



ISSUE BRIEF

# SAFE STRONG SUPPORTIVE

May 2026

## What do we know about wellness in child welfare organizations?

"Burned out leaders cannot provide staff the support that they themselves are lacking. The stress experienced by leaders ripples down the hierarchy, affecting frontline workers and ultimately, children and families."

— David Sanders, Executive Vice President, Systems Improvement, Casey Family Programs

Wellness is increasingly recognized as a critical driver in workforce effectiveness, particularly in high-pressure, highly scrutinized public service systems like child welfare. Decisions made by agency leaders and frontline workers have profound and lasting consequences for children and families. When workforce wellness is neglected, professional judgment, compassion, morale, and stability can suffer, negatively impacting organizational culture and the children and families served.

Child protection agency leaders are tasked with addressing the well-being of children and families, yet often lack the support essential to sustain their own. Often overlooked, wellness among leadership is not a luxury; it is essential. When leaders are supported in nurturing their own well-being, they are better positioned to foster a wellness-centered work culture for staff where practices and policies align with the needs of the children and families they serve.

This brief was created in response to an urgent call from child welfare and human service executives seeking resources, peer connections, and a safe space to ask for help and strengthen wellness. From 2021 to 2025, leaders from across the country participated in a wellness collective initiative designed to bolster leadership development, peer mentorship, and prioritize personal wellness. Informed by leaders' experiences, this brief highlights the beneficial impacts of leadership and overall staff wellness on child welfare organizational stability, and their role in improving outcomes for children and families.<sup>1</sup> For strategies on supporting organizational wellness, see the companion brief: [How can leaders center workforce wellness in child protection agencies?](#)

## Why wellness matters

"The culture is to constantly be on, on, on, and to never slow down. Sometimes we are programmed to not stop and rest, so these jobs will burn you out and wear you down. If you want to stay in the fight, you must be intentionally thoughtful and deliberate in taking care of yourself."

— Aryka Radke, Deputy Commissioner, Vermont Department for Children and Families

Wellness is an ongoing, holistic journey of recognizing and making decisions that promote health, balance, and life satisfaction. More than the absence of physical illness, wellness is a [multi-dimensional](#) and interconnected concept, encompassing one's physical, emotional, spiritual, mental, social, and environmental well-being. Although wellness strategies and outcomes are largely individualized, external life domains also play a significant role. Workplace culture and organizational structure are factors in influencing and sustaining individual wellness.

Workplace wellness practices contribute to employees' health, job satisfaction, performance, and perception of organizational support, ultimately benefiting organizational outcomes.<sup>3</sup> Organizational factors in a child protection agency — such as supervisory support, manageable workloads, clarity of roles, access to training, psychological safety, and consistency in decision-making — all are central to creating a workplace environment that supports employee wellness.

### Navigating occupational challenges

Chronic stress contributes to well-documented occupational challenges, including burnout, compassion fatigue, moral distress, secondary trauma, and vicarious trauma — all conditions strongly associated with turnover among child welfare professionals.<sup>4</sup>

Burnout in child welfare is high,<sup>5</sup> including for child protection agency leaders. Most research related to these issues focuses on caseworkers and supervisors, and far less attention is given to the experiences of agency executives.

Although agency leaders may feel confident in their professional ability to perform their role, ongoing demands of navigating public scrutiny, bureaucratic roadblocks and the range of child and family needs, all while managing chronic staff and resource shortages, can lead to significant frustration and energy depletion.

"As a child welfare leader, you come to realize that you are in service to children who are hurting," said Aprille Flint-Gerner, Oregon's former child welfare director. "It's a part of the job. But it's also traumatizing for a leader who is constantly publicly criticized, crucified, and blamed for a system you didn't break and still expected to show up as hopeful. That pressure is absolutely damaging."

### Occupational challenges in child welfare<sup>2</sup>

**Burnout.** Physical and/or mental depletion due to exposure to workplace stresses, such as high workload, frustration with red tape, time pressures, and insufficient resources.

**Compassion fatigue.** The emotional, mental, and physical exhaustion experienced when repeatedly exposed to clients' pain and suffering, causing a diminished ability to empathize or care.

