

Snapshot of the Child Welfare Workforce from 2021 to 2022:

Caseworker Experiences Working in the Child Welfare System

OPRE Report # 2025-040

June 2025



Snapshot of the Child Welfare Workforce from 2021 to 2022: Caseworker Experiences Working in the Child Welfare System (March 2021–June 2022)

OPRE Report Number #2025-040

June 2025

Lauren Bethune Scroggs, Marianne Kluckman, Heather Ringeisen, and Melissa Dolan, RTI International
Amy S. He, University of Denver

Submitted to:

Christine Fortunato, Project Officer
Laura Hoard, Project Officer
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
<https://www.acf.hhs.gov/opre>

Contract Number: HHSP233201500039I

Project Director: Melissa Dolan
RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

This report is in the public domain. Permission to reproduce is not necessary.

Suggested citation: Bethune Scroggs, L., He, A. S., Kluckman, M., Ringeisen, H., & Dolan, M. (2025). *Snapshot of the Child Welfare Workforce from 2021 to 2022: Caseworker Experiences Working in the Child Welfare System (March 2021–June 2022)*. OPRE Report #2025-040. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at www.acf.hhs.gov/opre.

[Subscribe to OPRE News](#) and [Follow OPRE on Social Media](#)



Acknowledgments

We would like to thank the NSCAW III participating child welfare agencies and agency personnel whose time and contributions made this study possible. We would also like to acknowledge the advisors involved with NSCAW III who provided their support, expertise, and guidance to this effort. These advisors are listed in the table below. The views expressed in this publication do not necessarily reflect the views of these advisors.

Anita Barbee	University of Louisville
Julie Breedlove	Public Knowledge, LLC
Nancy Dickinson	University of Maryland
Christine Fortunato	Administration for Children and Families
Jacquelyn Gross	VPD Government Solutions
John Halloran	University of Chicago
Amy He	University of Denver
Laura Hoard	Administration for Children and Families
Cara Kelly	Administration for Children and Families
Warren Ludwig	University of North Carolina at Chapel Hill
Mary McCarthy	University at Albany
Cynthia Osborne	University of Texas
Michael Shaver	Brightpoint
Mark Testa	University of North Carolina at Chapel Hill
Mary Bruce Webb	Administration for Children and Families
Rebecca Wells	University of Texas
Tamarie Willis	Society for Research in Child Development

Table of Contents

Executive Summary	X
Purpose	X
Background on NSCAW III	X
Overview of NSCAW III Child Welfare Workforce Study.....	X
Key Findings	xi
Design and Methods	xii
Caseworker Experiences Working in the Child Welfare System (2021–2022)	1
Introduction	1
Background and Significance.....	1
Purpose of Report and Research Questions.....	2
Key Research Questions Include.....	2
NSCAW III Child Welfare Workforce Study Methods Overview.....	3
Sampling	3
Data Collection.....	4
Analysis	4
Findings.....	4
NSCAW III: Caseworker Demographic Characteristics, Education, Time in Role, Time in Agency, and Roles and Responsibilities.....	4
Caseworker Demographic Information	4
Caseworker Education.....	5
Caseworker Time in Role and Time at Agency.....	6
Caseworker Roles and Responsibilities.....	8
Caseworker Well-Being.....	9
Psychological Distress.....	9
Secondary Trauma.....	9
Burnout	10
Physical Safety.....	11
Work-Life Balance	12

<u>Caseworker Perceptions of Supervisory Supports.....</u>	<u>12</u>
<u>Caseworker Satisfaction with Supervisor Support</u>	<u>12</u>
<u>Quality of Supervisor Relationship</u>	<u>13</u>
<u>Professional Training, Preparedness, and Opportunities for Caseworker Growth</u>	<u>14</u>
<u>Caseworker Perceived Preparedness</u>	<u>14</u>
<u>Caseworkers Perceived Efficacy and Mastery of Work.....</u>	<u>15</u>
<u>Pathways for Career Advancement</u>	<u>17</u>
<u>Opportunities for Professional Development and Mentorship</u>	<u>18</u>
<u>Caseworker Benefits, Compensation, and Recognition.....</u>	<u>19</u>
<u>Benefits and Access to Benefits.....</u>	<u>19</u>
<u>Salary and Salary Adequacy.....</u>	<u>20</u>
<u>Culture of Recognition and Rewards</u>	<u>21</u>
<u>Caseworker Job Commitment and Career Plans</u>	<u>22</u>
<u>Job Commitment and Career Plans</u>	<u>22</u>
<u>Considerations for Next Steps</u>	<u>23</u>
<u>References.....</u>	<u>24</u>

Appendix

<u>Appendix—Detailed Data on Caseworker Perceived Preparedness.....</u>	<u>27</u>
---	-----------

Figures

Number	Page
Figure 1.	Caseworker Perceived Preparedness..... 15

Tables

Table 1.	Caseworker Sociodemographic Characteristics 5
Table 2.	Time in Role and Agency, Activities Performed, Primary Role, and Caseload Size 6
Table 3.	Psychological Distress Among Caseworkers (Measured by Kessler 6 [K6]) 9
Table 4.	Secondary Trauma Among Caseworkers 10
Table 5.	Burnout Among Caseworkers 10
Table 6.	Threats to the Physical Safety of Caseworkers 11
Table 7.	Work-Life Balance Among Caseworkers 12
Table 8.	Satisfaction With Supervision Support Among Caseworkers 13
Table 9.	Leader–Member Exchange-7 (LMX-7) Scores Among Caseworkers..... 14
Table 10.	Perception of Mastery of Work Among Caseworkers From the Nordic General Questionnaire for Psychological and Social Factors at Work (QPS Nordic) 16
Table 11.	Perception of Mastery of Work Single Items Among Caseworkers..... 17
Table 12.	Pathways for Career Advancement 18
Table 13.	Opportunities for Professional Development 19
Table 14.	Access to Benefits Through Their Job Among Caseworkers..... 20
Table 15.	Salary and Salary Adequacy Among Caseworkers..... 21
Table 16.	Recognition and Rewards 22
Table 17.	Job Commitment and Future Plans Among Caseworkers 23

Overview

Introduction

This report presents findings on the experiences of caseworkers working within public child welfare agencies in 2021 and 2022, using nationally representative data from the third cohort of the National Survey of Child and Adolescent Well-Being (NSCAW III) Child Welfare Workforce Study. This report is part of a series that provides analysis of data collected from caseworkers, supervisors, and agency directors working in participating child welfare agencies during the baseline wave of NSCAW III. Child Welfare Workforce Study data collection began in January 2021 and finished in June 2022.

Primary Research Questions of Interest

- What is the organizational culture and climate within public child welfare agencies?
- How do organizational culture and climate influence caseworker well-being, including burnout, turnover, supervision, caseload/workload, role conflict, or education and training requirements?

Caseworker experiences described in this report provide contextual information exploring the relationship between organizational culture and climate and caseworker well-being among public child welfare agencies.

Purpose

The purpose of this report is to explore the experiences of caseworkers working in the child welfare system (CWS), including well-being indicators; perceptions of supervisory supports; professional training, preparedness, and opportunities for growth within their agencies; compensation, benefits, and recognition; and job commitment and career plans.

Key Findings and Highlights

- **Caseworker Demographics:**
 - The majority of caseworkers were female (83.0%), non-Hispanic (82.0%), 40 years old (62.3%) or younger, with a bachelor's degree as their highest degree earned (78.9%).
 - Among caseworkers with a college degree or higher, 30.7% of caseworkers earned a degree in social work and 69.3% had a degree in another focus area.
 - More than one out of three (34.7%) caseworkers reported that they have been working in their *role* as a caseworker for 3–5 years, with 34.1% reporting 3–5 years at their *current agency*.
 - More than half (60.5%) of caseworkers reported it was “very likely” that they would be at their current agency in 1 year.

- **Challenges to Caseworker Well-Being:**
 - Almost one in seven (13.4%) caseworkers reported high levels of psychological distress.
 - Close to half (48.5%) of caseworkers reported elevated levels of secondary trauma and trauma-related symptoms.
 - More than one out of three (36.8%) caseworkers indicated that their job interferes with their family life to a “great extent” or “very great extent.”
 - The majority of caseworkers reported experiencing threats to their personal safety during interactions with clients, including being threatened (62.2%) or assaulted (5.1%) during interactions with clients.
- **Caseworker Supports:**
 - The majority of caseworkers (79.3%) reported that their supervisors help them plan for challenging interactions with clients and potentially threatening situations.
 - Most caseworkers (77.8%) reported having a high-quality superior–subordinate relationship with their supervisors.
 - Caseworkers reported high levels of perceived preparedness for common tasks in their CWS roles (e.g., court appearances, understanding the needs of families, conducting risk assessments).
 - All caseworkers indicated that they have access to healthcare benefits and paid time off through their job.
 - Just under half (45.1%) of caseworkers indicated having some, quite a bit, or a great deal of difficulty paying their household bills each month.

Methods

The sample for the child welfare workforce data collection followed a nested design that was derived from the 61 nationally representative child welfare agencies participating in NSCAW III. Directors who agreed to participate in the child welfare workforce survey identified agency supervisors. Then, participating agency supervisors identified caseworker supervisees. Unique but complementary surveys were created for agency directors, supervisors, and caseworkers. Surveys were conducted between January 2021 and June 2022. Caseworker and supervisor surveys were collected primarily via web and telephone. Agency director surveys were completed via phone and, more rarely, in person.

