



How Satisfied Are Home Visitors with Their Caseloads?

A National Look at Home Visitors' Perspectives on Caseload Fit

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Early childhood home visitors work closely with families with young children and pregnant women to provide education, support, and connections to community resources at a critical time in their lives. By providing services directly in the home, home visitors provide a safe space for reflection and equip parents with the tools to increase their confidence and strengthen their skills.

Home visiting work is rewarding but can also be challenging. As a relationship-based intervention strategy, home visiting's success depends on home visitors establishing trusting relationships with families. To allow home visitors sufficient time to develop these relationships and work with families, caseloads—defined as the number of children or families a home visitor serves—should be manageable. Caseloads differ for a variety of reasons. Home visitors implement different home visiting models and those models vary in terms of visit frequency (e.g., weekly or monthly visits)¹ and duration of services. Accordingly, expectations for caseload size tend to differ by model (NHVRC 2020). In addition, program enrollment (shaped by local demand for services), staff size, and staff experience can all contribute to a home visitor's assigned caseload. Yet little is known about how home visitors feel about their caseloads and how their caseload size affects their work experiences.

This brief summarizes descriptive findings from the Home Visiting Career Trajectories project regarding staff perceptions of client caseloads (box 1). Specifically, this brief addresses the following questions:

1. How do home visitors feel about their caseload size?
2. How do home visitors' perceptions of caseload burden relate to their reports of on-the-job stress, work-life conflict, and turnover intentions?
3. What types of home visitors report their caseloads are lighter or heavier than they can handle?

Key findings include the following:

- Overall, 75 percent of home visitors are somewhat or completely satisfied with their caseload size. Most home visitors (68 percent) report that their caseloads are “about right,” while 14 percent feel their caseloads are too heavy and 18 percent feel their caseloads are too light.
- When caseloads are heavier than home visitors feel they can handle, home visitors are more likely to report on-the-job stress and less work-life balance.
- Perceived caseload fit varies by program and staff characteristics. Home visitors who perceive caseloads as too light are typically new staff in their first year on the job. Home visitors are more likely to perceive their caseloads as heavier than they can handle when their programs have at least one staff vacancy. Reports of experiencing heavy caseloads are most common among home visitors with three to five years of experience.

BOX 1

Overview of the Home Visiting Career Trajectories Project

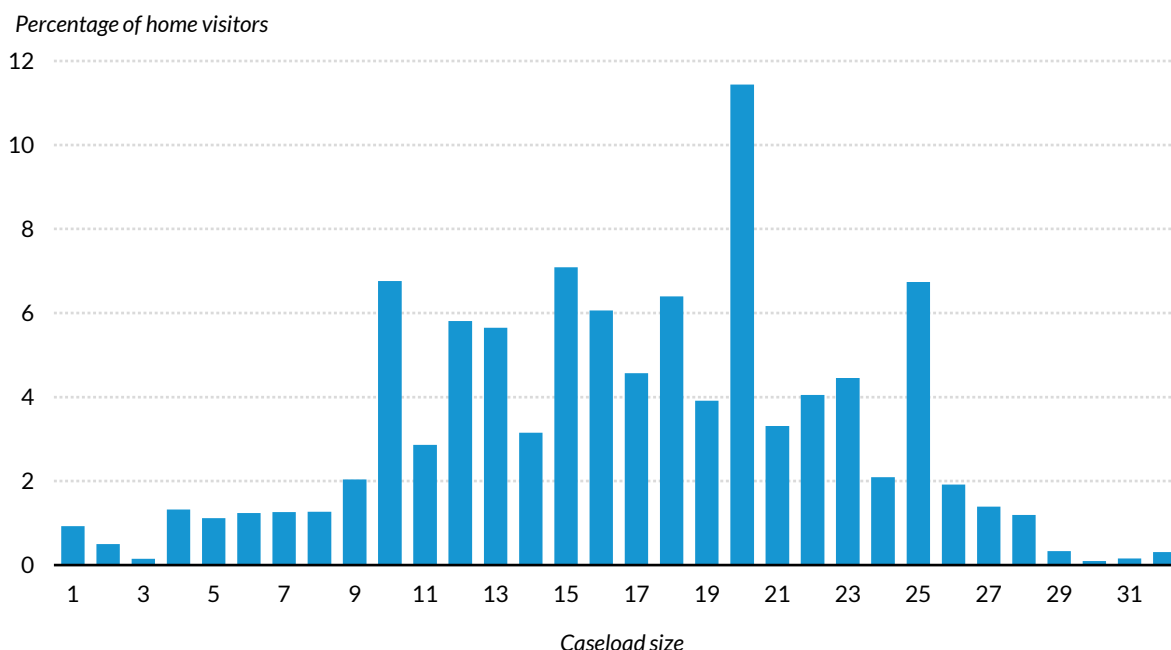
The Home Visiting Career Trajectories project surveyed home visitors, home visiting supervisors, and program managers employed in local agencies nationwide receiving funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program in fiscal year 2017. With data collected in 2018, this descriptive study gathered information on staff qualifications, job experiences, and career pathways, and characteristics and practices of MIECHV-funded agencies before the COVID-19 pandemic. Interviews with program managers and supervisors and focus groups with home visitors in eight states conducted in fall 2018 provided qualitative information to supplement survey data. For more information, see the final study report: Heather Sandstrom, Sarah Benatar, Rebecca Peters, Devon Genua, Amelia Coffey, Cary Lou, Shirley Adelstein, and Erica Greenberg, *Home Visiting Career Trajectories: Final Report* (Washington, DC: Urban Institute, 2020), <https://www.urban.org/research/publication/home-visiting-career-trajectories>.

