

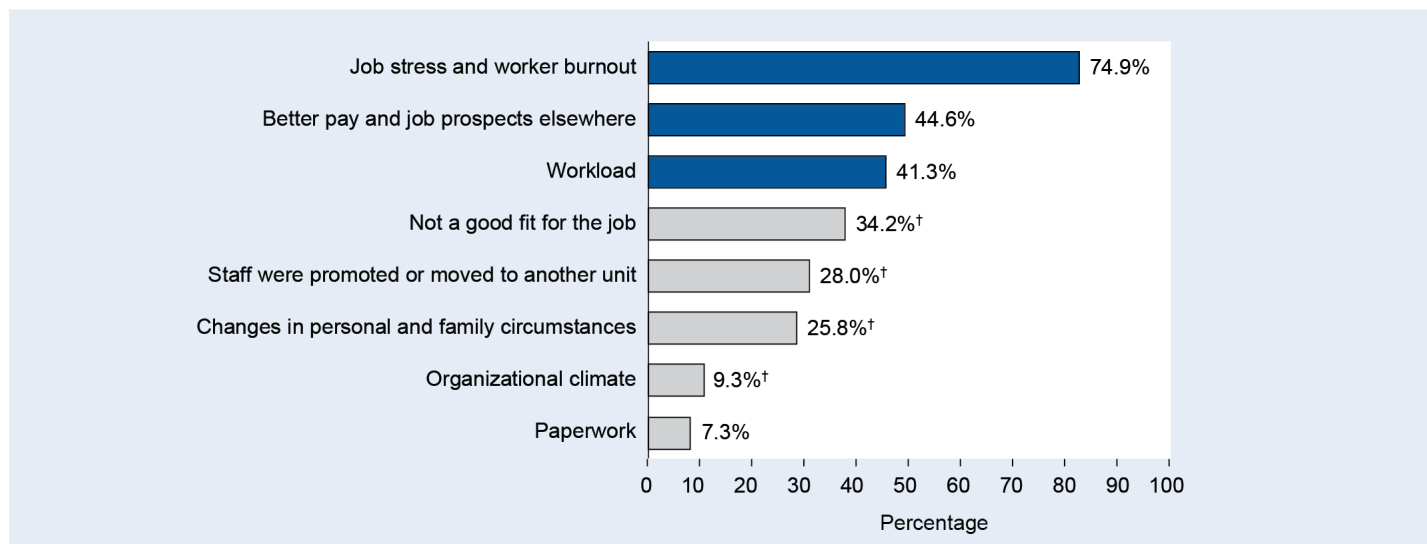
NSCAW III Workforce Study: Reasons for Child Welfare Caseworker Turnover from 2021 to 2022

Minimizing turnover among child welfare staff is critical for providing a greater level of stability that can strengthen relationships between the agency and families¹ and ultimately support better safety, permanency, and well-being outcomes for children and their families. However, building a stable workforce of skilled, engaged, and committed caseworkers is difficult for many child welfare organizations, as these agencies have significant annual turnover rates.²

Using data from the NSCAW III Child Welfare Workforce Study,³ this spotlight provides the first nationally representative data on turnover among child welfare caseworkers and the associated reasons for turnover.⁴ Notably, the data presented in this spotlight was collected during the period commonly referred to as the “great resignation,” where employees voluntarily resigned from their jobs at historically high rates beginning in early 2021.⁵ Due to the unprecedented nature of the turnover rates during this period, the findings presented here should be interpreted within this historical context.

