁴³

Most communities continue to significantly exceed the caseload standards recommended by the Child Welfare League of America.

It has been over 25 years since the initial standards were published by the CWLA, and they continue to remain almost a "mythical ideal for organizations."⁴⁴ Instead of the recommended 15 cases, average caseloads for child welfare workers are between 24 and 31 children, with a range of 10 to 100 children, and typical work-related duties take well over 50 or 60 hours per week, oftentimes

without overtime pay.⁴⁵ Workers also report significant increases in their workloads (e.g., the amount of time it takes to complete all case-related tasks) in the past few years.⁴⁶ Efforts aimed at caseload/workload reductions, meanwhile, have largely proved futile because of staff shortages and more complex, time-intensive cases and administrative requirements.⁴⁷

With so many cases and so many demands on their time, even highly skilled caseworkers find that they cannot provide children and families with the services they need.

High caseloads and workloads prevent workers from doing quality work. Workers don't have the time or energy to provide timely casework and decision-making, develop meaningful and trusting relationships with children and families, offer individualized, culturally competent, and family-centered services, or engage in ongoing training and educational opportunities.⁴⁸ As a result, workers experience high levels of burnout and are disillusioned about their work and the child welfare system as a whole. These challenges in turn significantly impact positive case outcomes and child and family service satisfaction.⁴⁹

4. MEANINGFUL SUPERVISION AND MENTORING FOR CASEWORKERS ENHANCE BEST PRACTICE INTERVENTIONS WITH CHILDREN AND FAMILIES, WHICH IN TURN INCREASE CASEWORKERS' JOB SATISFACTION.

Studies indicate that dissatisfaction with supervision is one of the primary reasons for worker turnover. ⁵⁰

Without quality supervision and mentoring support, caseworkers are likely to "burn out."

Research indicates the critical role of supervisors in providing workers with on-the-job training, best practice modeling, case consultation and decision-making support, ongoing feedback, policy clarification, and a sense of teamwork, security, and encouragement.⁵¹ Studies have found that supportive supervision is associated with higher levels of organizational support, organizational commitment, and job retention, and that low levels of supervisor support are linked to turnover.⁵² Few child welfare agencies have paid adequate attention or provided adequate resources to ensure the quality, stability, and availability of supervision. For example, in one study of 31 states' child welfare supervisory training programs, nearly one-third noted that their supervisory training programs were the same as those for newly hired food service, public safety or engineering supervisors, and nearly one-third offered no training at all.⁵³ There are also few mentoring opportunities within child welfare organizations. Despite a plethora of supervisory training programs that have highlighted and addressed the need for improvements and documented positive outcomes in this area, relatively few agencies are using them.⁵⁴

Strong supervision and mentoring translates into higher quality services for children and families.

Good supervision has been identified as one of the most important factors related to workers' transfer of training skills and competencies to the workplace.⁵⁵ Caseworkers need supervision that reinforces positive social work ethics and values, encourages self-reflection and critical thinking skills, builds upon training to enhance performance, and supports them throughout casework decision making and crises.⁵⁶ Without this element, the children and families served by such a workforce are less likely to receive quality services based on best practice models.⁵⁷

5. THE CHILD WELFARE WORKFORCE MUST BE STRENGTHENED THROUGH OPPORTUNITIES FOR QUALITY EDUCATION AND TAILORED PROFESSIONAL PREPARATION.

Eighty percent of caseworkers who stay in child welfare longer than two years have at least one social work degree⁵⁸

Greater investments are needed in requiring child welfare workers to hold professional social work degrees and in providing child welfare staff with opportunities to fully engage in professional social work preparation.

Over the last 20 years, the de-professionalization of many public sector jobs has made those positions unappealing to professionally educated social workers. Specific concern has been focused on the limited number of MSWs employed in public child welfare services, since several studies suggest that those child welfare workers with MSWs are more competent and better prepared for the stresses typically encountered in public child welfare services than non-MSWs.⁵⁹ Studies have also found that holding a degree in social work correlates with higher job performance, higher job satisfaction, and lower turnover rates among child welfare workers.⁶⁰ While the Council on Accreditation recommends that 90 percent of frontline workers have degrees from an accredited human service or social work program,⁶¹ less than one-third of child welfare staff hold these types of degrees at present.⁶²

There is a growing body of research that addresses the importance of child welfare-specific education and preparation, the accomplishments of Title IV-E agency-university partnerships, and the positive impact of BSW/MSW degrees and child welfare credentialing.⁶³ These initiatives have been tied to improvements in child welfare staff preparation and skills development, retention, and commitment, as well as overall organizational service delivery.⁶⁴ However, even with such advancements, gaps and challenges continue to exist. There is great diversity in agencies' educational requirements for new hires, existing workers, and supervisors, as well as significant variation amongst states in the relationships between universities and child welfare agencies. Further collaboration and effort is needed to standardize minimum educational requirements for child welfare staff, ensure worker access to advanced degree programs, and build strong and meaningful university-agency partnerships.⁶⁵

6. SPECIALIZED, COMPETENCY-BASED TRAINING AND PROFESSIONAL DEVELOPMENT ARE CRITICAL TO THE DEVELOPMENT AND MAINTENANCE OF A SKILLED CHILD WELFARE WORKFORCE.

Increasing training opportunities more effectively retains workers than does reducing caseloads or raising salaries alone.⁶⁶

Training opportunities are uneven; caseworkers may or may not receive training to help them develop critical skills.

Research highlights that oftentimes pre-service and in-service competencies are not standardized; training requirements are not enforced or monitored; cross-systems training opportunities are not routinely available; and staff experience difficulty balancing their work responsibilities with training time and translating new knowledge into everyday practice.⁶⁷ In many instances, incoming workers receive comprehensive pre-service training in which neither their colleagues nor their supervisors have participated; in others, supervisors receive training with the expectation that they will simply pass this knowledge along to their staff. Further collaboration and effort is needed to ensure greater access to training for all child welfare staff, standardization of pre-service preparation to ensure emphasis on a number of different factors (e.g., interpersonal skills, self-awareness, analytic thinking, flexibility, observational skills, commitment to child welfare, communication skills, orientation to outcomes and results, and technical skills or knowledge), and the integration of innovative training

activities, such as role-playing, discussion groups, and on-the-job mentoring to ensure appropriate application to real-world situations.⁶⁸ A quality child welfare workforce requires these types of preparation and support to effectively engage and ensure positive outcomes for children, youth, and their families.⁶⁹

7. TIMELY, ACCURATE AND CONSISTENT DATA ARE ESSENTIAL FOR SUPPORTING A QUALITY, EFFECTIVE CHILD WELFARE WORKFORCE.

In the past 10 years, states have vastly improved their data system capacity, but have not done commensurate work in developing the human resources necessary to make use of all the new data.⁷⁰

Child welfare workers and supervisors are often lacking critical or accurate information and data related to children and families they serve.