This brief draws on survey data related to home visitors’ caseloads in 2018. The Home Visitor/Supervisor Survey collected data on caseload size, caseload fit (i.e., caseload is heavier than home visitors can handle, just right, or lighter than they can handle), and satisfaction with caseload size on a scale of 1 to 4, ranging from very satisfied to very dissatisfied. The Program Manager Survey asked about program characteristics and current staff vacancies. We include key themes and illustrative quotes from focus groups with home visitors to supplement survey findings.

How Do Home Visitors Feel about Their Caseload Size?

Caseload size depends on multiple factors: the selected home visiting model, agency policies regarding maximum caseload, program enrollment and staffing, as well as the program's overall management and case assignment. Nearly all surveyed program managers (94 percent) reported having a policy on the maximum number of families allowed per caseload. As shown in figure 1, the Home Visitor/Supervisor Survey found that home visitors most commonly had 16 to 20 cases, with a median of 17.

FIGURE 1
Caseload Size Varies Widely but Is Typically between 10 and 25 Cases



Source: Home Visitor/Supervisor Survey.

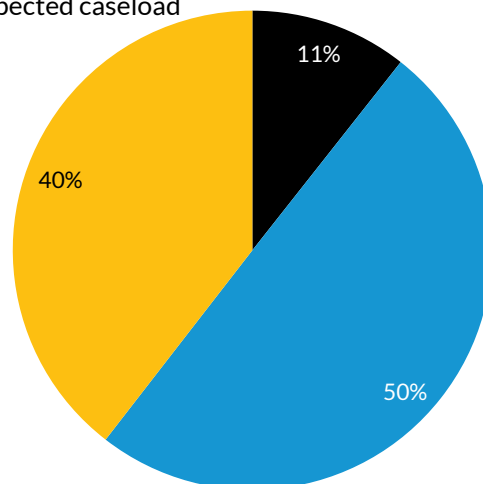
Notes: N = 608. Less than 1 percent of home visitors reported caseloads greater than 32. These values are suppressed in this figure because of low incidence.

The Home Visitor/Supervisor Survey asked home visitors how their caseload size compared with their program's expectations for caseload size. About half of home visitors reported meeting their programs' expectations for caseload size. Meanwhile, 11 percent said their caseloads were larger than their expected caseloads and 40 percent said their caseloads were smaller than their expected caseloads (figure 2).

FIGURE 2

Half of Home Visitors Say Their Caseloads Match their Programs' Expectations

- Caseload is larger than expected caseload
- Caseload matches expected caseload
- Caseload is smaller than expected caseload



Source: Home Visitor/Supervisor Survey.

Notes: N = 608. Percentages are calculated based on valid responses and exclude missing cases. Percentages do not sum to 100 because of rounding.

In addition to asking how caseloads compared with program expectations, the survey asked home visitors to rate how their caseloads felt to them: “about right,” “heavier than you can handle,” or “lighter than you can handle.” The reason for asking this question is home visitors may feel differently about their caseload size even if meeting their program’s expectations. Most home visitors (68 percent) reported their caseload size was about right (figure 3). This 68 percent included mostly home visitors with caseloads meeting their program’s caseload expectations, but also some home visitors with caseloads larger (7 percent) or smaller (32 percent) than their program policy (figure 4).

Fourteen percent of all home visitors who responded to the survey reported feeling like their caseloads were heavier than they could handle. Nearly half of this group (48 percent) said their caseloads matched their program expectations, 39 percent said they served more than the program's expected caseload size, and 13 percent said they served less than their program’s expected caseload size yet they still felt their caseloads were heavy.