This report summarizes the results of descriptive analyses related to caseworker experiences working in public child welfare agencies included in the NSCAW III Child Welfare Workforce Study sample. Descriptive analyses in this report include univariate methods to estimate proportions and the associated standard errors and measures of central tendency for continuous variables. Standard errors estimate the magnitude of uncertainty there is in the estimates and are related to margins of error. The 95% confidence intervals reflect the degree of uncertainty in sampling. All analyses used caseworker weights.

Data collection occurred during the COVID-19 pandemic and should be interpreted within this historical context, as it is possible this context influenced responses or sampling (e.g., respondents may have taken on caregiving responsibilities, may not have had adequate time to complete the survey, or may have been experiencing elevated levels of stress related to the pandemic).

Executive Summary

Purpose

This report provides findings on the experiences of caseworkers in public child welfare agencies, using nationally representative data from the third cohort of the National Survey of Child and Adolescent Well-Being (NSCAW III) Child Welfare Workforce Study. The Child Welfare Workforce Study explores characteristics and activities of the child welfare workforce within child welfare agencies participating in NSCAW III from 2021 to 2022, during the COVID-19 pandemic.

Background on NSCAW III

NSCAW is a nationally representative, longitudinal survey of children and families who came in contact with the child welfare system (CWS). The goal of the study is to provide information on a range of fundamental questions about the outcomes of children involved with the CWS. The study also provides insight on the interplay between the characteristics of children and families, their experiences with the CWS, service needs and receipt, and well-being outcomes.

The study is sponsored by the Office of Planning, Research, and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services, in collaboration with ACF's Children's Bureau, and led by RTI International. The study is currently authorized by Social Security Act § 429 [42 U.S.C. 628b].

Overview of NSCAW III Child Welfare Workforce Study

The NSCAW III Child Welfare Workforce Study provides a unique snapshot of the U.S. child welfare workforce and sought to better understand four topic areas relevant to the CWS context: workforce characteristics and competencies; recruitment, hiring, and onboarding; training and professional development; and organizational factors. These priorities were informed by the body of literature on factors known to influence practice within the child welfare workforce (de Guzman et al., 2020; DePanfilis & Zlotnik, 2008; Edwards & Wildeman, 2018; Gomez et al., 2010; Leake et al., 2017; Radey & Wilke, 2021).

This report presents findings on the experiences of caseworkers working in the public child welfare agencies from 2021 to 2022. The exhibits in this report present representative estimates of approximately 74% of public child welfare agencies/agency directors, 77% of child welfare supervisors, and 82% of caseworkers in the United States. The descriptive statistics (percentages, standard errors, and confidence intervals) are based on weighted NSCAW III workforce data.

Key Findings

- **Caseworker Demographics:**
 - The majority of caseworkers were female (83.0%), non-Hispanic (82.0%), 40 years old (62.3%) or younger, with a bachelor’s degree as their highest degree earned (78.9%).
 - Among caseworkers with a college degree or higher, 30.7% of caseworkers earned a degree in social work and 69.3% had a degree in another focus area.
 - More than one out of three (34.7%) caseworkers reported that they have been working in their *role* as a caseworker for 3–5 years, with 34.1% reporting 3–5 years at their *current agency*.
 - More than half (60.5%) of caseworkers reported that they will likely be at their current agency in 1 year. Of those that indicated they may leave their agency in the next year, half (50.4%) reported that they envision themselves continuing a career in social work.
- **Challenges to Caseworker Well-Being:**
 - Almost one in seven (13.4%) caseworkers reported high levels of psychological distress.
 - Close to half (48.5%) of caseworkers reported elevated levels of secondary trauma and trauma-related symptoms.
 - More than one out of three (36.8%) caseworkers indicated that their job interferes with their family life to a “great extent” or “very great extent.”
 - In an 8.0-hour workday, caseworkers reported spending an average of 4.3 hours a day on paperwork and documentation.
 - The majority of caseworkers reported experiencing threats to their personal safety during interactions with clients, including being threatened (62.2%) or assaulted (5.1%) during interactions with clients. Among caseworkers who reported having been threatened, assaulted, and/or physically injured, 66.9% reported that these threats to personal safety from clients had occurred in the past year.
- **Caseworker Supports:**
 - The majority of caseworkers (79.3%) reported that their supervisors help them plan for challenging interactions with clients and potentially threatening situations.
 - Most caseworkers (77.8%) reported having a high-quality superior–subordinate relationship with their supervisors.
 - Most caseworkers (79.7%) reported that their supervisor provided them with support in obtaining a promotion or progressing to the next job level.
 - Caseworkers reported high levels of perceived preparedness for common tasks in their CWS roles (e.g., court appearances, understanding the needs of families, conducting risk assessments).
 - More than half (61.7%) of caseworkers indicated that they believe “not at all” or to “a slight extent” that opportunities for advancement in their position are much higher compared to those in other positions.

- All caseworkers indicated that they have access to healthcare benefits and paid time off through their job.
- Just under half (45.1%) of caseworkers indicated having some, quite a bit, or a great deal of difficulty paying their household bills each month.

Design and Methods

The study collected information from 48 agency directors, 126 supervisors, and 183 caseworkers during the follow-up wave of NSCAW III from January 2021 to June 2022. The study sample is intended to represent public child welfare agencies that could participate in NSCAW III. Due to state confidentiality statutes and agency refusals, the sample is representative of about 74% of child welfare agencies/agency directors, 77% of child welfare supervisors, and 82% of caseworkers in the United States.

Unique but complementary surveys were created for agency directors, supervisors, and caseworkers that covered the four main research categories outlined previously (i.e., workforce characteristics and competencies; recruitment, hiring, and onboarding; training and professional development; and organizational factors). Surveys included a mix of project-developed items and standardized scales.

Caseworker Experiences Working in the Child Welfare System (2021–2022)

Introduction

This report is intended to provide information on the experiences of caseworkers working within the child welfare system (CWS) from 2021 to 2022. This report is part of a series of reports and briefs describing findings from the National Survey of Child and Adolescent Well-Being (NSCAW) III Child Welfare Workforce Study. This report centers around the voices of caseworkers in the CWS and describes caseworker perceptions of their experience in the CWS through self-reported caseworker data collected in March 2021 through June 2022. In addition, the report provides essential context for future reports in the Child Welfare Workforce Study series, which explores the influence of organizational culture and climate on child welfare workforce health and well-being.

Background and Significance

NSCAW is a longitudinal study developed to collect data on the needs and well-being of children and families involved with the CWS. During baseline data collection for the third cohort of NSCAW (NSCAW III), CWS agency directors, supervisors, and caseworkers employed in public child welfare agencies were surveyed as part of a new data collection effort focused on the CWS workforce. Data collection for the Child Welfare Workforce Study among caseworkers and supervisors began in March 2021 and ended in June 2022. It should be noted that the data in this study were collected during the COVID-19 pandemic and should be interpreted within this historical context, as it is possible this context influenced responses or sampling (e.g., respondents may not have had adequate time to complete the survey or may have been experiencing elevated levels of stress related to the pandemic).

The Child Welfare Workforce Study was designed to provide information on the characteristics and activities of the child welfare workforce employed in public child welfare agencies across the United States. Research priorities for the child welfare workforce data collection effort are outlined in the [*Snapshot of the Child Welfare Workforce from 2021 to 2022: NSCAW III Workforce Study Design, Data Collection, and Sample Characteristics*](#). The four **research priorities** for the Child Welfare Workforce Study outlined in the introductory report include

- Child Welfare Workforce Characteristics and Competencies;
- Recruitment, Hiring, and Onboarding;
- Training and Professional Development; and
- Organizational Factors.

Using data from the NSCAW III Child Welfare Workforce Study, the current report provides findings from caseworker experiences working in public child welfare agencies specifically related to the following **research priorities**: *Child Welfare Workforce Characteristics and*

Competencies, Training and Professional Development, and Organizational Factors. This is the first report to investigate the state of caseworker experiences and well-being from a national perspective using data collected during the COVID-19 pandemic.

As the backbone of the CWS system, the CWS workforce helps ensure the safety and care of the children and families in the United States by providing services designed to promote child safety and well-being. Research has shown that organizational factors and caseworkers' experiences in their workplace are associated with caseworker well-being, as well as overall productivity and organizational performance (Office of the Surgeon General, 2022). Similarly, child welfare agency environmental factors and exposure to work-related stressors (e.g., caseload size) influence caseworker well-being, contributing to burnout (Kim & Kao, 2014; Potter et al., 2016). Currently, there is a lack of nationally representative data on the experiences of caseworkers in the CWS. An added challenge is the absence of a holistic definition and framework for what factors constitute well-being among this workforce (Lizano et al., 2021). The COVID-19 pandemic further highlighted the importance of worker well-being and underscored the workplace as an important driver of experiences and well-being for employees (Miller et al., 2020; Office of the Surgeon General, 2022), including those in the CWS (He et al., 2023).

Purpose of Report and Research Questions

Drawing from existing literature on salient organizational factors associated with caseworkers' experiences and well-being within the CWS (Kim & Kao, 2014; Lizano et al., 2021; Potter et al., 2016), the overall aim of this report is to explore caseworker experiences working in public child welfare agencies from a national perspective. This report organizes results around caseworkers' perceptions of

- well-being;
- supervisory supports;
- professional training, preparedness, and opportunities for growth within their agencies;
- benefits, compensation, and recognition; and
- job commitment and career plans.

Key Research Questions Include

- What is the organizational culture and climate within public child welfare agencies?
- How do organizational culture and climate influence caseworker well-being, including burnout, turnover, supervision, caseload/workload, role conflict, or education and training requirements?