In many states, data that are available often do not get communicated to frontline staff.⁷¹ In addition, federal reporting requirements (AFCARS and NCANDS)ⁱ do not closely reflect the federal Child and Family Services Reviews' (CFSRs) measures and outcomes, which lead to additional burdens for caseworkers related to documentation and data collection. Existing data also are often flawed and inconsistent, thereby reducing the accuracy of programmatic outcomes and highlighting activities that are only tangentially related to improvements for children and families.⁷² To improve performance and engage workers in meeting national benchmarks, child welfare agencies need to provide more clear and consistent feedback on how well they perform and on what happens to those they serve.⁷³

8. RELEVANT, COMPREHENSIVE RESEARCH AND EVALUATION ARE CRUCIAL TO ENSURING CONTINUOUS IMPROVEMENT IN THE CHILD WELFARE WORKFORCE.

Without intensive external evaluation, it is virtually impossible to develop a clear definition of program goals and objectives and the rationale that links program objectives to program activities.⁷⁴

Few studies have been conducted to evaluate the impact of programs and service delivery on outcomes for children, youth, and families.

Workers need information about the evidence-base for practice initiatives, an understanding of the outcomes of their work, and the relation of their efforts to state and national efforts.⁷⁵ However, the relationship between developments in child welfare policy and practice and outcomes for children and families has not been sufficiently demonstrated.⁷⁶ More research is needed on training improvements, innovative recruitment and retention strategies, technological advances, accountability and national standards development, and new casework and administrative initiatives (e.g., structured decision making, concurrent planning, family group conferencing, performance-based contracting) to better understand the impact of these reforms on caseworkers and the children and families they serve.⁷⁷

ⁱ AFCARS refers to the Adoption and Foster Care Analysis and Reporting System, which collects case level information on all children in foster care and on children who are adopted under the auspices of the states' public child welfare agencies; NCANDS refers to the National Child Abuse and Neglect Data System, a national data collection and analysis system created in response to the requirements of the Child Abuse Prevention and Treatment Act.

9. EFFECTIVE QUALITY ASSURANCE AND ACCOUNTABILITY MECHANISMS MUST BE IN PLACE TO SUPPORT AN EFFECTIVE CHILD WELFARE WORKFORCE AND TO ENSURE POSITIVE OUTCOMES FOR CHILDREN, YOUTH, AND FAMILIES.

Systematic performance measurement fosters achievement of positive outcomes for children and families, identifies programs that work, targets those that don't, and links payment to performance.⁷⁸

Many states do not have meaningful processes in place to help them monitor, assess, and provide feedback regarding the efforts of their workforce and the impact of these efforts on outcomes for the children and families they serve.

Without internal quality controls, including a dedicated quality assurance unit that includes quantitative and qualitative strategies for assessing case practice, monitoring of private agency contracts and performance, and other timely and consistent feedback mechanisms, child welfare systems have difficulty evaluating performance as well as establishing how their efforts and activities represent quality and best practice approaches, documenting accountability for worker decisions and interventions, and substantiating their role in positive outcomes.⁷⁹

Current external accountability mechanisms do not provide a comprehensive framework for monitoring performance and addressing workforce issues.

Child welfare agencies that have secured nationally recognized accreditation have been able to recruit high-caliber staff, reduce turnover, and empower staff at all levels.⁸⁰ To date, however, very few agencies have applied for or received accreditation. The CFSTRs were intended to operationalize accountability and adherence to performance measures related to child welfare outcomes.⁸¹ However, the CFSTRs do not require states to address performance relative to workforce issues, including turnover and vacancy rates. In addition, concerns have been raised about their use of biased data, inadequate measurement (e.g., the CFSTRs simply assess the numbers of workers trained and do not evaluate the quality or effectiveness of the training), lack of adjustment for risk, demographic and administrative factors, and other methodological concerns, including small sample size and lack of citizen review panel involvement.⁸² Without improved systems of external oversight, child welfare agencies are not able to adequately measure performance, or demonstrate an ability to respond to individual needs, a commitment to quality service delivery, and a process and plan for comprehensive, long-term improvements,⁸³ including attracting and retaining qualified staff, funding resources, and federal support.⁸⁴

10. WORKERS MUST BE PROVIDED WITH TECHNOLOGICAL RESOURCES AND SUPPORT STAFF TO HELP THEM MEET THEIR PROFESSIONAL RESPONSIBILITIES AND KEEP TRACK OF IMPORTANT INFORMATION ABOUT THE CHILDREN AND FAMILIES THEY SERVE.

“Child welfare agencies have to pay attention to computers. This may at first seem to be a counterintuitive statement to staff members who came to the profession to work with people, but technology will continue to play a crucial role in the overall functioning of agencies dedicated to protecting children. Technological change, when carefully implemented, can provide both labor and management with a better way to do the work.”⁸⁵

The documentation responsibilities of caseworkers have grown exponentially and can take them away from time with children and families unless caseworkers have access to appropriate supports.

Advances in information technology over the past decade have radically changed the manner in which information is collected and stored in most professions, including child welfare systems.⁸⁶ Many child

welfare systems now offer desktop access to the Internet and agency intranet for electronic case management and performance support.⁸⁷ These new case management information systems and other technological advances have improved data collection and case monitoring in many jurisdictions. At the same time, these advances have significantly increased office-based activities dedicated to documentation requirements (up to 50 percent of workers' time, in some studies) and kept workers out of the field.⁸⁸ Improved access to technological supports for staff, including laptop computers, PDAs, cell phones, pagers and voice recorders with transcription software, as well as support staff available to assist in documentation activities, could help increase the time they spend with children and families.⁸⁹

11. THE CHILD WELFARE WORKFORCE MUST HAVE SAFE AND SUITABLE WORKSPACE.

In one study, 70 percent of caseworkers reported that frontline staff in their agencies had been victims of violence or had received threats of violence.⁹⁰

Workers' exposure to violence, threats, and unsafe office space has not been adequately addressed.

Poor working conditions, including the possibility of violence and the lack of confidential meeting space, continue to typify the workplace environments available to child welfare staff.⁹¹ In addition, workers report lack of safety in urban neighborhoods where they visit with children and families and when they visit with volatile families in isolated or rural settings. Workers need opportunities to team with their colleagues on difficult or volatile cases and to collaborate with the police or other organizations to ensure safety on home visits.⁹² Lack of attention to these poor and dangerous working conditions make child welfare workers feel devalued and unimportant.⁹³

12. VALUABLE EMPLOYMENT INCENTIVES, INCLUDING PAY INCREASES, BENEFITS, AND PROMOTIONAL OPPORTUNITIES, ARE ESSENTIAL FOR THE DEVELOPMENT OF AN EFFECTIVE CHILD WELFARE WORKFORCE.

In a survey of human service workers, 67 percent noted that their pay was low, and 62 percent noted that they work long hours.⁹⁴

Child welfare agencies pay caseworkers so little that they cannot successfully compete with other public sectors in recruiting quality staff.