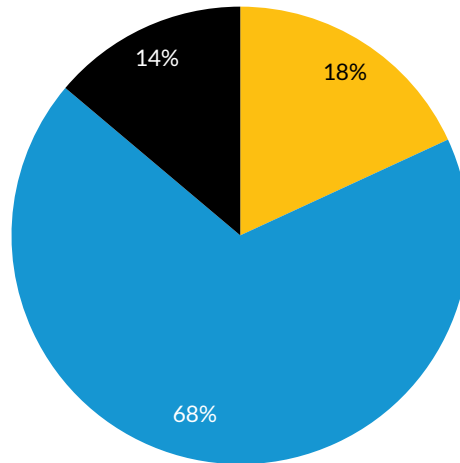
Meanwhile, 18 percent of all respondents said their caseloads were lighter than they could handle. This 18 percent included mostly home visitors not at full capacity, serving fewer cases than expected (89 percent), plus a small share with caseloads that matched program expectations (11 percent). These findings show that home visitors may perceive their caseloads to be heavier or lighter than they can handle even when meeting their program’s expectations for caseload size. Median caseload size varied across the three groups reporting “light,” “about right,” and “heavy” caseloads: 12 families for home visitors with “light” caseloads, 17 families for home visitors with “about right” caseloads, and 21 families for home visitors with “heavy” caseloads.

FIGURE 3

Most Home Visitors Say Their Caseloads Are a Good Size for Them

Ratings of whether caseloads were about right, light, or too heavy to handle

■ Light ■ About right ■ Heavy



Source: Home Visitor/Supervisor Survey.

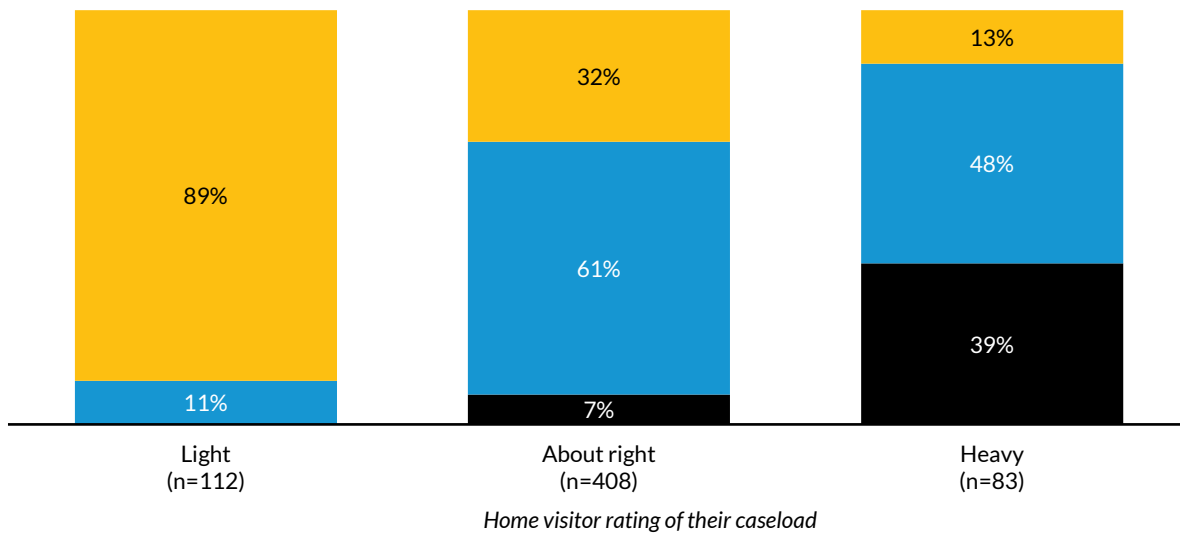
Notes: N = 607. Percentages are calculated based on valid responses and exclude missing cases.

FIGURE 4

Nearly Half of Home Visitors Who Feel Their Caseloads Are Heavy Have a Caseload Size That Matches Their Programs' Expectations

How actual caseload size compares with program's expected caseload size

■ Larger than expected caseload ■ Matches expected caseload ■ Smaller than expected caseload



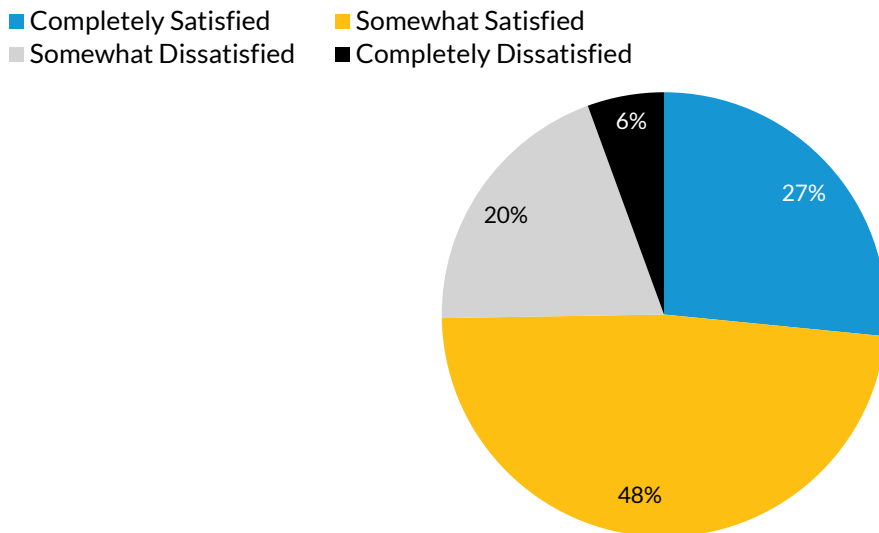
Source: Home Visitor/Supervisor Survey.