Caseworker experiences described in this report provide contextual information exploring the relationship between organizational culture and climate and caseworker well-being among public child welfare agencies. The aforementioned report, focused on organizational culture

and climate within child welfare agencies, will be released in this series of products (see the [National Survey of Child and Adolescent Well-Being \(NSCAW\) III: Child Welfare Workforce Study](#)).

NSCAW III Child Welfare Workforce Study Methods Overview

This section provides an overview of the methods for the NSCAW III Child Welfare Workforce Study. Additional information on the methods can be found in the [Snapshot of the Child Welfare Workforce from 2021 to 2022: NSCAW III Workforce Study Design, Data Collection, and Sample Characteristics](#). The NSCAW III Child Welfare Workforce Study sought to better understand four research priorities and topic areas relevant to the CWS context, including workforce characteristics and competencies; recruitment, hiring, and onboarding; training and professional development; and organizational factors. These priorities were informed by the body of literature on factors known to influence practice within the child welfare workforce (de Guzman et al., 2020; DePanfilis & Zlotnik, 2008; Edwards & Wildeman, 2018; Gomez et al., 2010; Leake et al., 2017; Radey & Wilke, 2021).

Sampling

The sample for the child welfare workforce data collection effort was derived from the 61 nationally representative child welfare agencies participating in NSCAW III. Sampling for the workforce data collection effort followed a nested design beginning with all agency directors from participating NSCAW III baseline agencies. Directors who agreed to participate in the workforce survey identified agency supervisors, then up to four supervisors were randomly selected and asked to participate. Finally, participating supervisors provided a list of caseworkers they were supervising to the study team. Up to four caseworkers for each supervisor were randomly selected and invited to participate. The nested sampling allows for agency director, supervisor, and/or caseworker perceptions within and across agencies to be compared.

If a sampled supervisor or caseworker did not complete a survey, another supervisor or caseworker from the same agency was randomly selected, if available. If no agency-level replacement was available or if an agency-level replacement did not complete a survey, a study-level replacement was selected from the overall sample of supervisors and caseworkers. This resulted in a total sample of 61 agency directors, 195 supervisors, and 348 caseworkers for this workforce data collection effort. Each sample had some nonresponse level, resulting in fewer completed surveys. Response rates were 78.7% ($N = 48$) for agency directors, 73.3% ($N = 126$) for supervisors, and 65.6% ($N = 183$) for caseworkers.

This sample is intended to be representative of public child welfare agencies that were able to participate in NSCAW III. Agencies were excluded from NSCAW III if they were located in states that prohibit the release of child maltreatment records with identifiable information, or in large states with three or more sampled agencies that refused to participate in NSCAW III. The resulting sample is representative of about 73.9% of child welfare agencies/agency directors, 77.2% of child welfare supervisors, and 82.2% of caseworkers in the United States. Sampling

weights were developed for each of the child welfare workforce samples (i.e., agency directors, supervisors, and caseworkers), which can be analyzed independently or jointly, depending on the research question. This report examines a subset of the child welfare workforce sample, the child welfare caseworkers. Additional information on the full sample and methods is provided in the [Snapshot of the Child Welfare Workforce from 2021 to 2022: NSCAW III Workforce Study Design, Data Collection, and Sample Characteristics](#). Child Welfare Workforce Study data will be archived for research use at the [National Data Archive on Child Abuse and Neglect \(NDACAN\)](#).

Data Collection

Data were collected during the follow-up wave of NSCAW III to minimize burden on agencies, leverage existing agency relationships, and utilize ongoing field interviewing resources. Complementary surveys were created for agency directors, supervisors, and caseworkers and included a mix of project-developed items and standardized scales. Data collection with caseworkers, who are the focus of this report, began in March 2021 and concluded in June 2022. Caseworker surveys were completed via telephone and/or web, with the most sensitive items (e.g., secondary trauma, burnout) administered via web only. The caseworker survey took an average of 56 minutes to complete. Data included in this report were collected during the COVID-19 pandemic and should be interpreted within this historical context.

Analysis

This report summarizes the results of descriptive analyses related to caseworker experiences working in public child welfare agencies included in the NSCAW III Child Welfare Workforce Study sample. Descriptive analyses in this report include univariate methods to estimate proportions and the associated standard errors and measures of central tendency for continuous variables. Standard errors estimate the magnitude of uncertainty there is in the estimates and are related to margins of error. The 95% confidence intervals reflect the degree of uncertainty in sampling. All analyses used caseworker weights.

Findings

NSCAW III: Caseworker Demographic Characteristics, Education, Time in Role, Time in Agency, and Roles and Responsibilities

This section details the demographic characteristics of caseworkers, their educational background, the length of time in their caseworker role, and the length of time they have been at their current agency. The self-reported roles and responsibilities of caseworkers in the CWS are also described in this section.

Caseworker Demographic Information

Among the 183 caseworkers surveyed in this study, the majority were female (83.0%), non-Hispanic (82.0%), and 40 years old or younger (62.3%). On average, caseworkers were 37.9 years old (range 23.0 to 64.0 years; [Table 1](#), footnote 4).

Caseworker Education

The majority of caseworkers (78.9%) reported earning a bachelor’s degree as their highest degree earned and 18.1% reported earning a master’s degree. Among caseworkers with a college degree or higher, 30.7% of caseworkers earned a degree in social work and 69.3% had a degree in another focus area ([Table 1](#)).

Table 1. Caseworker Sociodemographic Characteristics

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Sex¹	183	-	-	-
Male	26	17.0	4.3	(8.6, 25.4)
Female	157	83.0	4.3	(74.6, 91.4)
Ethnicity: Combined categories²	183	-	-	-
Not Hispanic, Latino/a, or Spanish origin	141	82.0	4.3	(73.4, 90.6)
Hispanic, Latino/a, or Spanish origin	42	18.0	4.3	(9.4, 26.6)
Race: One race and two or more races³	178	-	-	-
White	100	67.0	4.8	(57.5, 76.4)
Black or African American	57	20.5	3.6	(13.4, 27.6)
American Indian or Alaska Native	~	~	~	~
Chinese	~	~	~	~
Filipino	~	~	~	~
Korean	0	-	-	-
Other Asian	~	~	~	~
Other Pacific Islander	~	~	~	~
Multiple races	14	8.0†	2.7†	(2.6, 13.4)†
Age⁴	182	-	-	-
≤ 30	55	28.9	4.9	(19.2, 38.5)
31–40	54	33.4	5.9	(21.7, 45.1)
41–50	51	24.1	4.4	(15.4, 32.8)
≥ 51	22	13.6†	3.5†	(6.8, 20.5)†
Highest degree, diploma, or certificate	183	-	-	-
HS, GED, associate’s degree	~	~	~	~
Bachelor’s degree	134	78.9	4.3	(70.5, 87.3)
Master’s degree	42	18.1	4.1	(10.1, 26.1)
Graduate or professional degree	~	~	~	~
Degree in Social Work⁵	178	-	-	-
Yes	65	30.7	5.0	(20.8, 40.6)
No	113	69.3	5.0	(59.4, 79.2)

HS: high school.

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

¹ Respondents were asked, “What is your sex?” and selected from two answer options of male or female. Sex is reported based on the [Executive Order 14168](#).

Snapshot of the Child Welfare Workforce from 2021 to 2022:
Caseworker Experiences Working in the Child Welfare System

- ² Respondents were asked, “Are you of Hispanic, Latino/a, or Spanish origin?” Response options were (1) No, not Hispanic, Latino/a, or Spanish origin; (2) Yes, Cuban; (3) Yes, Mexican, Mexican American, Chicano/a; (4) Yes, Puerto Rican; and (5) Yes, Another Hispanic, Latino/a, or Spanish origin. Ethnicity- and race-derived variables follow the guidance at [Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#).
- ³ Respondents were asked, “What is your race?” A list of 14 response options were given, and respondents were provided the option of selecting one or more response options. Respondents were allowed to choose all applicable races. The categories shown in the table are mutually exclusive. Ethnicity- and race-derived variables follow the guidance at [Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#). Presentation of race categories follows “Approach 3” of the guidance at [Presentation of Data on Race and Ethnicity](#).
- ⁴ Caseworkers had an average age of 37.9 years and age range from 23.0 to 64.0 years.
- ⁵ This represents workers with a bachelor’s, master’s, or graduate degree.

Caseworker Time in Role and Time at Agency

Slightly more than one third (34.7%) of caseworkers reported that they have been working in their role as a caseworker for 3–5 years. In addition, slightly more than one third (34.1%) of caseworkers reported that they have been working at their current agency for 3–5 years. The majority of caseworkers (55.8%) reported being in their role between 1 and 5 years. The majority of caseworkers (57.4%) reported having a caseload with 20 children or less ([Table 2](#)).