The average pay and salary adjustments for overtime offered child welfare professionals are notably lower than those for the other helping or frontline professions⁹⁵:

Position	Average Annual Salary
<i>Child welfare worker (Private Agency)</i>	\$27,000
<i>Child welfare worker (State/County Agency)</i>	\$33,000
Employment Counselor (State Employee)	\$36,020
Firefighter	\$37,273
Parole Officer	\$41,326
Police Officer	\$42,270
School Social Worker	\$44,100
Teacher (Public School)	\$45,771
Nurse (State Employee)	\$45,955
Teacher (State Institution)	\$46,396
Nurse	\$54,574

In addition, there are limited, if any, opportunities for flex-time and job sharing, and career tracks do not reward for effectiveness. As a result, child welfare agencies remain hard-pressed to advertise competitive salaries, comprehensive benefit packages, and clear and consistent pathways for professional advancement.⁹⁶

Low caseworker salaries and lack of incentives are closely tied to high turnover.

Although the literature emphasizes the importance of tangible incentives to promote interest in, satisfaction with, and commitment to employment in a particular sector,⁹⁷ the child welfare system has not provided its workers with these critical benefits.⁹⁸ Without such employment incentives, professionals are less likely to consider exploring and entering careers in child welfare.⁹⁹ Even when they do consider such a career, professionals are less likely to remain employed in child welfare, as the benefits and incentives offered by other sectors are often more attractive.¹⁰⁰

13. AGENCIES MUST BECOME CULTURALLY COMPETENT TO EFFECTIVELY SERVE AND SUPPORT CHILDREN AND FAMILIES.

Achieving cultural competence in a predominantly white social service system requires redistributing power toward clients, toward programs that disproportionately serve the most disenfranchised clients, toward workers of color, and toward representatives of communities of color.¹⁰¹

Cultural incompetence and lack of linguistic diversity hinder the effectiveness of systems and disempower workers and the children and families they serve.

Child welfare systems have largely been designed around culturally irrelevant programs and service-delivery models. Research has highlighted the fact that programs and services are more often in sync with perceptions and agendas that are not only incongruent with the realities and needs of culturally diverse populations, but also often exacerbate the very problems they aim to ease.¹⁰² Agencies' lack of cultural competence is evident in a variety of areas: staff do not frequently reflect the racial, cultural, and linguistic diversity of the children, youth, and families they serve¹⁰³; workers are not trained and supported to recognize and appreciate the differences in values, norms, customs, history, and institutions of their clients¹⁰⁴; and institutional expectations and practices represent deeply entrenched Anglo-Saxon standards that result in the disempowerment and disproportionate representation of minority children and families involved with child welfare systems.¹⁰⁵ As a result, workers find themselves hard-pressed to develop meaningful helping relationships with their clients, resulting in increased levels of burn-out, stress, and staff turnover.¹⁰⁶

Developing and sustaining culturally competent agencies improves outcomes for children and families. Culturally competent systems equip workers with the skills and tools to better serve their clients, resulting in improved levels of job satisfaction and a reduction in work-related stressors due to increased positive connections with clients and community members.¹⁰⁷ However, achieving cultural competence means more than the provision of diversity workshops or classes, or the focused recruitment and retention of more diverse groups of professionals. Although agencies must examine hiring policies and practices in order to remove unintended obstacles to hiring and retaining minority professionals, culturally competent agencies infuse the theory and practice of cultural competence in organizational culture at every level. To this end, workers, supervisors, and administrators must be trained in relevant legislation and policy, reoriented to embrace different cultural dynamics, attitudes, and perceptions, and committed to the unending process of cultural growth and understanding, including consistent outreach to community organizations for feedback and collaboration.¹⁰⁸

14. AGENCIES MUST BUILD CONNECTIONS WITH ORGANIZATIONS AND COMMUNITY GROUPS TO STRENGTHEN THEIR PUBLIC IMAGE, IMPROVE OUTCOMES, AND ATTRACT PROFESSIONALS TO THE CHILD WELFARE FIELD.

“Agency workers are often seen as child snatchers who remove children from poor families or as overburdened (and uncaring) public employees who endanger children by attempting for too long to maintain them with their troubled and troublesome families. It is often hard for community members to understand the rules and regulations of the bureaucracy.”¹⁰⁹

While building working relationships among groups who have not previously worked together can be difficult,¹¹⁰ for child welfare systems to be effective, workers and leaders must do two things: spend time working in the target community face-to-face with residents; and support, empower, and learn from community workers.¹¹¹ This type of outreach and interaction fosters accessibility and communication, helping children, families, and community members become involved in the ongoing planning, execution, and evaluation of agency programs and services¹¹² and encouraging worker and organizational appreciation of clients’ needs and their perceptions towards child welfare systems.¹¹³

Research has demonstrated that intersystem and intrasystem collaboration optimizes service delivery to children and families in need and increases workers’ sense of efficacy and purpose.¹¹⁴ Programs that place an emphasis on cultural sensitivity and are community-based allow child welfare to expand its array of service options¹¹⁵ and enable workers to better meet the needs of children and families, especially with regards to well-being,¹¹⁶ resulting in heightened worker empowerment and job satisfaction.¹¹⁷ Community partnerships have also been found to improve case assessment and service planning, shared decision-making within a community, and residents’ perceptions of the child welfare system.¹¹⁸ Reforms such as co-locating child welfare workers with other social service staff in community settings, geographic assignment of cases, and greater interagency collaboration and active service delivery partnerships have been noted to increase worker buy-in to positive social work ethics and values and improve worker responsiveness to children and families.¹¹⁹

III. THE ROLE OF FEDERAL POLICY IN STRENGTHENING THE CHILD WELFARE WORKFORCE

An effective child welfare workforce must know how to accurately assess and provide what children and families need, have the resources needed to do their work, and be connected to the families and communities with which they are working. There is a need for new strategies to attract qualified candidates to child welfare and other fields working directly with children who are abused and neglected or at risk of maltreatment. New methods for expanding training and other professional development activities will help improve the quality of the workforce. To assess the impact of such innovations, increased tracking and accountability for workforce improvements must be implemented.

Currently, federal policy and resources that encourage states and counties to improve their child welfare workforce, build a comprehensive and integrated continuum of services, foster innovation in program design, and develop consistent leadership are lacking.¹²⁰ Changes in federal policy and funding are needed to adequately address workforce, workplace, and accountability challenges within the child welfare system.¹²¹ Federal statutes, policies, and funding streams can help make important and lasting improvements in the ability of the child welfare system and its workforce to meet the needs of vulnerable children and families.¹²² These policies and incentives should emphasize safety, permanence, and well-being for children and supports for families and establish shared responsibility among the federal government, the states, and the child welfare agencies to address these needs.¹²³ They should address, at a minimum, the range of challenges to efforts aimed at improving the child

welfare workforce highlighted above and provide extra assistance to states and counties as they take on the task of improving their child welfare workforce.