Notes: N = 605. Percentages are calculated based on valid responses and exclude missing cases.

The survey also asked home visitors to rate their satisfaction with aspects of their jobs, including caseload size. This question was asked separately from the question about perceived caseload fit because a home visitor could have a “light” caseload but be satisfied with it or have a “heavy” caseload but still be somewhat satisfied with it. Home visitors most commonly reported they were “somewhat satisfied” (48 percent) or “completely satisfied” (27 percent) with their caseload size (figure 5). Smaller shares were “somewhat dissatisfied” (20 percent) or “completely dissatisfied” (6 percent).

Home visitors who reported a heavier caseload than they could handle were more likely to express dissatisfaction with their caseloads (72 percent—including 22 percent who reported complete dissatisfaction and 50 percent who were somewhat dissatisfied). Some home visitors who perceived their caseloads were light also reported dissatisfaction with their caseloads (15 percent total; sample sizes are too small to report separately for those completely or somewhat dissatisfied).

FIGURE 5
Most Home Visitors Are Satisfied with Their Caseload Size, But One Quarter Are Somewhat or Completely Dissatisfied



Source: Home Visitor/Supervisor Survey.

Notes: N = 684. Percentages are calculated based on valid responses and exclude missing cases.

Focus groups with home visitors provided insights into their experiences that help explain these survey findings. In the focus groups, they discussed how the number of cases is not the only important criterion to consider when assigning cases and shared other reasons why caseloads can seem heavy or light. For instance, the make-up of the caseload is important. Some families have greater or more complex needs than others. As one home visitor described, “I’m supposed to have 19 or 20. I find that 16 to 17 is really appropriate given the mental health issues and other issues surrounding our families.”

The amount of required paperwork for each additional case can also contribute to home visitors’ sense of caseload manageability. One home visitor explained it was not only her large caseload that was overwhelming to her, but also the families’ complex needs and the amount of paperwork:

Totally depends who you have on your caseload...We have a caseload of mental and behavioral health [problems] and mainly untreated clients—and a collection of other things surrounding poverty. Possibly medically sick babies and moms as well—it can feel quite overwhelming at times. And you feel like all you are doing is see clients and stay above water...We do have a lot of paperwork and we understand the reason why because we are an evidence-based program, but over the years the paperwork has steadily increased.

Her colleague—who had a caseload that was approximately the same size—disagreed and shared that she felt comfortable with her caseload after figuring out how to manage her paperwork responsibilities:

I don't feel that way. I have had a caseload of 25 and I never felt I was completely overwhelmed. It balanced out for me personally. I think paperwork is bad; you just have to be organized.

A home visitor in another program similarly described, “If I stay on top of my case notes, it feels less overwhelming.” However, the families these home visitors worked with could have had different and less complex needs that made handling caseload responsibilities more manageable.

Another factor is whether or not home visitors are responsible for recruiting families or doing initial assessments. One home visitor commented, “After a referral comes in and an assessment is done, the supervisor makes a decision about who would be the best fit. There is a weight limit [meaning cases are weighted according to families’ needs], so nobody gets overwhelmed.” In other programs where home visitors actively recruited, they discussed the effort—and sometimes anxiety—involved in recruiting to quickly fill slots as families graduated from the program. In some focus groups, home visitors discussed the struggles of staff members with small caseloads who were having trouble recruiting new families and feeling like their skills were underutilized.

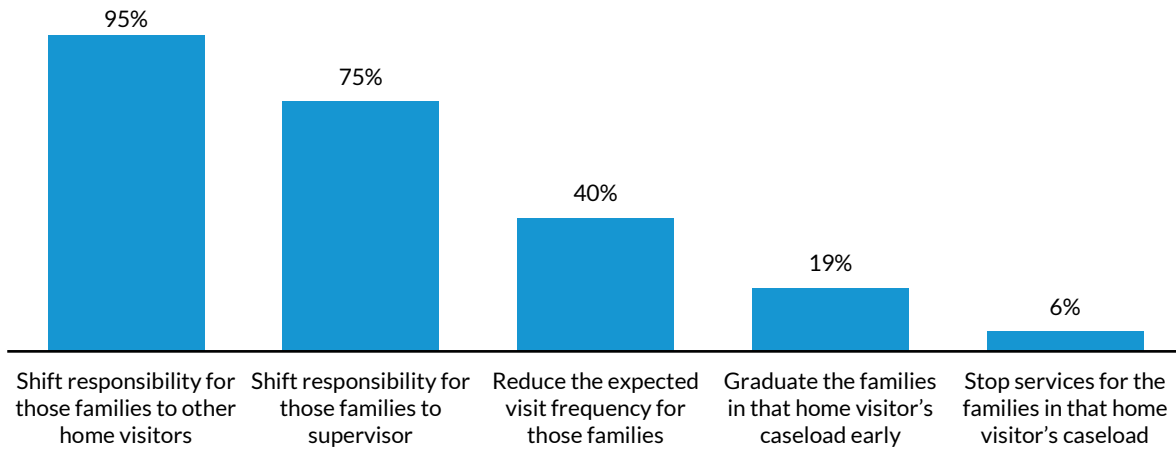
Home visitors described being more heavily utilized when their programs had staff vacancies. They had to take on additional cases temporarily until the program hired or families graduated from the program. As one home visitor described,