Table 2. Time in Role and Agency, Activities Performed, Primary Role, and Caseload Size

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Time in role¹	182	-	-	-
Less than 1 year	16	7.9†	2.6†	(2.8, 13.1)†
1–2 years	37	21.1	4.3	(12.7, 29.5)
3–5 years	56	34.7	5.9	(23.1, 46.3)
6–10 years	36	21.6	4.8	(12.2, 31.0)
11–15 years	12	4.6†	2.2†	(0.1, 9.0)†
16–20 years	15	7.3†	2.4†	(2.6, 11.9)†
21+ years	10	2.9†	1.1†	(0.7, 5.0)†
Time at agency²	183	-	-	-
Less than 1 year	17	8.5†	2.7†	(3.2, 13.8)†
1–2 years	53	27.6	4.6	(18.5, 36.8)
3–5 years	54	34.1	5.9	(22.5, 45.7)
6–10 years	29	19.0	4.7	(9.8, 28.2)
11–15 years	13	3.9†	1.3†	(1.4, 6.4)†
16+ years	17	6.9†	2.2†	(2.5, 11.3)†
Activities performed in current position³	-	-	-	-
Conduct CPS investigations or assessments	120	65.6	5.4	(54.9, 76.2)
Provide in-home services	40	28.2	5.5	(17.4, 39.1)
Provide ongoing case management	85	52.3	5.7	(41.1, 63.5)
Perform other activities	28	12.9†	3.3†	(6.4, 19.4)†
Number of activities selected by caseworker	183	-	-	-
1	124	61.5	5.8	(50.1, 72.9)
2	30	18.7†	5.4†	(8.1, 29.3)†
3	27	19.0	4.4	(10.4, 27.6)
4	~	~	~	~

Snapshot of the Child Welfare Workforce from 2021 to 2022:
Caseworker Experiences Working in the Child Welfare System

Characteristic	N	Weighted %	SE	95% CI
Primary role or job responsibility	183	-	-	-
Conducting CPS investigations or assessments	86	42.7	5.7	(31.5, 53.9)
Providing in-home services	7	4.3†	2.1†	(0.2, 8.4)†
Providing ongoing case management	67	42.7	5.6	(31.6, 53.8)
Other	23	10.3†	3.0†	(4.3, 16.4)†
Average number of cases in caseload⁴	181	-	-	-
0–10	61	35.4	5.5	(24.6, 46.2)
11–20	85	46.9	5.7	(35.6, 58.2)
21–30	22	11.3†	3.1†	(5.2, 17.5)†
31+	13	6.4†	2.6†	(1.3, 11.5)†
Total children in caseload⁵	181	-	-	-
0–10	33	18.9†	5.0†	(9.0, 28.9)†
11–20	62	38.5	5.6	(27.5, 49.5)
21–30	45	23.5	4.8	(14.0, 33.1)
31–50	28	14.3†	3.6†	(7.3, 21.4)†
51+	13	4.7†	2.0†	(0.8, 8.7)†
Hours spent on paperwork and documentation in a given 8-hour workday⁶	182	-	-	-
1–3	43	24.1	5.0	(14.2, 34.0)
4	51	35.2	5.6	(24.1, 46.3)
5	43	22.4	4.8	(12.8, 32.0)
6–8	45	18.3	3.5	(11.3, 25.2)

CPS: Child Protective Services.

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

¹ Caseworkers had an average time in their role of 6.1 years (median = 3.4 years) and time in role ranged from 0.2 to 45.0 years.

² Caseworkers had an average time in their agency of 5.1 years (median = 2.8 years) and time in role ranged from 0.1 to 36.0 years.

³ This category will total to over 100% due to participants ability to “select all that apply” in response to the following survey item: In your current position, which of the following activities do you perform? (Please select all that apply.) (1) Conducting CPS investigations or assessments; (2) Providing in-home services; (3) Providing ongoing case management; and (4) Other (Please specify—open-ended response).

⁴ Respondents were asked “On average, about how many cases do you handle in your caseload? You might have more than one child within a particular case, please count these children as part of one case.” Respondents reported this information as a continuous variable. On average, caseworkers have a caseload that includes 15.5 families (median = 12.1 families; one case can include multiple children) and reported caseload size ranged from 0 to 98 families.

⁵ Respondents were asked “On average, about how many total children are in your caseload?” Respondents reported this information as a continuous variable. On average, caseworkers have a caseload that includes 22.4 children (median = 16.9 children) and ranged from 0 to 99 children.

⁶ Respondents were asked, “In a given 8-hour workday, about how many hours do you spend on paperwork and documentation?” On average, caseworkers reported spending 4.3 hours on paperwork and documentation (median = 3.7), with a range of 1 hours to 8 hours.

Caseworker Roles and Responsibilities

To better understand the primary focus of their work, the study team derived an overall primary role and job responsibility variable for caseworkers based on answers to two questions from the caseworker survey. This variable used data from two questions in the caseworker survey related to caseworker roles, job responsibilities, and activities performed in their position.¹ The responsibilities presented in each survey question included conducting Child Protective Services (CPS) investigations, providing in-home services, providing ongoing case management, and other. The findings indicate that the majority of caseworkers report conducting CPS investigations or assessments (42.7%) and providing ongoing case management (42.7%) as their primary role and job responsibility within the CWS. The remaining caseworkers reported providing in-home services (4.3%) or “other” (10.3%) as their primary role or job responsibility ([Table 2](#)).

Caseworkers complete a variety of activities in their roles within the CWS, and in recognizing this, caseworkers were asked to indicate “all that apply” for activities performed in their current position.² Answer choices included (1) conducting CPS investigations or assessments; (2) providing in-home services; (3) providing ongoing case management; and (4) other (Please specify—open-ended response). More than half (61.5%) of caseworkers reported that they only perform one activity in their caseworker role, 18.7% selected two activities, 19.0% selected three activities, and a small number of respondents selected all four.³ Most caseworkers selected CPS investigations or assessments and ongoing case management as one of the activities they perform in their role. Most commonly, 65.6% of caseworkers perform CPS investigations or assessments, 28.2% provide in-home services, 52.3% provide ongoing case management, and 12.9% described performing some “other” activity ([Table 2](#)).

Among caseworkers who reported “other” as an activity in their current position or job responsibility, they were asked to provide additional information to define the activity in an open-ended response. There were 28 open-ended responses provided by caseworkers, some of which included foster care, finding placement, recruitment/training of foster parents, court-related activities, permanency planning, and various supervisory tasks. Relatedly, in an 8.0-hour workday, caseworkers reported spending an average of 4.3 hours a day on paperwork and documentation ([Table 2](#)).

¹ Answers to primary job role or job responsibility were derived from Q1: In your current position, which of the following activities do you perform? (Please select all that apply.) (1) Conducting CPS investigations or assessments; (2) Providing in-home services; (3) Providing ongoing case management; and (4) Other (Please specify—open-ended response) and Q2: [IF Q1 = MORE THAN ONE RESPONSE] Which of these is your primary role or job responsibility? (Please select only one response.): (1) Conducting CPS investigations or assessments; (2) Providing in-home services; (3) Providing ongoing case management; (4) Other (Please specify—open-ended response).

² The data presented in this paragraph is based on answers to survey question Q1: In your current position, which of the following activities do you perform? (Please select all that apply.) (1) Conducting CPS investigations or assessments; (2) Providing in-home services; (3) Providing ongoing case management; and (4) Other (Please specify—open-ended response).

³ Data containing responses from one to five respondents are suppressed.

Caseworker Well-Being

Psychological Distress

The Kessler 6 (K6) is a six-item screening instrument that measures levels of psychological distress (Kessler et al., 2003). The K6 has been used frequently in large-scale epidemiological surveys in the United States (including the National Comorbidity Survey and National Survey of Drug Use and Health) and internationally (including the World Mental Health Survey Initiative; World Mental Health Composite International Diagnostic Interview study). The K6 was used to examine psychological distress experienced by caseworkers. A cutoff score of 13 or higher on the K6 is used to identify individuals with nonspecific serious psychological distress. In this study, nearly one in seven (13.4%) caseworkers had K6 scores that exceeded this cutoff score (i.e., K6 scores greater than or equal to 13). The mean K6 score was 6.0 (*SE* = 0.5, 95% CI [5.1, 7.0]) with a range of 0–22 (Table 3). These findings are in stark contrast to the general population. An epidemiological study conducted between 1997 and 2017 found only 3.6% of the U.S. population exceeded the cutoff score (i.e., K6 score greater than or equal to 13) for psychological distress when measured using the K6 (Tomitaka et al., 2019).

Table 3. Psychological Distress Among Caseworkers (Measured by Kessler 6 [K6])

Characteristic	<i>N</i>	Weighted %	<i>SE</i>	95% CI
Total	183	100.0	-	-
K6 total score¹	179	-	-	-
Below cutoff score	149	86.6	2.9	(80.8, 92.4)
Above cutoff score	30	13.4	2.9	(7.6, 19.2)

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

¹ The K6 (Kessler et al., 2003), is a six-item scale used as a screening tool for psychological distress. The K6 has a possible range from 0 to 24. A K6 score greater than or equal to 13 corresponds with nonspecific serious psychological distress.

Secondary Trauma

The Secondary Traumatic Stress Scale (STSS; Bride et al., 2004) measures traumatic stress specifically associated with secondary exposure to trauma. Bride (2007) reports that each item on the STSS corresponds to 1 of the 17 symptom criteria used to assess Post Traumatic Stress Disorder (PTSD) as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; DSM-IV-TR; American Psychiatric Association, 2000). The STSS consists of three subscales: Intrusion, Avoidance, and Arousal, corresponding to the B, C, and D criteria for PTSD (American Psychiatric Association, 2013). Nearly one half (48.5%) of caseworkers' scores exceeded the cutoff score of 38 or higher, indicating elevated levels of secondary trauma and trauma-related symptoms (Table 4).

Table 4. Secondary Trauma Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Secondary Traumatic Stress Scale (STSS) sum score (>38)¹	178	-	-	-
Below cutoff score	75	51.5	5.6	(40.4, 62.5)
Above cutoff score	103	48.5	5.6	(37.5, 59.6)

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories.