**APPENDIX I:
Child Welfare Workforce Concerns and Their Impact on Outcomes for Children, Families, and Budgets**

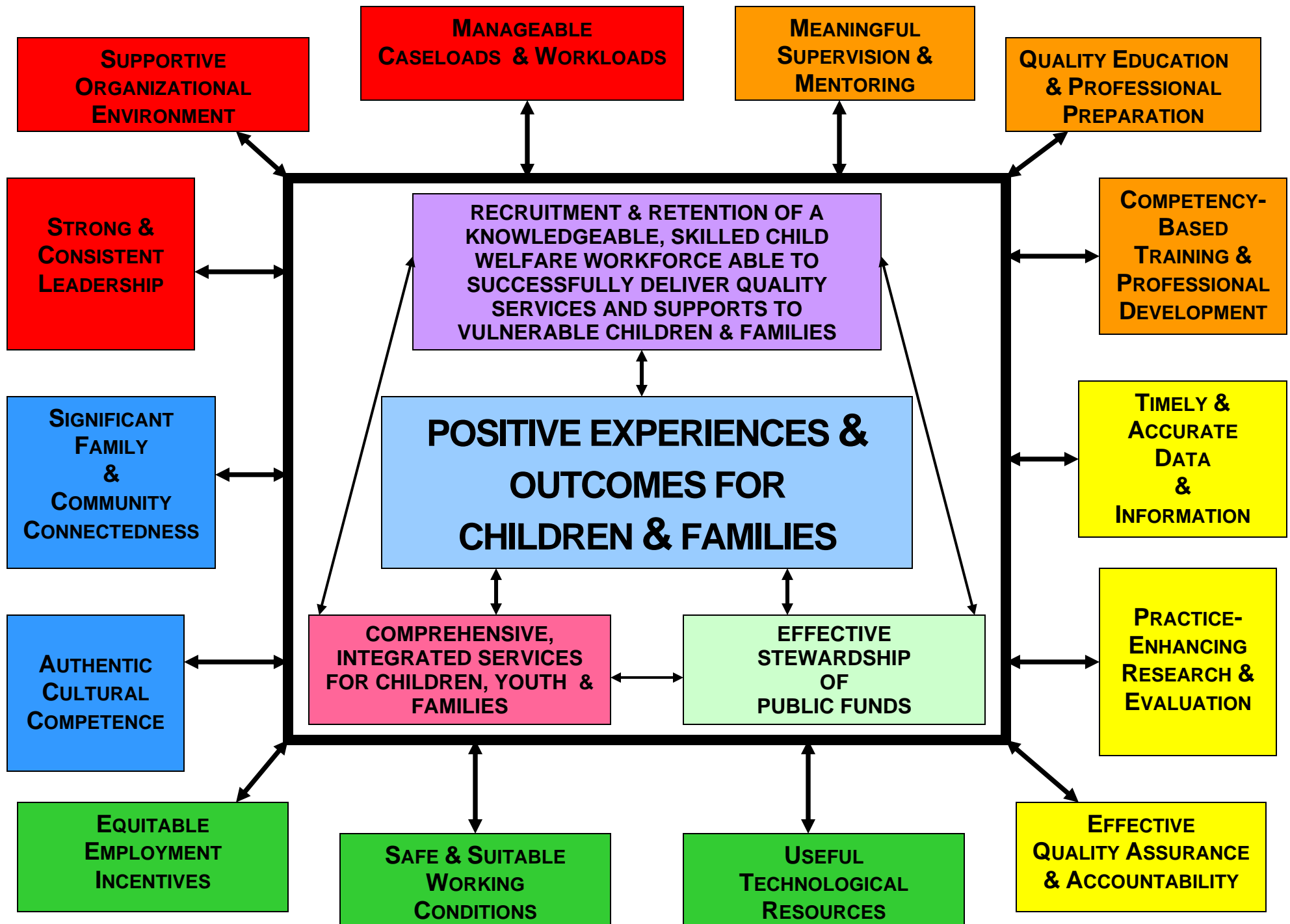
Workforce Concern	Research	Impact on Children, Youth & Families	Fiscal Impact
<p>Caseloads & Workloads</p>	<ul style="list-style-type: none"> ▪ Research indicates the importance of quality relationships between clients and social workers who are both physically and emotionally available; parents who felt respected, listened to, and heard by their workers had generally positive experiences during the reunification process. However, the current caseload levels and the complexity of cases coming into care make it difficult for workers to effectively serve families.¹²⁴ ▪ Research has demonstrated the importance of clients having access to workers with whom they are engaged. Supportive relationships assist in addressing serious problems requiring considerable knowledge of complex issues.¹²⁵ ▪ Effective service delivery relies heavily on the quality and continuity of the relationships between the child welfare workforce and the children, youth, and families they serve. Successful outcomes for children and families require caseworkers to be responsive to unexpected problems and individualized needs, tenacious in navigating the complex bureaucratic maze of state and 	<ul style="list-style-type: none"> ▪ High caseworker and supervisor caseloads contribute to the reentry of children into placement due to the recurrence of abuse and/or neglect.¹³³ ▪ High caseload size was found to directly result in the following: <ol style="list-style-type: none"> 1. Inadequate time for caseworkers to talk with children, children’s parents, foster parents, and community service providers and inadequate time for reading case records and reports from service providers, leading to insufficient data for assessment and for case decision making; 2. Inadequate time for caseworkers to prepare family members to cope with problems and stresses related to family reunification, contributing to the recurrences of abuse and neglect following return home; 3. Inadequate time for case staff conferences regarding parents’ progress and changes, leading to insufficient case coordination and cooperation among those providing services to families, thus resulting in gaps in services and recurrence of abuse or neglect; 4. Inadequate time for both caseworkers and supervisors to engage in regular review of case activity, goals and decision-making; and 5. An informal system of caseworker prioritization of cases to cope with 	<ul style="list-style-type: none"> ▪ Delays in finding children permanent homes result in increased foster care caseloads and more funds being spent overall, as foster care is more expensive than adoption or other permanency options.¹³⁶ ▪ Liability is costly when child welfare systems are unable to ensure children’s safety, permanency and well-being.¹³⁷