**Moral distress.** The psychological and emotional discomfort professionals experience when they know the ethically appropriate course of action but are unable to act due to personal or organizational constraints. This can complicate decision-making and limit one's ability to act in the best interest of families.

**Secondary trauma.** Repeated or extreme exposure to and knowledge about clients' traumatic experiences can lead to secondary post-traumatic stress disorder. Symptoms and behavior develop over time and may cause impairment.

**Vicarious trauma.** A profound shift in one's core beliefs resulting from exposure to clients' graphic and/or traumatic experiences, ultimately changing how they view themselves, others, and the world around them.

## Social support

The old adage, “it’s lonely at the top,” may be especially true for child protection agency leaders, given the limited number of peers within their organization who share similar responsibilities and pressures. An important component of wellness for leaders is having trusted peers with whom they can openly discuss professional challenges and be reminded that they are not alone in the work.

As one leader suggested, wellness is about being in community with other people. Research indicates that supportive relationships with professional peers are positively associated with job satisfaction and intention to stay in the job.<sup>6</sup> Although professional associations offer affinity groups for leaders, annual conferences or convenings may be too infrequent to build meaningful peer relationship support, and representation varies by geography, race, and gender. As a result, many leaders may lack consistent opportunities to connect with peers who share similar experiences and perspectives.

## Representation and inclusion

Feelings of isolation can be further exacerbated for those who work in rural jurisdictions or come from marginalized groups. Although the child welfare workforce is predominately women, and more caseworkers identify as Black or African American, that gender and race representation decreases at the supervisor and director levels.<sup>7</sup> Research suggests that client experience and permanency outcomes improve when workers’ racial and ethnic identities reflect the populations they serve.<sup>8</sup> Having agency staff that reflect and include multiple backgrounds, identities, and experiences strengthens practices and informs policies to best serve children and families.

Child welfare leaders, especially those of color, may not see themselves reflected broadly in leadership spaces. Alger Studstill Jr., executive director of the Social Services Administration of the Maryland Department of Human Services, referenced the sparse representation of Black male executive and agency leaders in child welfare and how this reality shaped his perspective: “I knew it was possible to be a male leader in a predominately female-driven profession. But I didn’t realize what loneliness really felt like until I became an executive leader. I felt alone in the work and I began to question, ‘Are Black people really being successful in these roles?’”

“My team could see the stress I was under. But after engaging in a wellness collective, I started talking with the team about the need for a healthy work-life balance. This resonated with them, and their tension level went down once they realized they didn’t have to work harder to protect me from being overwhelmed. I told them I’m learning to prioritize my own wellness, and I want them to do the same.”

— Demetrius Starling, former Senior Deputy Director for Children's Services,  
Michigan Department of Health and Human Services

## Benefits and barriers

A study<sup>9</sup> of child welfare workers across 41 states found that, on average, child welfare workers engage in self-care “sometimes,” despite evidence of its ability to mitigate some stress and burnout. Engaging in self-care was even less prevalent among people of color. Other research confirms that wellness efforts are most effective when organizational leaders understand and value staff well-being.<sup>10</sup>

Achieving a strong, stable workforce is more complex than simply setting up a wellness room, promoting an Employee Assistance Program (EAP), or encouraging staff to “practice self-care.” It requires a sustained, organization-wide commitment to workforce wellness that addresses deep-seated barriers, such as limited time and capacity due to demanding workloads and shifting away from a “crisis-driven” culture. It also requires proactive measures, such as creating and funding systemic supports for staff at all levels, and leaders consistently modeling well-being behaviors.

Building an organizational wellness culture isn't a one-time initiative; it's an ongoing process of intentional change that must be carefully implemented, monitored, and refined over time. Below is a list of general benefits of and barriers to organizational wellness that may apply to child welfare organizations.