¹ The STSS measures secondary traumatic stress levels. Bride (2007) reports that each item on the STSS corresponds to one of the 17 Post Traumatic Stress Disorder (PTSD) symptoms delineated in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; DSM-IV-TR; American Psychiatric Association, 2000). A STSS cutoff score of 38 or greater was determined and compared with a scoring algorithm related to DSM PTSD criteria. Bride (2007) obtained a sensitivity of 0.93 and a specificity of 0.91 with the cutoff value of 38. Thus, 93% of individuals who met the core criteria for PTSD using the STSS algorithm would be correctly identified as having PTSD, and 91% of individuals who did not meet the core criteria for PTSD would be identified as not having PTSD (Bride, 2007).

Burnout

Previous research indicates a range of factors may influence levels of job-related burnout among child welfare workers, including excessive workloads, exposure to traumatic situations, lack of organizational support, the burden of administrative duties, work-life imbalance, and unpredictable work schedules (Griffiths et al., 2019; Leake et al., 2017). In the current study, caseworkers reported the extent to which they feel burned out from their work at their agency (Table 5). The extent to which caseworkers reported feeling burnout from their work varied widely. Roughly 20.4% of caseworkers reported that they feel “not at all” burned out from their work and 24.3% reported feeling burned out to “a slight extent.” More than half (55.4%) of caseworkers reported that they feel burned out from their work to “a moderate extent” (22.8%), “a great extent” (14.4%), or “a very great extent” (18.2%).

Table 5. Burnout Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Burnout	173	-	-	-
Not at all	25	20.4	4.7	(11.0, 29.7)
Slight extent	39	24.3	4.8	(14.9, 33.7)
Moderate extent	39	22.8	5.2	(12.5, 33.1)
Great extent	25	14.4†	4.3†	(5.9, 22.8)†
Very great extent	45	18.2	3.5	(11.3, 25.1)

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Physical Safety

Given the nature of their work and complexity of the environments they visit, caseworkers in the CWS may be at an elevated risk for encountering violence while on the job (Hunt et al., 2016; Radey & Wilke, 2021). Caseworkers responded to questions about threats to physical safety they have experienced during their interactions with clients. This includes both physical actions and nonphysical forms of violence (yelled at, threatened, property damage; Radey & Wilke, 2021) toward caseworkers. The majority of caseworkers (62.2%) reported being threatened during their interactions with clients in their lifetime, and 5.1% of caseworkers reported ever being assaulted with or without being threatened. Among caseworkers who reported having been threatened, assaulted, and/or physically injured, 66.9% reported that these threats to personal safety from clients had occurred in the past year (Table 6).

Table 6. Threats to the Physical Safety of Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Ever threatened or assaulted during interactions with clients	183	-	-	-
Never threatened or assaulted	60	32.6	5.5	(21.9, 43.4)
Only ever threatened	112	62.2	5.5	(51.3, 73.1)
Assaulted with/without being threatened	11	5.1†	1.9†	(1.4, 8.9)†
Did any of these situations occur in the past year?	123	-	-	-
Yes	74	66.9	5.9	(55.2, 78.6)
No	49	33.1	5.9	(21.4, 44.8)
How often does your supervisor help you plan interactions with difficult clients or for potentially threatening situations?	183	-	-	-
Always	43	27.6	5.5	(16.7, 38.4)
Very often	32	18.2	4.0	(10.4, 26.0)
Sometimes	56	33.5	5.6	(22.4, 44.5)
Rarely	38	16.4	3.6	(9.3, 23.4)
Never	14	4.4†	1.4†	(1.8, 7.1)†

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Notably, 79.3% of caseworkers reported that their supervisor helps them plan for interactions with difficult clients or for potentially threatening situations “always,” “very often,” or “sometimes.” These findings represent the potential protective factor of supervision for caseworkers in public child welfare agencies facing issues of physical safety.

Work-Life Balance

Work-life balance, including boundaries between work and nonwork time, may be an essential element of work-life harmony among individuals in the workforce (Office of the Surgeon General, 2022). Caseworkers were surveyed about the extent to which their job interferes with their family life. More than one out of four (25.9%) caseworkers indicated that their job interferes with their family life to a “great extent.” Approximately 26.2% reported that their job interferes with their family life to a “moderate extent” and 31.5% to a “slight extent” (Table 7).

Table 7. Work-Life Balance Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
How often does your job interfere with your family life?	178	-	-	-
Not at all	12	5.5 [†]	1.9 [†]	(1.8, 9.3) [†]
Slight extent	44	31.5	5.3	(21.1, 41.9)
Moderate extent	44	26.2	5.3	(15.8, 36.6)
Great extent	50	25.9	4.9	(16.2, 35.5)
Very great extent	28	10.9 [†]	2.9 [†]	(5.1, 16.7) [†]

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Caseworker Perceptions of Supervisory Supports

Caseworker Satisfaction with Supervisor Support

Supervisor support may play an important role in caseworker experience within the CWS (de Guzman et al., 2020; Rathi & Lee, 2017).

A modified version of the Supervision Support Subscale from the Comprehensive Organizational Health Assessment (COHA) was used in the caseworker survey. The COHA Supervision Support Subscale was developed to capture frontline professionals’ perceptions of their supervisors’ support (Potter et al., 2016). The subscale consists of six items, and higher mean scores indicate higher levels of perceived supervisory support by frontline staff. Both the overall supervision support mean score (4.3) and sum score (25.9) were high among caseworkers, indicating high levels of perceived supervisor support (Table 8).

Table 8. Satisfaction With Supervision Support Among Caseworkers

Characteristic	N	Weighted Mean	SE	95% CI	Range	Median
Satisfaction with supervisor (COHA) mean score ¹	182	4.3	0.1	(4.2, 4.4)	(1.0–5.0)	4.5
Satisfaction with supervisor (COHA) score sum	182	25.9	0.4	(25.2, 26.6)	(6.0–30.0)	27.1

COHA: Comprehensive Organizational Health Assessment.

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

¹ A modified version of the COHA Supervision Support Subscale measured levels of satisfaction with supervisor support among caseworkers. The COHA Supervision Support Subscale was developed to capture frontline professionals’ perceptions of their supervisors’ support (Potter et al., 2016). The six-item subscale is measured with a five-point Likert scale, with higher mean scores indicating higher levels of perceived supervisory support by frontline staff.

Quality of Supervisor Relationship

The Leader–Member Exchange seven-item questionnaire (LMX-7) is based on the Leader–Member Exchange (LMX) theory and aims to measure the quality of working relationships between leaders (e.g., manager, supervisor) and members or subordinates (Graen & Uhl-Bien, 1995). The LMX theory examines how the quality of superior–subordinate relationships affect individual, interpersonal, and organizational factors. Items adapted from the LMX-7 (Graen & Uhl-Bien, 1995) are used to provide score categories to examine the quality of the relationship between the caseworker and supervisor in this sample.

Findings showed that 77.8% of caseworkers had either a “high” (32.9%) or “very high” (44.9%) LMX-7 total score, indicating a high proportion of caseworkers reporting high-quality superior–subordinate relationships with their supervisors in the CWS ([Table 9](#)).

Table 9. Leader–Member Exchange-7 (LMX-7) Scores Among Caseworkers

Characteristic	N	Weighted % /mean	SE	95% CI
Total	183	100.0	-	-
LMX-7 total score¹	183	-	-	-
Very low (7–14)	~	~	~	~
Low (15–19)	19	5.5†	1.4†	(2.6, 8.3)†
Moderate (20–24)	32	15.6†	4.4†	(7.0, 24.3)†
High (25–29)	47	32.9	5.6	(21.8, 43.9)
Very high (30–35)	83	44.9	5.6	(33.8, 55.9)
Mean LMX-7 total score	183	28.6	0.5	(27.8, 29.5)