	<p>federal regulations, and able to that win the trust and confidence of form effective working relationships of children and families.¹²⁶</p> <ul style="list-style-type: none"> ▪ The most critical element in achieving success for these vulnerable children and families is the professionalism and continuity of the individuals doing the work. They bear the responsibility of making difficult decisions and securing needed services to ensure that children are safe, well-cared-for, and in loving, stable families.¹²⁷ ▪ The more contact and services that are provided, the better the quality of the worker-client relationship.¹²⁸ ▪ Changes in the resources available to process and treat cases, as well as changes in the number of cases to be handled, will transform the categorization and handling of cases.¹²⁹ ▪ Worker responsiveness and more recent verbal contact with a child welfare worker are associated with higher satisfaction with child welfare services by consumers.¹³⁰ ▪ Average caseloads are between 24 and 31 children, while CWLA recommends a caseload of no more than 12-15 children.¹³¹ ▪ To effectively manage the workload associated with child welfare cases, best practice research indicates that the CPS standard should be 2-5 cases per month.¹³² 	<p>caseload size. This results in a pattern of increased worker activity on cases before and after six-month reviews and little case activity during the interim periods, including the weeks immediately following family reunification. Informal attempts to prioritize unmanageable caseloads also lead to premature case closings and insufficient contact, particularly when parents are not cooperative, and aggressive outreach and casework services are required.¹³⁴</p> <ul style="list-style-type: none"> ▪ Worker turnover affects children's safety and permanency by producing staffing shortages that increase the workloads of remaining staff. As a result, they have less time to: establish relationships with children and their families; conduct frequent and meaningful home visits in order to assess children's safety; and make thoughtful and well-supported decisions regarding safe and stable permanency placements.¹³⁵ 	
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<p>Training, Education & Licensing</p>	<ul style="list-style-type: none"> ▪ Specialized skills are required to serve families.¹³⁸ ▪ The ability to openly communicate is a predictor of good client-worker relationships.¹³⁹ ▪ Intensified need to provide quality services in shortened timeframes due to ASFA and the increasingly complex needs of child welfare clients require specialized skills.¹⁴⁰ ▪ Education is the best predictor of overall performance.¹⁴¹ ▪ Only 28% of child welfare staff hold either a BSW or MSW, and fewer than 15% of child welfare agencies require caseworkers to hold these degrees.¹⁴² ▪ 80% of workers who stay longer than 2 years have at least 1 social work degree.¹⁴³ ▪ Child welfare professionals serve at least two functions: (1) to coordinate and provide any necessary and available services to maintain healthy families and communities; and (2) to serve as healing agents, when necessary and to the extent possible, for families and communities facing challenges.¹⁴⁴ ▪ Caseworkers need preparation to effectively serve ethnically and culturally diverse populations.¹⁴⁵ 	<ul style="list-style-type: none"> ▪ Child welfare staff with social work degrees are more effective in developing successful permanency plans and dealing with complex problems.¹⁴⁶ ▪ Training contributes to improvements in key performance indicators, such as length of stay before achievement of reunification, adoption or guardianship without re-entry or recurrence of abuse and/or neglect, placement restrictiveness, incidence and recurrence of child abuse/neglect in foster care, and child mental/physical health and educational status.¹⁴⁷ ▪ Public and private child welfare staff who receive training show increased competence in the assessment of need, the ability to influence interventions, and decision-making around safety and risk issues.¹⁴⁸ 	<ul style="list-style-type: none"> ▪ Delays in finding children permanent homes result in increased foster care caseloads and more funds being spent overall, as foster care is more expensive than adoption or other permanency options.¹⁴⁹ ▪ Liability is costly when child welfare systems are unable to ensure children's safety, permanency and well-being.¹⁵⁰ ▪ Resources are wasted and interventions are poorly targeted when services are not sensitive to the cultural contexts in which they are offered.¹⁵¹
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<p>Staffing Shortages</p>	<ul style="list-style-type: none"> ▪ 90% of states reported difficulty in recruitment and retention.¹⁵² ▪ Average tenure of child welfare workers is less than two years¹⁵³; the turnover rate for full-time child welfare positions is 35%; the average vacancy rate is 4.5%.¹⁵⁴ ▪ States estimate that 60% of turnover is preventable.¹⁵⁵ ▪ A survey by the North Carolina Association of County Directors of Social Services found that 139 out of 170 respondents considered leaving their position because of low salary, high stress, excessive caseloads, inadequate agency staffing, and lack of personal time.¹⁵⁶ ▪ Research has demonstrated the importance of worker consistency in helping relationships when the problems to be solved are serious and require considerable knowledge of complex problems.¹⁵⁷ ▪ Recruitment and retention efforts are challenged by the rapid turnover of workers, up to 40% by one count; the aging of current child welfare staff; the limited success in attracting professionals to child welfare; and the lack of standardized and competency-based screening and hiring procedures to ensure “goodness of fit.”¹⁵⁸ 	<ul style="list-style-type: none"> ▪ Caseworker turnover is associated with children’s multiple placements within the foster care system.¹⁵⁹ ▪ Families who have fewer caseworkers assigned to them are more likely to be satisfied with the services they receive.¹⁶⁰ ▪ Caseworker turnover results in families’ receipt of fewer services.¹⁶¹ ▪ High staff turnover in Child Neglect Demonstration Projects results in lower-quality service, families leaving the program prematurely, and burnout of remaining staff.¹⁶² ▪ Worker turnover is a major factor in failed family reunification efforts.¹⁶³ ▪ Worker turnover results in longer lengths of stay for children in foster care.¹⁶⁴ ▪ Worker turnover is correlated to lower rates of finding permanent homes for children.¹⁶⁵ ▪ High caseworker and supervisor turnover contributes to the reentry of children into placement due to the recurrence of abuse and/or neglect, due to: <ol style="list-style-type: none"> 1. Frequent case transfers that lead to periods during which no services are provided to clients and to inadequate sharing of critical case information, all of which lead to poor case decisions; and 2. The assignment of complex and difficult cases, often 20 or 30 at one time, from caseloads that had been uncovered for a period of time to new, inexperienced, and partially trained caseworkers.¹⁶⁶ 	<ul style="list-style-type: none"> ▪ The U.S. Department of Labor estimates the cost of employee turnover to be approximately one-third of their annual salary.¹⁶⁷ ▪ Delays in finding children permanent homes result in increased foster care caseloads and more funds being spent overall, as foster care is more expensive than adoption or other permanency options.¹⁶⁸ ▪ Liability is costly when child welfare systems are unable to ensure children’s safety, permanency and well-being.¹⁶⁹
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14 COMPONENTS TO SUPPORT AN EFFECTIVE CHILD WELFARE WORKFORCE