We've been feeling the pressure of the [staff] openings we have. My caseload is way bigger than it used to be...The interviewing process is harder now. You have to go through a bunch of people. We used to be involved in the hiring process, and now we aren't.

The Program Manager Survey asked about staff turnover and specifically what happens to a home visitor's cases when they leave their position. Nearly all respondents (95 percent) reported shifting cases to other home visitors and many (75 percent) also shifted cases to home visiting supervisors (figure 6).

FIGURE 6

Nearly All Program Managers Reported That Cases Are Shifted to Other Home Visitors When a Home Visitor Leaves Their Position



Source: Program Manager Survey.

Notes: N = 349. Respondents could select more than one response. Percentages are calculated based on valid responses and exclude missing cases.

How Does Caseload Burden Relate to On-the-Job Stress, Work-Life Conflict, and Turnover Intentions?

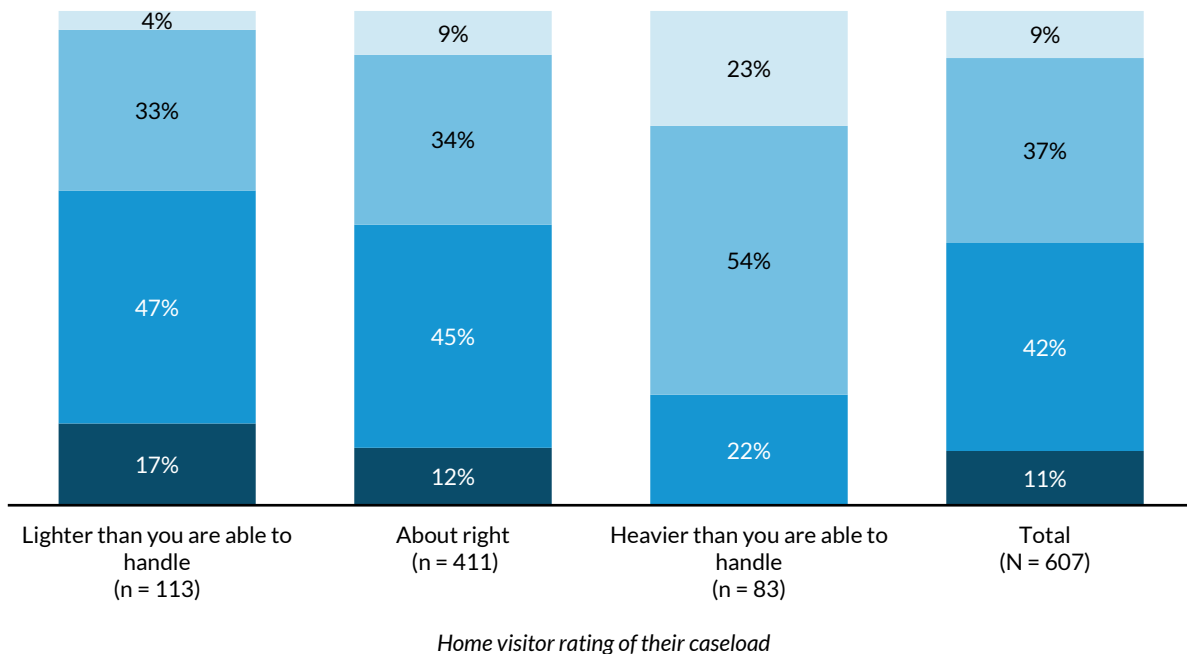
As with all jobs, some on-the-job stress is likely inherent to home visiting work. The survey asked home visitors to rate their satisfaction with “the amount of on-the-job stress” they experienced. Overall, most said they were somewhat satisfied (42 percent) or somewhat dissatisfied (37 percent) with their job stress, whereas 11 percent said they were completely satisfied and 9 percent were completely dissatisfied. Home visitors who rated their caseload as “about right” or “lighter” than they could handle were more likely to report satisfaction with the level of job stress (figure 7). None of those who reported a heavy caseload were completely satisfied with this aspect of their job.