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

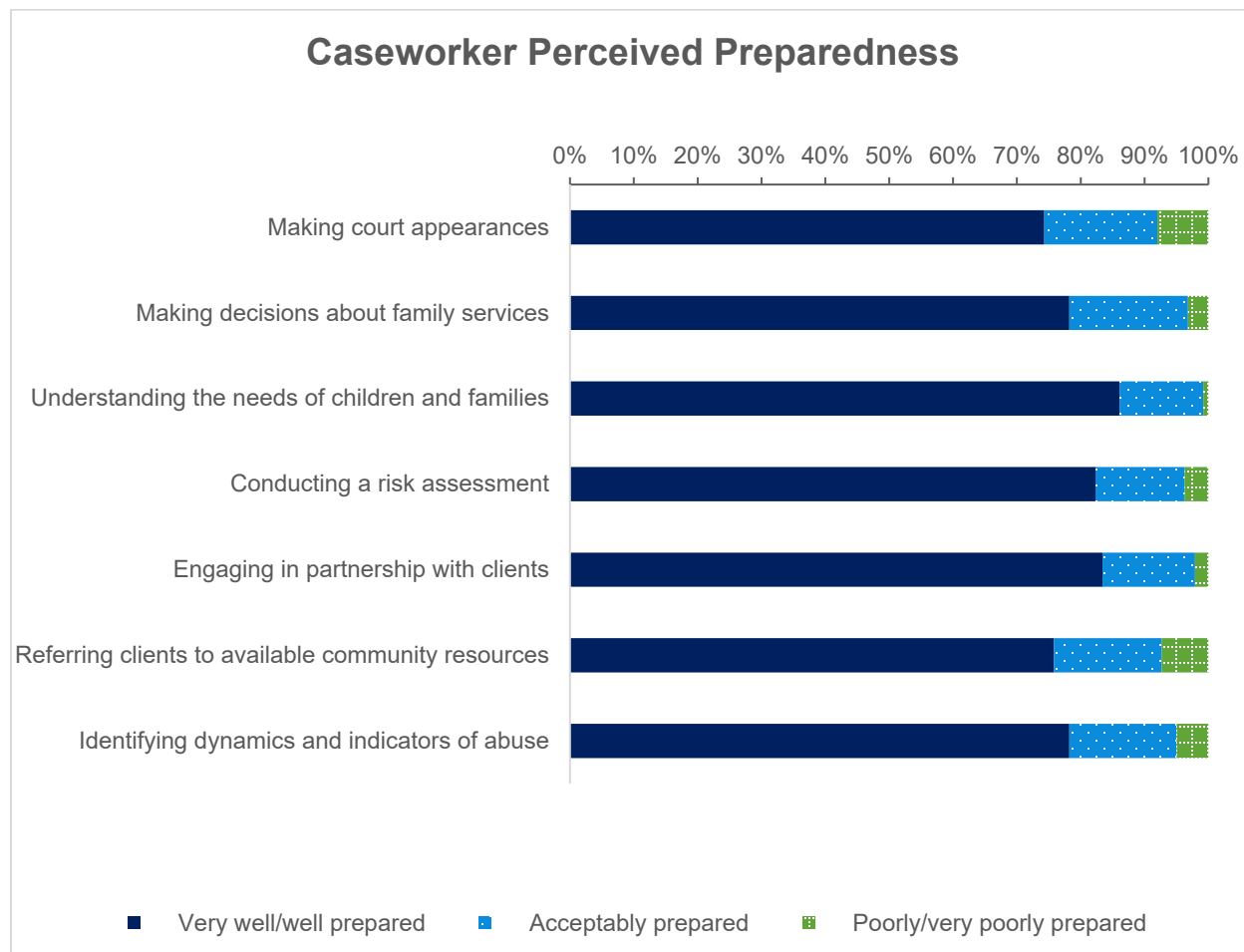
¹ The LMX-7 is a seven-item questionnaire that aims to measure the quality of working relationships between leaders and followers. Items adapted from the LMX-7 (Graen & Uhl-Bien, 1995) are used to provide score categories to examine the quality of relationship between the caseworkers and supervisors in this sample. Higher LMX-7 scores represent higher relationship quality among leaders and members (e.g., supervisors and caseworkers).

Professional Training, Preparedness, and Opportunities for Caseworker Growth

Caseworker Perceived Preparedness

Caseworkers were asked to rate their perceived preparedness (e.g., feeling equipped in job-specific knowledge, skills, and sense of self-efficacy; Potter et al., 2016) across several aspects of their work (e.g., court appearances, understanding the needs of families). There was variation in perceived preparedness across all aspects of their work, such as decisions about family services, identifying dynamics, and indicators of abuse. Notably, very few caseworkers (from 2% to 11%) reported feeling “very poorly prepared” or “poorly prepared” to conduct any of the aspects of their work assessed in the survey (refer to [Figure 1](#) for a visual representation of the data). Please refer to Exhibit 1 in the appendix for a detailed table of the data represented in [Figure 1](#).

Figure 1. Caseworker Perceived Preparedness



Caseworkers Perceived Efficacy and Mastery of Work

Caseworker perceived efficacy and mastery of work was assessed using the Mastery of Work section of the Nordic General Questionnaire for Psychological and Social Factors at Work (QPS Nordic; Lindström et al., 2000). The QPS Nordic was developed to assess psychological, social, and organizational conditions in the workplace and has been validated for use in Nordic countries (Lindström et al., 2000). The caseworker survey included questions from the Mastery of Work section of the QPS Nordic, which consists of the perception of mastery subscale (consisting of four items) and two single items. The questions in the perception of mastery subscale focus on individual-level variables related to job satisfaction and proficiency, including contentment with the outcomes of the respondent’s work efforts and their satisfaction with maintaining good relationships with coworkers (Ljoså et al., 2013). The single items ask respondents to report if (1) they are able to immediately assess whether they have done their work well, and (2) whether they receive information on the quality of work they do (Lindström et al., 2000). A higher mean score for the perception of mastery subscale indicates that

caseworkers perceive a high degree of mastery at work, whereas low scores in the QPS Nordic correlate highly with distress symptoms (e.g., sleep difficulties, anxiety).

The perception of mastery subscale mean score and the two single-item mean scores from this section indicate high perceived efficacy and mastery of work among caseworkers (Table 10; Lindström et al., 2000).

Table 10. Perception of Mastery of Work Among Caseworkers From the Nordic General Questionnaire for Psychological and Social Factors at Work (QPS Nordic)

QPS Nordic Item	N	Weighted Mean	SE	95% CI	Range	Median
Mean QPS Nordic Perception of Mastery Subscale¹ for psychological/social factors at work	183	3.9	0.1	(3.8, 4.0)	(1.5–5.0)	3.9
Single items	-	-	-	-	-	-
I can immediately assess whether I did my work well	183	3.8	0.1	(3.7, 4.0)	(1.0–5.0)	3.4
I receive information about the quality of the work I do	183	3.7	0.1	(3.5, 3.9)	(1.0–5.0)	3.2

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

¹ The Mastery of Work section of the QPS Nordic (Lindström et al., 2000) measures perceived efficacy and mastery of work among individuals. The caseworker survey included questions from the Mastery of Work section of the QPS Nordic, which consists of the perception of mastery subscale (consisting of four items) and two single items. Each item consists of a Likert scale with values from 1 (never) to 5 (always).

Some authors report single-item findings from the QPS Nordic (Lindström et al., 2000). In response to single QPS Nordic items in this study, the majority of caseworkers reported being able to immediately assess whether they did their work well “very often” (45.3%) or “always” (20.6%). Further, 34.4 % of caseworkers indicated that they receive information about the quality of work they do “sometimes,” 36.1% “very often,” and 21.1% “always” (Table 11).

Table 11. Perception of Mastery of Work Single Items Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
I can immediately assess whether I did my work well	183	-	-	-
Never	~	~	~	~
Rarely	~	~	~	~
Sometimes	50	30.2	5.4	(19.6, 40.8)
Very often	86	45.3	5.7	(34.1, 56.6)
Always	41	20.6	4.2	(12.4, 28.8)
I receive information about the quality of the work I do	183	-	-	-
Never	~	~	~	~
Rarely	17	7.8†	2.6†	(2.8, 12.9)†
Sometimes	58	34.4	5.7	(23.2, 45.5)
Very often	75	36.1	5.1	(26.1, 46.1)
Always	30	21.1	5.2	(10.8, 31.5)

Note: Information in this exhibit is based on caseworker self-report. The Mastery of Work section of the Nordic General Questionnaire for Psychological and Social Factors at Work (QPS Nordic; Lindström et al., 2000) measures perceived efficacy and mastery of work among individuals. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Pathways for Career Advancement

Most caseworkers (79.7%) reported that their supervisor provided them with support in obtaining a promotion or progressing to the next job level. However, 38.8% of caseworkers reported being satisfied to a “moderate extent” and 19.9% to a “slight extent” with their chances for advancement in their position. More than half (61.7%) of caseworkers indicated that they believe “not at all” or to a “slight extent” that opportunities for advancement in their position are much higher compared to those in other positions, with 32.9% of caseworkers believing “not at all” and 28.8% believing to a “slight extent” (Table 12).

Table 12. Pathways for Career Advancement

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Does supervisor provide support in obtaining a promotion or progressing to the next job level	183	-	-	-
Yes	131	79.7	3.9	(72.1, 87.4)
No	52	20.3	3.9	(12.6, 27.9)
Opportunities for advancement in my position are much higher compared to those in other positions	168	-	-	-
Not at all	59	32.9	5.3	(22.4, 43.4)
Slight extent	50	28.8	5.0	(19.0, 38.6)
Moderate extent	48	24.9	4.5	(15.9, 33.8)
Great extent	9	10.0†	4.8†	(0.4, 19.5)†
Very great extent	~	~	~	~
How satisfied are you with the chances for advancement	177	-	-	-
Not at all	29	16.9†	4.4†	(8.3, 25.5)†
Slight extent	46	19.9	3.8	(12.5, 27.3)
Moderate extent	67	38.8	5.4	(28.1, 49.4)
Great extent	24	14.7†	3.9†	(7.1, 22.3)†
Very great extent	11	9.8†	4.7†	(0.6, 19.0)†

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Opportunities for Professional Development and Mentorship

Roughly 82.5% of caseworkers reported that their agency offers professional development opportunities. Among those reporting their agency offers professional development activities, the majority (87.2%) reported that their agency typically funds all or part of their professional development through reimbursement or paid time off to attend. Of the professional development opportunities offered at their agency, 81.4% of caseworkers indicated their agency provides webinars and/or workshops, 62.0% reported continuing education courses, and 49.7% of caseworkers reported attendance at agency-based conferences (Table 13). Professional development and training opportunities will be explored in greater detail in the [Snapshot of the Child Welfare Workforce from 2021 to 2022: NSCAW III Workforce Onboarding, Training, and Professional Development](#) report.