- ¹ Alliance for Children and Families (ACF), 2004; Breitenstein, Rycus, Sites & Kelly, 1997; Child Protection Report, 2002; Zlotnik, 2002.
- ² AdvoCasey, 2004; Alwon & Reitz, 2000a, 2000b; Malm, Bess, Leos-Urbel, Geen & Markowitz, 2001; Pelton, 1990; Zlotnik, 2001.
- ³ ACF, American Public Human Services Association (APHSA) & Child Welfare League of America (CWLA), 2001; APHSA, 2001, 2005; Center for the Study of Social Policy (CSSP), 2003a; Ellett, 2002; Hochman, Hochman & Miller, 2004; Maluccio & Anderson, 2000; Pew Commission on Children in Foster Care (Pew), 2004.
- ⁴ Hess, Folaron & Jefferson, 1992; Stein, 1978, cited in Stein & Callagan, 1990; U.S. General Accounting Office (U.S. GAO), 2003.
- ⁵ Hess, Folaron, Jefferson & Kinnear, 1991; Hess et al., 1992.
- ⁶ Albers, Reilly & Rittner, 1993; Booz-Allen & Hamilton, 1987.
- ⁷ CWLA, 1999; Lieberman, 1988.
- ⁸ Pardeck, 1984.
- ⁹ Unrau & Wells, 2005.
- ¹⁰ Hess et al., 1992.
- ¹¹ Ryan, Garnier, Zyphur & Zhai, 2005.
- ¹² Flower, McDonald & Sumski, 2005.
- ¹³ Stoltzfus, 2005; US GAO, 2003.
- ¹⁴ Cohen, 2003a; U.S. GAO, 2003.
- ¹⁵ Flower et al., 2005; Graef & Hill, 2000.
- ¹⁶ Gunderson & Osborne, 2001.
- ¹⁷ Barth, Lee, Wildfire & Guo, 2006; Bess, Andrews, Jantz, Russell & Geen, 2002; Wisconsin Council on Children and Families, 2000.
- ¹⁸ CWLA & ABA Center on Children and the Law (ABA), 2005; Bertelli, 2004; CSSP, 1998; Geen & Tumlin, 1999; Gluck Mezey, 1998; Kaplan, 2003; Kubitschek, 2005; Shelton, 1995.
- ¹⁹ Annie E. Casey Foundation (AECF), 2003; Antle & Martin, 2003; Children and Family Research Center (CFRC), 2000a, 2000b, 2000c; Courtney, Needell & Wulczyn, 2003; Dufour & Chamberland, 2003; Pecora, Whittaker, Maluccio & Barth, 2000.
- ²⁰ CSSP, 2003a; Cohen, 2005; Geen, 2003; Geen & Tumlin, 1999; Martin, Barbee & Antle, 2003; Mitchell, Barth, Green, Wall, Biemer, Duerr, Berrick, et al., 2005; Price, 2005; U.S. GAO, 2003.
- ²¹ Balfour & Neff, 1993; Bernotavicz, 1997; Cicero-Reese & Clark, 1998; Dickinson & Perry, 2002; Ellett, 2002; Fryer, Miyoshi & Thomas, 1989; Landsman, 2001, 2004; Lieberman, Hornby & Russell, 1988; Potter, 2003; Samantrai, 1990, 1992; Smith, 2005.
- ²² ACF, 2004; Alwon & Reitz, 2000a, 2000b; American Federation of State, County, and Municipal Employees (AFSCME), 1998; Blome & Steib, 2004; Ewalt, 1991; Graef & Potter, 2002; Kopels, Carter-Black & Poertner, 2002; Light, 2003; Malm, et al., 2001; McMurty, Rose, Reitz & Mayer, 2005; National Association of Social Workers (NASW), 2004; U.S. GAO, 2004b, 2005.
- ²³ Institute for the Advancement of Social Work Research, 2005; Sharma, McKelvey, Hardy, Epstein, Lomax & Hruby, 1997.
- ²⁴ Anderson & Gobeil, 2002; Arches, 1991; Drake & Yadama, 1996; Graef & Hill, 2000; Institute for the Advancement of Social Work Research, 2005; Kreisher, 2002; Mor Barak, Nissly & Levin, 2001; Regehr, Hemsworth, Leslie, Howe & Chau, 2004; Smithgall, 2003; Vinokur-Kaplan, 1991.
- ²⁵ Alwon & Reitz, 2000a; ACF, APHSA & CWLA, 2001; Samantrai, 1992.
- ²⁶ CSSP, 2003a.
- ²⁷ Anderson, 2005.
- ²⁸ Frost, 2005; Seita, 2004.
- ²⁹ Snyder, 1995.
- ³⁰ Jaskyte, 2003, 2004.
- ³¹ Gustafson & Allen, 1994.
- ³² Glisson & Hemmelgarn, 1998.
- ³³ Alwon & Reitz, 2000a; Anderson & Gobeil, 2002; Rycraft, 1994; Samantrai 1992; Zell, 2006.
- ³⁴ Busch & Folaron, 2005; Ellett, Ellett & Rugutt, 2003; Geen & Tumlin, 1999; Hodges & Hernandez, 1999; Mor Barak, Levin, Nissly & Lane, 2005; Smith & Donovan, 2003; Walters, 2000.
- ³⁵ Ambrose & Schminke, 2003; Forester, 1984; Glisson & Hemmelgarn, 1998.
- ³⁶ Anderson & Gobeil, 2002; Gibbs, 2001; Lewandowski, 2003; Rhoades & Eisenberger, 2002.
- ³⁷ Ambrose & Schminke, 2003; Bednar, 2003; Bell, Kulkarni & Dalton, 2003; Highsmith & Ilian, 2004; Limb & Organista, 2003.
- ³⁸ Alwon & Reitz, 2000a; Anderson & Gobeil, 2002; Rycraft, 1994; Samantrai. 1992.
- ³⁹ ACF, 2004; Anderson & Gobeil, 2002; Arches, 1991; Bernotavicz, 1997; Dickinson & Perry, 2002; US GAO, 2004.
- ⁴⁰ Ambrose & Schminke, 2003; Barclay, Barclay, Condit, Corsley, Fusco, Gibson, et al., 2002.
- ⁴¹ AECF, 2002.
- ⁴² Spence, as cited in Neuwahl, 2005.
- ⁴³ AFSCME, 1998.
- ⁴⁴ AFSCME, 1998; CWLA, 1995; Edwards, 2002; Tittle, 2002.
- ⁴⁵ ACF, APHSA & CWLA, 2001; Barclay et al, 2002; NASW, 2004.