Supervisors participating in the NSCAW III Child Welfare Workforce Study were asked about how turnover among the caseworkers they supervised varied over the past 2 years (which corresponded to the period of March 2019 through June 2022, depending upon the dates that supervisors responded to the survey). A majority of supervisors (53.3%)⁶ reported that caseworker turnover had increased, whereas 39.7%⁷ reported that turnover had been relatively stable.⁸ Historically, child welfare agencies were estimated to experience annual turnover rates between 20.0 and 40.0%.⁹ Supervisors who indicated that caseworker turnover increased were then asked to identify the top 3 reasons (from a list of 16 potential reasons) why staff from their units had left in the past 2 years (**Figure 1**). Among the various reasons for turnover, job stress and worker burnout were the most frequently selected responses by supervisors (74.9%), followed by better pay and job prospects elsewhere, then workload (44.6% and 41.3%, respectively).

Figure 1. Top 3 Reasons Why Staff Left in the Past 2 Years, as Reported by Supervisors (n = 59)



Note: Information in this figure is based on analyses using weighted NSCAW III workforce data. Data collection with supervisors began in March 2021 and concluded in June 2022. Respondents were asked, “What are the top three reasons staff from this unit have left in the past 2 years?” Respondents were asked to select from 16 response options. The values for 8 response options were suppressed based on a cell count of 1 to 5 and are not represented in the figure: “Agency downsizing/staff layoffs,” “Availability and/or quality of training and job support,” “Availability of resources and services to support clients,” “Interpersonal conflict,” “No promotion opportunities,” “Staff retired,” “Staff were terminated/fired,” and “Other.”

† Indicates unreliable estimate based on a relative standard error (RSE)¹⁰ greater than or equal to 25.¹¹ RSE is defined as 100 times the estimated standard error of the point estimate, divided by the point estimate.

Notes

- ¹ Casey Family Programs. (2023). *Healthy organizations, issue brief: How does turnover in the child welfare workforce impact children and families?* Casey Families Programs. <https://www.casey.org/turnover-costs-and-retention-strategies/>.
- ² 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>; Casey Family Programs. (2017). *Healthy organizations, information packet: How does turnover affect outcomes and what can be done to address retention?* Casey Family Programs. https://www.casey.org/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf.
- ³ Additional information on the methods and associated data can be found in the first report in this series: *Snapshot of the Child Welfare Workforce from 2021 to 2022: NSCAW III Workforce Study Design, Data Collection, and Sample Characteristics*.
- ⁴ Note: All analyses were on weighted NSCAW III child welfare workforce data.
- ⁵ Gittleman, M. (2022). The “Great Resignation” in perspective. *Monthly Labor Review*. <https://doi.org/10.21916/mlr.2022.20>.
- ⁶ $N = 59$; $SE = 6.4$; $CI = 40.6-66.0$.
- ⁷ $N = 61$; $SE = 6.2$; $CI = 27.4-52.0$.
- ⁸ The average level of agreement among child welfare agencies with one or more supervisors responding ($n = 36$) was 69.3%.
- ⁹ A report from Casey Family Programs notes that turnover rates during the 15 years prior to the COVID 19 pandemic were an estimated 20.0–40.0%, and a Children’s Bureau report stated that the average overall turnover rate for caseworkers in public child welfare was 36.0% a half century ago. These findings might suggest that a “stable” turnover rate for the child welfare field is 20.0–40.0%, but those numbers should be considered in light of the associated samples and the corresponding time periods. Casey Family Programs. (2023). *Healthy organizations, issue brief: How does turnover in the child welfare workforce impact children and families?* Casey Families Programs. <https://www.casey.org/turnover-costs-and-retention-strategies/>; Tollen, W. B. (1960). *Study of staff losses in child welfare and family service agencies*. (No. 383). U.S. Dept. of Health, Education, and Welfare, Social Security Administration, Children's Bureau. <https://archive.org/search.php?query=external-identifier%3A%22urn%3Aoclc%3Arecord%3A1158003471%22>.
- ¹⁰ Parseh, M., & Asplund, F. (2022). New needs to consider during accident analysis: Implications of autonomous vehicles with collision reconfiguration systems. *Accident Analysis & Prevention*, 173, 106704.
- ¹¹ 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>; 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.

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