Table 13. Opportunities for Professional Development

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Does agency offer professional developmental opportunities?	183	-	-	-
Yes	143	82.5	3.5	(75.7, 89.3)
No	40	17.5	3.5	(10.7, 24.3)
Does your agency typically fund all or part of your professional development, whether through reimbursement or paid time off to attend?	143	-	-	-
Yes	125	87.2	3.8	(79.7, 94.8)
No	18	12.8	3.2	(5.2, 20.3)
Professional developmental opportunities offered	-	-	-	-
Webinars and/or workshops	115	81.4	5.4	(70.8, 92.0)
Continuing education courses	86	62.0	6.3	(49.4, 74.5)
Attendance at agency-based conferences	66	49.7	6.6	(36.6, 62.9)
Tuition assistance or reimbursement for degree-related coursework	55	45.2	6.6	(32.1, 58.3)
Coaching	47	37.9	6.5	(25.1, 50.7)
Formal mentoring or shadowing programs	33	33.6	6.6	(20.6, 46.6)
Attendance at state conferences	44	29.5	6.2	(17.2, 41.8)
Attendance at regional conferences	22	14.4 [†]	4.2 [†]	(6.0, 22.7) [†]
Attendance at national conferences	15	9.0 [†]	3.2 [†]	(2.8, 15.3) [†]
Membership in professional organizations	6	6.3 [†]	3.1 [†]	(0.0, 12.5) [†]

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Caseworker Benefits, Compensation, and Recognition

Benefits and Access to Benefits

Caseworkers have access to a variety of different benefits within their agencies. All caseworkers indicated they have access to healthcare benefits and paid time off through their agencies. Nearly all caseworkers reported access to life or disability insurance, as well as a retirement plan or 401(k). The majority of caseworkers (70.0%) reported flexible hours or work location at the time of the survey. Note that caseworkers were surveyed between April 2021 and June 2022 after the COVID-19 pandemic had caused an overall shift in many workers' ability to work flexible hours and location, which may have influenced these results (Parker et al., 2020). Slightly more than half (50.9%) of caseworkers reported the option to join a union as a benefit offered, and 76.6% reported access to an Employee Assistance Program (Table 14).

Table 14. Access to Benefits Through Their Job Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Healthcare benefits	183	100.0	0.0	(100.0, 100.0)
Paid time off	183	100.0	0.0	(100.0, 100.0)
Retirement plan or 401(k)	183	99.5	0.4	(98.7, 100.0)
Life or disability insurance	183	98.3	0.8	(96.7, 100.0)
Employee Assistance Program	181	76.6	4.7	(67.3, 85.9)
Flexible hours or work location	181	70.0	4.8	(60.5, 79.4)
Option to join a union ¹	181	50.9	5.8	(39.5, 62.3)
Currently member of a union	114	64.5	6.5	(51.5, 77.5)
Childcare assistance	181	20.2†	5.5†	(9.3, 31.1)†
Subsidized commuting	181	12.1†	3.4†	(5.5, 18.7)†

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

¹ Caseworkers who answered “yes” to the survey question “Do you have the option to join a union?” were subsequently asked “Are you currently a member of a union?”

Salary and Salary Adequacy

Recently there has been an increased focus on the importance and impact of a living wage on employees’ well-being (Yao et al., 2017), including child welfare workers (Leung, 2018). A living wage is an estimate of the local hourly wage rate a full-time worker requires to cover the costs of their family’s basic needs. It often includes components such as the cost of food, healthcare, housing, internet, and childcare in the area where the person lives (Werner & Lim, 2015). In this survey, caseworkers answered living wage–related questions about the level of difficulty they have with paying their household bills at the end of each month and if they have enough money at the end of each month to make ends meet. Approximately 11.8% of caseworkers reported having a “great deal of difficulty,” 9.4% “quite a bit of difficulty,” 23.9% “some difficulty,” and 31.1% “a little difficulty” paying their household’s bills each month (Table 15). Among all caseworkers, 23.8% indicated that they have “no difficulty” paying their household bills each month. Furthermore, 6.1% of caseworkers reported that, at the end of each month, they end up with “not enough [money] to make ends meet,” 15.1% of caseworkers reported having “almost enough to make ends meet,” and 35.7% “just enough to make ends meet.”

Table 15. Salary and Salary Adequacy Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Difficulty to pay your households bills each month	183	-	-	-
Great deal of difficulty	19	11.8 [†]	4.2 [†]	(3.5, 20.1) [†]
Quite a bit of difficulty	21	9.4 [†]	2.9 [†]	(3.8, 15.1) [†]
Some difficulty	46	23.9	4.3	(15.4, 32.3)
A little difficulty	59	31.1	5.2	(20.9, 41.2)
No difficulty	38	23.8	5.4	(13.2, 34.5)
At the end of each month do you end up with...	182	-	-	-
Not enough to make ends meet	16	6.1 [†]	2.1 [†]	(1.9, 10.3) [†]
Almost enough to make ends meet	21	15.1 [†]	4.6 [†]	(6.1, 24.2) [†]
Just enough to make ends meet	74	35.7	5.1	(25.6, 45.7)
Some money left over	64	37.4	5.5	(26.5, 48.3)
More than enough money left over	7	5.7 [†]	4.2 [†]	(0.0, 13.9) [†]
Annual salary from this job	183	-	-	-
Less than \$32,000	9	3.4 [†]	1.4 [†]	(0.7, 6.1) [†]
\$32,000 to \$45,999	63	50.8	5.7	(39.6, 62.0)
\$46,000 to \$67,999	76	29.8	5.1	(19.7, 39.9)
More than \$67,999	35	16.0 [†]	4.0 [†]	(8.1, 24.0) [†]

Note: All analyses were on weighted NSCAW workforce data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Culture of Recognition and Rewards

When asked the extent to which they believe their agency rewards experience, dedication, and hard work, more than one in four caseworkers endorsed either “not at all” (25.1%) or “a slight extent” (25.8%). Caseworkers were also asked how satisfied they are with the recognition they get for doing a good job. Approximately 36.6% of caseworkers reported that they are satisfied to a “moderate extent,” and 23.3% reported they were satisfied with recognition for doing a good job only to a “slight extent” (Table 16).

Table 16. Recognition and Rewards

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Agency rewards experience, dedication, and hard work	174	-	-	-
Not at all	45	25.1	4.9	(15.5, 34.7)
Slight extent	51	25.8	4.7	(16.5, 35.1)
Moderate extent	50	30.3	5.5	(19.4, 41.2)
Great extent	18	14.3†	4.0†	(6.5, 22.2)†
Very great extent	10	4.5†	2.0†	(0.5, 8.4)†
How satisfied are you with the recognition you get for doing a good job?	169	-	-	-
Not at all	35	17.5†	4.4†	(8.8, 26.3)†
Slight extent	49	23.3	4.3	(14.8, 31.8)
Moderate extent	61	36.6	5.3	(26.1, 47.2)
Great extent	19	15.3†	4.3†	(6.8, 23.8)†
Very great extent	~	~	~	~

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

Caseworker Job Commitment and Career Plans

Job Commitment and Career Plans

The majority of caseworkers (60.5%) reported that they are “very likely” to be working at their current agency 1 year from now. Approximately 31.1% of caseworkers reported that they are “somewhat likely” to be working at this agency 1 year from now. The caseworkers who endorsed that they are “not likely” or only “somewhat likely” to be working at their agency in 1 year were then asked a follow-up question about what they envision doing if they were to leave their current agency. Of these caseworkers, 50.4% reported that they envision themselves “continuing a career in social work,” 33.8% envision pursuing a different career, and 15.8% envision retiring or doing something else in 1 year ([Table 17](#)).

Table 17. Job Commitment and Future Plans Among Caseworkers

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
How likely is it that you will still be working at this agency a year from now?	183	-	-	-
Very Likely	107	60.5	5.5	(49.6, 71.4)
Somewhat Likely	57	31.1	5.4	(20.5, 41.7)
Not Likely	19	8.4 [†]	2.6 [†]	(3.3, 13.4) [†]
Future plan if were to leave?¹	76	-	-	-
Continuing career in social work	38	50.4	9.0	(32.6, 68.3)
Moving on to a different career	27	33.8 [†]	8.6 [†]	(16.7, 51.0) [†]
Retiring / Something else	11	15.8 [†]	6.0 [†]	(3.8, 27.8) [†]

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories.

[†] Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.

¹ Caseworkers who responded, “somewhat likely” or “not likely” to “How likely is it that you will still be working at this agency a year from now?” were subsequently asked “If you were to leave this agency do you envision continuing a career in social work, moving on to a different career, retiring, or something else?”

Considerations for Next Steps







Overall, study findings highlight the challenges to well-being faced by caseworkers at the national level. Findings also highlight caseworkers’ commitment to a career that serves children and families. The findings from this report help to better understand caseworkers’ experience in the CWS and have the potential to inform future efforts that focus on fostering CWS caseworkers’ health and well-being.

Building on these nationally representative findings of child welfare caseworkers’ experiences in this report, future studies could consider using existing frameworks to guide research on casework experiences and factors that may influence their health and well-being. For example, the U.S. Surgeon General released a report in 2022, the *Workplace Mental Health and Well-Being* framework, that outlined five essential components for addressing mental health and well-being in the workplace. The five essential components include: (1) protection from harm; (2) connection and community; (3) work-life harmony; (4) mattering at work; and (5) opportunity for growth. Each of the five essential components of this framework is grounded in two human needs and is centered around the voices of all workers. The framework “is intended to spark organizational dialogue and change in the workplace. It may also catalyze areas for further research, strategic investment, and broader policy advancement” (Office of the Surgeon General, 2022, p. 9). Please refer to the Surgeon General’s Framework for [Workplace Mental Health and Well-Being](#) for in-depth information.