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- ⁴⁶ Regehr, Chau, Leslie & Howe, 2002.
- ⁴⁷ AECF, 2003; Malm et al., 2001; Tooman & Fluke, 2002; Yamatani & Engel, 2002.
- ⁴⁸ CSSP, 2003a; Drake, 1996; Ferguson, 2002; Miller & Jones Gaston, 2003; Nybell & Sims Gray, 2004.
- ⁴⁹ AdvoCasey, 2004; Barclay et al., 2002; Chapman, Gibbons, Barth & McCrae, 2003; E.Clark, 2003; CSSP, 2003a; Keller & McDade, 2000; Perry & Limb, 2004; Ribner & Knei-Paz, 2002; Vincent, 2002.
- ⁵⁰ Fleischer, 1985, in Smith, 2005; Samantrai, 1992.
- ⁵¹ Collins-Camargo, Phillips & Shackelford, 2005.
- ⁵² Anderson & Gobeil, 2002; Barclay et al., 2002; Bernotavicz & Bartley, 1996; Burney Nissen, Merrigan & Kraft, 2005; Cole, Panchanadeswaran & Daining, 2004; Collins, 1994; Colorado Department of Human Services & National Child Welfare Resource Center for Management and Administration, 1994; Rhoades & Eisenberger, 2002; Samantrai, 1992; Skinner, 2004; Smith, 2005; Strand & Badger, 2004; U.S. GAO, 2003.
- ⁵³ Preston, 2004.
- ⁵⁴ Barbee, 2002; Barbee, Martin, Antle & Christensen, 2003; CSSP, 2002.
- ⁵⁵ Folaron, Hostetter & Decker, 2003.
- ⁵⁶ Special Child Welfare Advisory Panel, 2000.
- ⁵⁷ Collins-Camargo, Phillips & Shackelford, 2005; Curry & McCarragher, 2004; Ezell, Casey, Pecora, Grossman, Friend, Vernon, et al., 2002; Wares & Dobrec, 1992.
- ⁵⁸ Cicero-Reese & Clark, 1998.
- ⁵⁹ Booz-Allen & Hamilton, 1987; Dhooper, Royse & Wolfe, 1990; Dickinson & Perry, 2002; Liebermann, Hornby & Russell, 1988.
- ⁶⁰ Ellett, 2002; Jones, 2002; NASW, 2004; U.S. GAO, 2003; Vikonur-Kaplan, 1991.
- ⁶¹ Folaron, Hostetter & Decker, 2003.
- ⁶² CWLA, 1999; Lieberman, 1988.
- ⁶³ Albers et al., 1993; Dane, 2000; Koeske, Lichtenwalter & Koeske, 2005; Perry, 2004; Pierce, 2003; Scannapieco & Connell-Corrick, 2003; Zlotnik, 2002.
- ⁶⁴ Brown, Chavkin & Peterson, 2002; S.Clark, 2003; Clark & Jacquet, 2002; Daly, Dudley, Finnegan, Jones & Christiansen, 2001; Dhooper, Royse & Wolfe, 1990; Ellett, 2002; Grossman & McCormick, 2003; Hopkins & Mudrick, 1999; Jones & Okamura, 2000; Perry, 2001; Risley-Curtiss & McMurty, 1997; Rittner & Wodarski, 1999; Robin & Hollister, 2002.
- ⁶⁵ Cach, Mathiesen, Barbanell, Smith & Graham, 2006; Dickinson & Gil de Gibaja, 2004; Fox & Barbee, 2003; Zlotnik, 2003.
- ⁶⁶ Alwon & Reitz, 2000a, 2000b; APHSA, 2001; Barclay et al., 2002; Gansle & Ellett, 2002.
- ⁶⁷ Ayers-Lopez, Sanderson, & Richardson 2001; Breitenstein, Rycus, Sites & Jones Kelly, 1997; Drake, 1996; Flower et al., 2005; Martin et al, 2003; Seaberg, 1982; Steib & Blome, 2003.
- ⁶⁸ Berdie, Leake & Parry, 2004; Bernotavicz & Wischmann, 2000; Bernotavicz, Clark, Lahti, Shaler & Town, 2002; Coleman & Clark, 2003; Landsman, 2002.
- ⁶⁹ Antle & Barbee, 2003a, 2003b; Bernotavicz, 1994a, 1994b; Bernotavicz, et al, 2002; Biggerstaff, Wood & Fountain, 1998; Curry, McCarragher & Dellmann-Jenkins, 2005; Fox & Burnham, 1997; Leake, Berdie, Parry & Jones Kelly, 2001; Miller & Dore, 1991; North Carolina Child Welfare Education Collaborative, 2001; Tracy & Pine, 2000; Wehrmann, Shin & Poertner, 2002; Young, 1994; Zimmerman, Amodeo, Feassler, Ellis & Clay, 2003.
- ⁷⁰ Courtney, Needell & Wulczyn, 2004.
- ⁷¹ Courtney et al., 2003, 2004; English, Brandford & Coghlan, 2000.
- ⁷² Barth & Needell, 1997; Courtney et al., 2004; Geen & Tumlin, 1999; Office of Inspector General, 2003; Schoech, Quinn & Rycraft, 2000.
- ⁷³ Courtney & Collins, 1994; Gustafson & Allen, 1994; Moore, Rapp & Roberts, 2000; Office of Inspector General (OIG), 2005a, 2005b.
- ⁷⁴ Solomon, 2002
- ⁷⁵ CFRC, 2000a, 2000b, 2000c; Clyman, 2000; Dufour & Chamberland, 2003; Malm et al., 2001; Gustafson & Allen, 1994; Johnson, Wells, Testa & McDonald, 2003; Parry & Berdie, 2002; Parry, Berdie & Johnson, 2003; Thomilison, 2003; U.S. Department of Health and Human Services, 2004; Usher & Wildfire, 2003; Ward, 2004.
- ⁷⁶ Anderson-Butcher, Lawson & Barkdull, 2002; Antle & Martin, 2003; Fagnoni, 2000; Gambrell, 1999; Gruber, 2003; Urwin & Sanderson, 2003; Wells & Johnson, 2001; Wulczyn, Barth, Yuan, Harden & Landsverk, 2005.
- ⁷⁷ CSSP, 2003a; Chavkin & Brown, 2003; Collins, 2004; Hess et al., 1992; Lawson, Anderson-Butcher, Petersen & Barkdull, 2003; Lawson, 2005; Lawson, McCarthy, Brady & Caringi, 2005; Lindsey, Martin & Doh, 2002; Malm et al., 2001; McCarragher, Hoffman & Rycus, 2003; Poertner, 2001; Price, 2005; Thomilison, 2003.
- ⁷⁸ Wells & Johnson, 2001.
- ⁷⁹ Barton, Folaron, Busch & Hostetter, 2006; Gustafson & Allen, 1994; Morison, 2005; O'Brien & Watson, 2002; Perry & White, 2004; Pollack, 2005; Stoparic, 2005.
- ⁸⁰ Stoparic, 2005; US. Government Accountability Office, 2003.
- ⁸¹ CSSP, 2003b.
- ⁸² Courtney et al., 2003, 2004; Malm et al., 2001; Nunno, 2002; Orlebeke, Wulczyn & Mitchell-Herzfeld, 2005; U.S. GAO, 2004a.
- ⁸³ Courtney et al., 2003; James Bell Associates, 2004; Pollack, 2005; Stoparic, 2005.
- ⁸⁴ National Performance Review, 1997; Pollack, 2005; Stoparic, 2005.
- ⁸⁵ Cahill & Feldman, 1993.
- ⁸⁶ Barclay et al., 2002; Thurston & Cauble, 1999.
- ⁸⁷ Bookhagen & Wegenast, 2004.
- ⁸⁸ Alwon & Reitz, 2000a; Anderson & Gobeil, 2002; Malm et al., 2001.