FIGURE 7

Home Visitors Who Perceive Their Caseload is About Right or Lighter Than They Can Handle Are More Likely to Be Satisfied with the Amount of Stress on the Job

Home visitor rating of job stress level

■ Completely Satisfied ■ Somewhat Satisfied ■ Somewhat Dissatisfied ■ Completely Dissatisfied



Source: Home Visitor/Supervisor Survey.

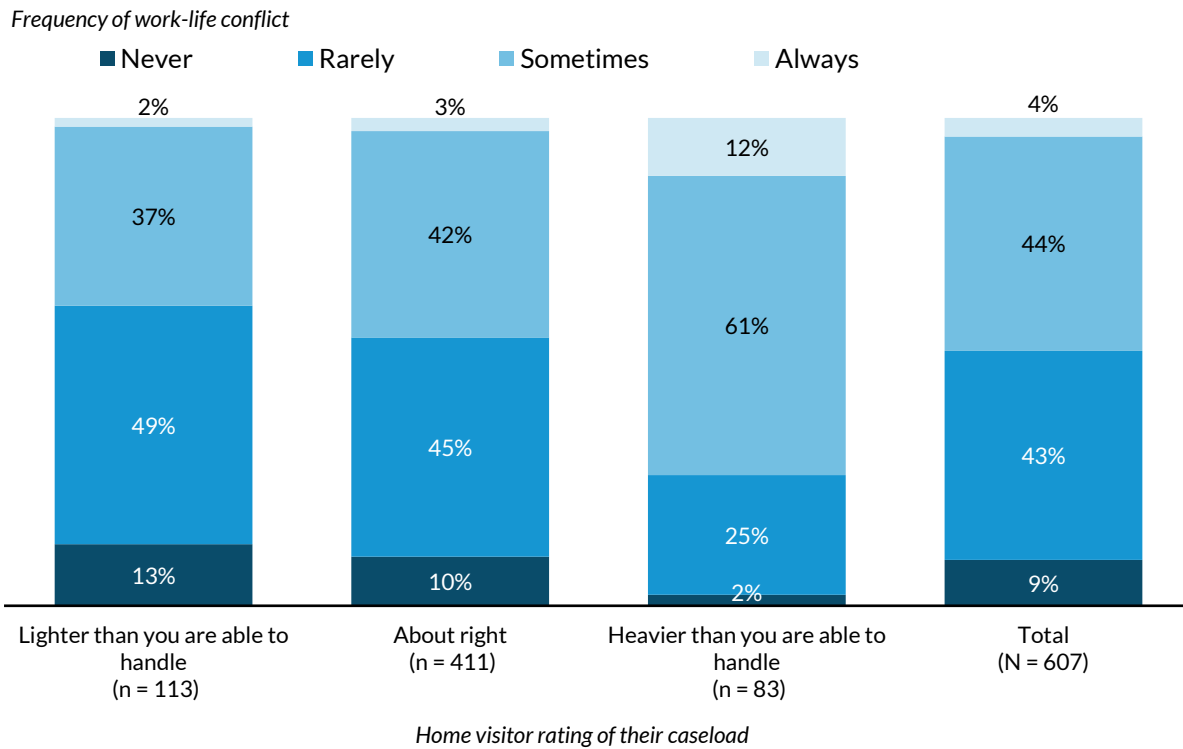
Notes: N = 607. Percentages are calculated based on valid responses and exclude missing cases.

The survey also asked home visitors how often work interfered with their personal life (figure 8). Most reported experiencing work-life conflict “rarely” (43 percent) or “sometimes” (44 percent), but 9 percent said “never” and 4 percent said “always.” Home visitors that rated their caseload as heavier than they could handle were more likely to report work-life conflict, with 12 percent saying work always interferes with home life. Conversely, among home visitors who perceived their caseloads as light, only 2 percent reported “always” and 13 percent said “never.”

Additional analyses indicated these associations between perceived caseload fit and job stress remained even after controlling for program characteristics (e.g., home visiting model), home visitors’ qualifications, and demographics, including age, race, household income, relationship status, and having children younger than 18 at home.²

FIGURE 8

Home Visitors Who Perceive Their Caseloads Are Heavier Than They Can Handle Are More Likely to Report that Work Frequently Interferes with Their Personal Life



Source: Home Visitor/Supervisor Survey.

Notes: N = 607. Percentages are calculated based on valid responses and exclude missing cases.

Focus groups with home visitors provided some insight into the main reasons for job stress and work-life conflict. Reasons included not having enough time to complete the required number of visits on top of mandatory trainings and meetings, dealing with what they described as excessive paperwork, and feeling pressure to recruit families. Meeting families’ needs when busy with many other tasks while protecting one’s personal life and wellness was perceived as a challenge for some. As one home visitor described, “If you have a particular week when everyone is in crisis, everyone needs something, it can be very overwhelming.” Another said,

It’s hard to turn it off. It’s a nonstop job. You have a young mom, pregnant, homeless, and then you go into your own home. It’s a constant battle. You get stronger over the years, but it still bothers you.