References

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th, text revision ed.). Author. <https://doi.org/10.1002/9780470479216.corpsy0271>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52*(1), 63-70. <https://doi.org/10.1093/sw/52.1.63>
- Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*(1), 27-35. <https://doi.org/10.1177/1049731503254106>
- Centers for Disease Control and Prevention. (2022). *Suppression of rates and counts*. Centers for Disease Control and Prevention. <https://www.cdc.gov/united-states-cancer-statistics/technical-notes/suppression.html>
- Centers for Medicare & Medicaid Services. (2020). *CMS Cell Suppression Policy*. Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. <https://resdac.org/articles/cms-cell-size-suppression-policy>
- de Guzman, A., Carver-Roberts, T., Leake, R., & Rienks, S. (2020). Retention of child welfare workers: staying strategies and supports. *Journal of Public Child Welfare, 14*(1), 60-79. <https://doi.org/10.1080/15548732.2019.1683121>
- DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review, 30*(9), 995-1008. <https://doi.org/10.1016/j.childyouth.2007.12.017>
- Edwards, F., & Wildeman, C. (2018). Characteristics of the front-line child welfare workforce. *Children and Youth Services Review, 89*, 13-26. <https://doi.org/10.1016/j.childyouth.2018.04.013>
- Gomez, R. J., Travis, D. J., Ayers-Lopez, S., & Schwab, A. J. (2010). In search of innovation: A national qualitative analysis of child welfare recruitment and retention efforts. *Children and Youth Services Review, 32*(5), 664-671. <https://doi.org/10.1016/j.childyouth.2010.01.001>
- Graen, G. B., & Uhl-Bien, M. (1995). Relationship-based approach to leadership: Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *The Leadership Quarterly, 6*(2), 219-247. [https://doi.org/10.1016/1048-9843\(95\)90036-5](https://doi.org/10.1016/1048-9843(95)90036-5)
- Griffiths, A., Harper, W., Desrosiers, P., Murphy, A., & Royse, D. (2019). "The stress is indescribable": self-reported health implications from child welfare supervisors. *The Clinical Supervisor, 38*(2), 183-201. <https://doi.org/10.1080/07325223.2019.1643433>
- He, A. S., Cederbaum, J. A., & Leake, R. (2023). Transformative lessons learned from COVID-19 to reimagine child welfare work. *Journal of Public Child Welfare, 17*(4), 747-768. <https://doi.org/10.1080/15548732.2022.2101175>

- Hunt, S., Goddard, C., Cooper, J., Littlechild, B., & Wild, J. (2016). 'If I feel like this, how does the child feel?' Child protection workers, supervision, management and organisational responses to parental violence. *Journal of Social Work Practice, 30*(1), 5-24.
<https://doi.org/10.1080/02650533.2015.1073145>
- Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S. L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60*(2), 184-189. <https://doi.org/10.1001/archpsyc.60.2.184>
- Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U.S. child welfare workers. *Children and Youth Services Review, 47*(3), 214-223.
<https://doi.org/10.1016/j.childyouth.2014.09.015>
- Klein, R. J., Proctor, S. E., Boudreault, M. A., & Turczyn, K. M. (2002). Healthy People 2010 criteria for data suppression. *Statistical Notes, 24*, 1-12.
- Leake, R., Rienks, S., & Obermann, A. (2017). A deeper look at burnout in the child welfare workforce. *Human Service Organizations: Management, Leadership & Governance, 41*(5), 1-11. <https://doi.org/10.1080/23303131.2017.1340385>
- Leung, P. (2018). *2018 DFPS salary and compensation analysis: final compensation analysis report*. Texas Department of Family and Protective Services and the University of Houston.
- Lindström, K., Elo, A.-L., Skogstad, A., Dallner, M., Gamberale, F., Hottinen, V., Knardahl, S., & Ørhede, E. (2000). *User's guide for the QPSNordic. General Nordic questionnaire for the psychological and social factors at work*. Nordic Council of Ministers.
<https://nfa.elsevierpure.com/en/publications/users-guide-for-the-qpsnordic-general-nordic-questionnaire-for-th>
- Lizano, E. L., He, A. S., & Leake, R. (2021). Caring for our child welfare workforce: a holistic framework of worker well-being. *Human Service Organizations: Management, Leadership & Governance, 45*(4), 281-292.
<https://doi.org/10.1080/23303131.2021.1932658>
- Ljoså, C. H., Tyssen, R., & Lau, B. (2013). Perceived mastery of work among shift workers in the Norwegian offshore petroleum industry. *Industrial Health, 51*(2), 145-153.
<https://doi.org/10.2486/indhealth.2012-0086>
- Lohr, S. L. (2010). *Sampling: Design and Analysis* (2nd ed.). Brooks/Cole.
- Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19. *Children and Youth Services Review, 119*, 105508.
<https://doi.org/10.1016/j.childyouth.2020.105508>
- Office of the Surgeon General. (2022). *The U.S. Surgeon General's framework for workplace mental health & well-being*. <https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html>

- Parker, K., Horowitz, J. M., & Minkin, R. (2020). *How the coronavirus outbreak has – and hasn't – changed the way Americans work*. Pew Research Center.
<https://www.pewresearch.org/social-trends/2020/12/09/how-the-coronavirus-outbreak-has-and-hasnt-changed-the-way-americans-work/> 
- Potter, C. C., Leake, R., Longworth-Reed, L., Altschul, I., & Rienks, S. (2016). Measuring organizational health in child welfare agencies. *Children and Youth Services Review, 61*, 31-39. <https://doi.org/10.1016/j.childyouth.2015.11.002> 
- Radey, M., & Wilke, D. J. (2021). Client-perpetrated violence among frontline child welfare workers. *Journal of Interpersonal Violence, 36*(11-12), NP6260-NP6280.
<https://doi.org/10.1177/0886260518812792> 
- Rathi, N., & Lee, K. (2017). Understanding the role of supervisor support in retaining employees and enhancing their satisfaction with life. *Personnel Review, 46*(8), 1605-1619.
<https://doi.org/10.1108/PR-11-2015-0287> 
- Tomitaka, S., Kawasaki, Y., Ide, K., Akutagawa, M., Ono, Y., & Furukawa, T. A. (2019). Distribution of psychological distress is stable in recent decades and follows an exponential pattern in the US population. *Scientific Reports, 9*(1), 11982.
<https://doi.org/10.1038/s41598-019-47322-1> 
- Werner, A., & Lim, M. (2015). The ethics of the living wage: a review and research agenda. *Journal of Business Ethics, 137*(3), 433-447.
<https://doi.org/10.1007/s10551-015-2562-z> 
- Yao, C., Parker, J., Arrowsmith, J., & Carr, S. C. (2017). The living wage as an income range for decent work and life. *Employee Relations, 39*(6), 875-887. <https://doi.org/10.1108/ER-03-2017-0071> 

Appendix—Detailed Data on Caseworker Perceived Preparedness

Exhibit 1. Caseworker Perceived Preparedness

Characteristic	N	Weighted %	SE	95% CI
Total	183	100.0	-	-
Making court appearances	180	-	-	-
Very well/well prepared	124	74.3	4.7	(65.0, 83.5)
Acceptably prepared	39	17.7	4.2	(9.3, 26.0)
Poorly/very poorly prepared	17	8.0†	2.4†	(3.2, 12.9)†
Making decisions about family services	182	-	-	-
Very well/well prepared	138	78.2	4.1	(70.1, 86.2)
Acceptably prepared	40	18.6	3.7	(11.4, 25.9)
Poorly/very poorly prepared	~	~	~	~
Understanding the needs of children and families	183	-	-	-
Very well/well prepared	151	86.0	3.1	(79.9, 92.1)
Acceptably prepared	29	13.1	3.0	(7.1, 19.1)
Poorly/very poorly prepared	~	~	~	~
Conducting a risk assessment	183	-	-	-
Very well/well prepared	140	82.3	3.4	(75.7, 89.0)
Acceptably prepared	32	14.0	3.1	(7.9, 20.1)
Poorly/very poorly prepared	11	3.7†	1.2†	(1.3, 6.1)†
Engaging in partnership with clients	183	-	-	-
Very well/well prepared	146	83.4	3.4	(76.7, 90.0)
Acceptably prepared	31	14.5	3.2	(8.2, 20.8)
Poorly/very poorly prepared	6	2.1†	1.0†	(0.2, 4.0)†
Referring clients to available community resources	183	-	-	-
Very well/well prepared	133	75.8	4.2	(67.4, 84.2)
Acceptably prepared	37	16.9	3.4	(10.1, 23.7)
Poorly/very poorly prepared	13	7.3†	2.7†	(1.9, 12.6)†
Working with resistant clients	183	-	-	-
Very well/well prepared	110	66.9	4.7	(57.6, 76.3)
Acceptably prepared	50	22.2	3.9	(14.5, 29.8)
Poorly/very poorly prepared	23	10.9†	2.9†	(5.1, 16.6)†
Identifying dynamics and indicators of abuse	182	-	-	-
Very well/well prepared	131	78.2	3.8	(70.7, 85.6)
Acceptably prepared	41	16.8	3.2	(10.5, 23.1)
Poorly/very poorly prepared	10	5.0†	2.1†	(0.9, 9.1)†

Note: Information in this exhibit is based on caseworker self-report. All analyses were on weighted NSCAW III workforce data; Ns are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported Ns vary slightly across analyses because of missing data in some variable categories. Cells are suppressed (~) based on cell count of 1–5 (Centers for Medicare & Medicaid Services, 2020). True zeros are indicated.

† Indicates unreliable estimate based on a relative standard error (RSE; Lohr, 2010) greater than or equal to 25% (Centers for Disease Control and Prevention, 2022; Klein et al., 2002). RSE is expressed as a percent of the estimate and is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate. Interpret data with caution.