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- ⁸⁹ Alwon & Reitz, 2000a, 2000b; Anderson & Gobeil, 2002; Barclay et al., 2002; Moses, Weaver, Furman & Lindsey, 2003; Samantrai 1992.
- ⁹⁰ AFSCME, 1998.
- ⁹¹ Alwon & Reitz, 2000a, 2000b; Anderson & Gobeil, 2002.
- ⁹² Annie E. Casey Foundation, 2002.
- ⁹³ Alwon & Reitz, 2000a, 2000b; Anderson & Gobeil, 2002.
- ⁹⁴ Light, 2003.
- ⁹⁵ ACF, APHSA & CWLA, 2001; AFT Public Employees, 2005a, 2005b; American Federation of Teachers, 2004; Bureau of Labor Statistics, 2005a, 2005b; Robinson & Mee, 2004.
- ⁹⁶ ACF, 2004; APHSA, 2005; Ellett, 2002; Ellett et al., 2003; Flower et al., 2005; Purcell & Mock, 2002, 2003; U.S. GAO 2003.
- ⁹⁷ Bond, Galinsky & Hill, 2004.
- ⁹⁸ AdvoCasey, 2004; Ahluwalia, 2001; Anderson, & Gobeil, 2002; National School-Age Care Alliance, 2001.
- ⁹⁹ Clark & Jacquet, 2003.
- ¹⁰⁰ *Ibid.*
- ¹⁰¹ Nybell & Sims Gray, 2004.
- ¹⁰² McPhatter, 1997; Miller & Jones Gaston, 2003.
- ¹⁰³ McPhatter & Ganaway, 2003.
- ¹⁰⁴ Miller & Jones Gaston, 2003.
- ¹⁰⁵ Cohen, 2003b.
- ¹⁰⁶ Hosley, Gensheimer & Yang, 2003; McPhatter, 1997.
- ¹⁰⁷ McPhatter & Ganaway, 2003
- ¹⁰⁸ Brown & Bailey-Etta, 1997; Mederos & Woldegiorguis, 2003; Miller & Jones Gaston, 2003.
- ¹⁰⁹ AECF, 2002.
- ¹¹⁰ Hosley et al., 2003
- ¹¹¹ Mulroy, 2003.
- ¹¹² Miller & Jones Gaston, 2003;
- ¹¹³ Miller & Jones Gaston, 2003;
- ¹¹⁴ Chahine, van Straaten & Williams-Isom, 2005
- ¹¹⁵ Phillips, Gregory & Nelson, 2003
- ¹¹⁶ Altshuler, 2005
- ¹¹⁷ Ayon & Lee, 2005
- ¹¹⁸ CSSP, 2005; Daro, Budde, Baker, Nesmith & Harden, 2005.
- ¹¹⁹ Daro et al., 2005
- ¹²⁰ Lind, 2004; Malm et al., 2001; McDonald, Salyers & Shaver, 2004; Ortega & Levy, 2002; Pew, 2004; Scarcella, Bess, Zielewski, Warner & Geen, 2004; Testa, 2005.
- ¹²¹ NASW, 2004; Wulczyn, 2000.
- ¹²² U.S. GAO, 1995.
- ¹²³ CSSP, 2003a; Geen, 2003; Geen & Tumlin, 1999; Pew, 2004.
- ¹²⁴ Berrick, Brodowski, Frame & Goldberg, 1997
- ¹²⁵ Bacchus, Mezey & Bewley, 2003; Cohen, 2003a; Keller & McDade, 2000; Ribner & Knei-Paz, 2002; Schers, Webster, van den Hoogen, Avery, Grol & van den Bosch, 2002; Smithgall, 2003.
- ¹²⁶ Akin & Gregoire, 1997; Glisson & Hemmelgarn, 1998
- ¹²⁷ CSSP, 2003a
- ¹²⁸ Smithgall, 2003
- ¹²⁹ Emerson, 1983
- ¹³⁰ Chapman, Gibbons, Barth, McCrae & NSCAW, 2003; Foster, 2000
- ¹³¹ ACF, APHSA & CWLA, 2001
- ¹³² Costello, 2004; National Resource Center for Child Protective Services, 2005.
- ¹³³ Hess et al., 1991
- ¹³⁴ Hess et al., 1991, 1992.
- ¹³⁵ U.S. GAO, 2003
- ¹³⁶ Barth et al., 2006; Bess et al., 2002; Wisconsin Council on Children and Families, 2000.
- ¹³⁷ CWLA & ABA Center on Children and the Law, 2005; Bertelli, 2004; Geen & Tumlin, 1999; Gluck Mezey, 1998; Kaplan, 2003; Kubitschek, 2005; Shelton, 1995.
- ¹³⁸ Dawson & Berry, 2002; Kessler & Greene, 1999
- ¹³⁹ Lee & Ayon, 2004.
- ¹⁴⁰ Tracy & Pine, 2000; Smith, 2002
- ¹⁴¹ Albers et al., 1993
- ¹⁴² CWLA, 1999; Lieberman, 1988.
- ¹⁴³ Cicero-Reese & Clark, 1998
- ¹⁴⁴ Miller & Jones Gaston, 2003
- ¹⁴⁵ McPhatter, 1997
- ¹⁴⁶ Albers et al., 1993; Booz-Allen & Hamilton, 1987
- ¹⁴⁷ Children and Family Research Center (CFRC), 2004
- ¹⁴⁸ CFRC, 2004

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- ¹⁴⁹ Barth et al., 2006; Bess, Andrews, Jantz, Russell & Geen, 2002; Wisconsin Council on Children and Families, 2000.
¹⁵⁰ CWLA & ABA Center on Children and the Law, 2005; Bertelli, 2004; Geen & Tumlin, 1999; Gluck Mezey, 1998; Kaplan, 2003; Kubitschek, 2005; Shelton, 1995.
¹⁵¹ McPhatter, 1997
¹⁵² U.S. GAO, 2003
¹⁵³ U.S. GAO, 2003
¹⁵⁴ Drais-Parrillo, 2003
¹⁵⁵ ACF, APHSA & CWLA, 2001; Cyphers, 2002.
¹⁵⁶ Gunderson & Osborne, 2001.
¹⁵⁷ Bacchus, Mezey & Bewley, 2003; Cohen, 2003a; Schers et al., 2002
¹⁵⁸ Ahluwalia, 2001; ACF, 2004; Anderson & Gobeil, 2002; Bernotavicz & Wischmann, 2000; Kirkwood, 2003; Perry, 2003; Rycraft, 1994; Western Regional Recruitment & Retention Project, 2005; Zlotnik, 2005.
¹⁵⁹ Pardeck, 1984
¹⁶⁰ Chapman, Gibbons, Barth, McCrae & NSCAW, 2003; Foster, 2000
¹⁶¹ Unrau & Wells, 2005
¹⁶² U.S. Department of Health and Human Services, 2004.
¹⁶³ Hess et al., 1992
¹⁶⁴ Ryan et al., 2005
¹⁶⁵ Flower et al., 2005
¹⁶⁶ Hess et al., 1991
¹⁶⁷ Flower et al. 2005; Graef & Hill, 2000
¹⁶⁸ Barth et al., 2006; Bess, Andrews, Jantz, Russell & Geen, 2002; Wisconsin Council on Children and Families, 2000.
¹⁶⁹ CWLA & ABA Center on Children and the Law, 2005; Bertelli, 2004; Geen & Tumlin, 1999; Gluck Mezey, 1998; Kaplan, 2003; Kubitschek, 2005; Shelton, 1995.