Her colleague commented on how she learned to set limits, “I learned early from [my peer mentor]. 8:30 to 4:30, and then phone is off. Some families believe they have you 24/7, but you have to tell them.”

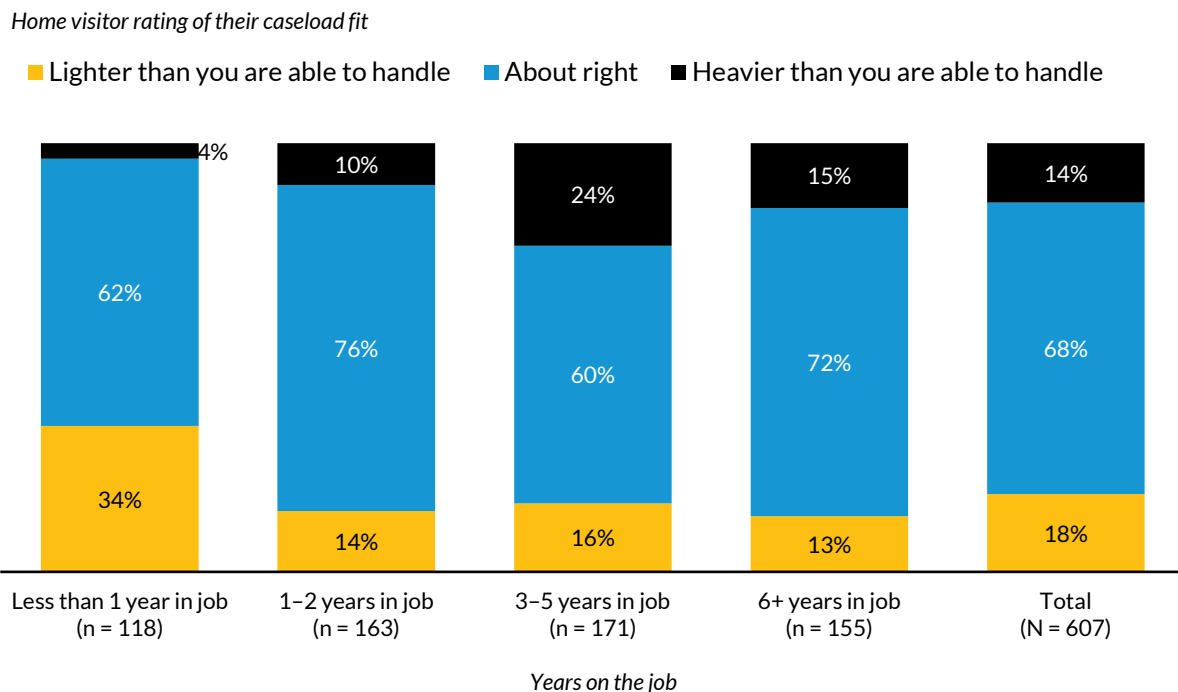
Although feelings of caseload burden can lead to increased job stress and work-life conflict, home visitors who reported their caseloads were too heavy to handle were no more likely to report intentions to leave their positions or the home visiting field than those who felt their caseload size was just right.

Other factors, including receiving a promotion, positive perceptions of work environment, schedule control and flexibility, and supportive program management practices such as peer mentoring, were more strongly and directly related to retention.³

What Are the Characteristics of Home Visitors and Their Work Settings When Caseloads Are Rated Lighter or Heavier Than Staff Can Handle?

Perceived caseload fit varied by years of experience on the job (figure 9). Although the majority of home visitors indicated their caseloads were about right, home visitors with three to five years of experience appeared to experience the most burden, with 24 percent reporting heavier caseloads than they could handle. In contrast, 34 percent of home visitors with less than one year in their current position reported having a lighter caseload than they could handle, but that share dropped to around 13 to 16 percent for home visitors with one or more years of experience.

FIGURE 9
Most Home Visitors Reported Their Caseloads Are About Right, Though the Share with Caseloads Heavier Than They Can Handle Is Highest Among Those with Three to Five Years on the Job



Source: Home Visitor/Supervisor Survey.

Notes: N = 607. Percentages are calculated based on valid responses and exclude missing cases.

Multivariate analyses of survey data identified characteristics of home visitors and their employment settings that are most related to their perceptions of their caseloads.⁴ When controlling for multiple program and individual characteristics, home visitors were more likely to report caseloads as heavier than they could handle when

- they had held their current position for more than one year;
- they attended school part time while working;
- they held a degree in education, early education, or special education in comparison with degrees in nursing, social work, or psychology;
- their programs had at least one staff vacancy;
- they worked in public health departments versus other government agencies or hospitals; and
- the majority of their clients lived in urban areas versus small towns.

Multiple demographic characteristics were also related to caseload fit: home visitors who were White versus Black, single and not in a relationship compared with other relationship statuses, younger than 35 compared with 65 and older, or with a higher household income (more than \$60,000) were more likely to report caseloads heavier than they could handle. These findings suggest home visitors' caseload experiences vary by their work setting, background, and personal circumstances.

Focus groups with home visitors supported several of these survey findings. Specifically, home visitors shared that more experienced home visitors often take on more work while newer staff spend the first months training and then ramp up their caseloads in the first year. However, occasionally, newer home visitors had to wait months to get fully trained, because of the scheduling of model-led trainings, and could not yet serve families on their own. Others had small caseloads because of challenges recruiting families. In these cases, they described feeling underutilized and dissatisfied with their jobs.

As mentioned earlier, staff vacancies often added to home visitors' workload as they took on additional cases left from their past colleagues. Those balancing work and school also felt overwhelmed at times handling their caseloads. Survey findings suggest young home visitors and those not in relationships may voluntarily take on more work or involuntarily be more heavily utilized than others, yet supporting evidence from case studies is unclear.

Summary and Implications

Study findings suggest that caseloads are not as simple as one size fits all. At the time of the survey, most home visitors felt their caseloads were “about right” and were satisfied with their caseload size. However, 18 percent felt their caseloads were light and 14 percent reported having caseloads heavier than they could handle. Light caseloads were most common among newer staff. Caseloads were perceived as heavy when programs were understaffed, served urban communities, and when home visitors were balancing work and school. Staff with a background in nursing, social work, or psychology

were less likely to report their caseloads were too heavy. The field may benefit from better understanding the tools from these fields that are helping staff manage their caseloads.

We find that home visitors who reported caseloads heavier than they could handle also reported higher job stress and work-life conflict; however, home visitors were no more likely to report intentions to leave their positions or the home visiting field because of their perceived caseload fit. Other factors related to workplace culture and advancement opportunities were more strongly related to turnover (Lou, Sandstrom, and Benatar 2021).

The high level of staff satisfaction with caseloads and stress levels suggests most home visiting programs are generally supporting their workers. However, to ensure all staff are feeling supported and best utilizing their talents, programs may want to consider routinely assessing how home visitors are feeling about their caseloads and making necessary adjustments. Taking a “pulse check” of home visitors’ caseloads seems especially important when programs are facing long periods with staff vacancies, given our findings that cases are shifted to other home visitors when staff turnover.

In focus groups, home visitors explained that caseload size is not the only important characteristic to consider when assigning cases and assessing fit. In addition to closely monitoring when cases are closing and new families are enrolling, the results of this study show that accounting for family needs and home visitors’ strengths when assigning cases, and considering home visitors’ full work responsibilities (e.g., paperwork, recruiting families) when setting expectations, are key aspects of strong caseload oversight at the program level. Involving home visitors in new case assignment can also promote staff morale and feelings of internal equity. Taking these steps to achieve good caseload fit can help relieve work stress, encourage work-life balance, and better support staff in their work with families.

Notes

- ¹ Nearly 20 home visiting models meet HHS criteria for an evidence-based model and are approved for implementation with funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. See the Home Visiting Evidence of Effectiveness (HomeVEE) website for details on eligible models: <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>, accessed September 1, 2021.
- ² We ran multivariate regression models to examine associations between home visitors’ perceptions of their caseload size and their ratings of job stress. These analyses controlled for home visitors’ demographic characteristics, highest educational attainment, area of study, current school enrollment, self-reported level of expertise, work experience, motivation to work in home visiting, reported benefits, schedule and scheduling policies, perceptions of work environment, frequency of supervisory meetings, and current caseload size as reported on the Home Visitor/Supervisor Survey. The analytic models also controlled for program characteristics reported on the Program Manager Survey, including agency type; agency size; home visiting model; years implementing model; HRSA region; share of clients in urban, suburban, small town, and rural areas; funding sources; program manager characteristics; program management practices; influence of employee input on program policies; current staff vacancies; whether programs weight caseloads based on family need; and policies on maximum caseload size.
- ³ See study final report (Sandstrom et al. 2020) and the companion brief (Lou, Sandstrom, and Benatar 2021) for more details on factors predicting turnover intentions.

- ⁴ We ran multivariate regression models to examine factors associated with home visitors' experiencing heavier caseloads than they can handle. Factors included home visitors' demographic characteristics, work experience, highest educational attainment, and area of study, as reported on the Home Visitor/Supervisor Survey. Analytic models also included program characteristics reported on the Program Manager Survey, including whether programs weight caseloads based on family need, policies on maximum caseload size, current staff vacancies, program management practices, and engagement in reflective supervision.

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