### Benefits of wellness<sup>11</sup>

- **Individual resilience.** Mindfulness practiced at the individual level can moderately reduce burnout.
- **Organizational support.** Perceived organizational support has a moderate impact on burnout, while also improving job satisfaction and organizational commitment.
- **Authentic leadership.** Leader wellness efforts can have a strong impact on workers' job satisfaction.
- **Supportive supervision.** Psychological safety and supervisor support have strong positive impact on worker morale and engagement.
- **Inclusive workplace culture.** Diverse and inclusive climates have strong positive impact on organizational commitment.
- **Improved staff retention.** Reductions in stress and exhaustion among child welfare professionals contribute to worker retention.

### Barriers to wellness

- **Capacity challenges.** Demanding workloads that leave little time or energy to manage personal wellness.
- **Resource limitations.** Insufficient funding and resources for mental health supports and other essentials for creating healthy work environments.
- **Burden of guilt.** Psychological barriers that prevent professionals from giving themselves "permission" to take the time to participate in a healthy diversion activity, either at work or after work.
- **Social isolation.** Limited opportunities for peer support, social connectedness, and inclusive workplace culture.
- **Lack of support.** A lack of organizational support, real or perceived, demonstrating the level of care an agency has for employee well-being.
- **Low psychological safety.** Employees feel hesitant or unsafe expressing their needs, raising concerns, and asking for help at work.

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<sup>1</sup> The content in this brief was informed by conversations with: Aryka Radke, Deputy Commissioner, Vermont Department for Children and Families, Agency of Human Services, on October 31, 2025; Kim Johnson, Secretary, California Health & Human Services Agency, on October 31, 2025; Alger Studstill Jr., Executive Director of Social Services Administration, Maryland Department of Human Services, on November 24, 2025; Demetrius Starling, former Senior Deputy Director for Children's Services, Michigan Department of Health and Human Services, on December 1, 2025; Kwesi Booker, Director of Children and Family Services, Hennepin County, Minnesota, on December 8, 2025; and DeShawn Harris, Assistant Commissioner for West Regional Operations, Tennessee Department of Children's Services, on December 9, 2025.

<sup>2</sup> Barbee, A., Purdy, L., & Cunningham, M. (2023). [Secondary traumatic stress: definitions, measures, predictors and interventions](#). Quality Improvement Center for Workforce Development; He, A.S., Lizano, E.L., & Stahlschmidt, M.J. (2021). [When doing the right thing feels wrong: Moral distress among child welfare caseworkers](#). Children and Youth Services Review, 122, 105914. Huggard, P., & Unit, G. (2013). [A systematic review of the measurement of compassion fatigue, vicarious trauma, and secondary traumatic stress in physicians](#). *Australasian Journal of Disaster and Trauma Studies*, 1, 2013-1.; Litam, S. D. A., Ausloos, C. D., & Harrichand, J. J. (2021). [Stress and resilience among professional counselors during the COVID-19 pandemic](#). *Journal of Counseling & Development*, 99(4), 384-395. Middleton, J. S., & Potter, C. C. (2015). [Relationship between vicarious traumatization and turnover among child welfare professionals](#). *Journal of Public Child Welfare*, 9(2), 195-216.

<sup>3</sup> Paul, M. (2020, May 20). [Umbrella summary: Perceived organizational support. What is perceived organizational support?](#). Quality Improvement Center for Workforce Development

<sup>4</sup> Barbee, A., Purdy, L., & Cunningham, M. (2023).

<sup>5</sup> 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>

<sup>6</sup> Lizano, E.L., He, A.S., Leake, R. (2021).

<sup>7</sup> Armstrong, J.M., McCarthy, M., Kluckman, M., Ringeisen, H., & Dolan, M. (2024). [Snapshot of the child welfare workforce from 2021 to 2022: NSCAW III Workforce Study Design, Data Collection, and Sample Characteristics](#). OPRE Report #2024-025. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>8</sup> Zeitlin, W., Lawrence, C. K., Armendariz, S., & Chontow, K. (2023). Predicting retention for a diverse and inclusive child welfare workforce. *Human service organizations: Management, leadership & governance*, 47(1), 9-27.

<sup>9</sup> Niu, C. (2019). [Examining the self-care practices of child welfare workers: A national perspective](#). *Children and Youth Services Review*. <https://doi.org/10.1016/J.CHILDYOUTH.2019.02.009>

<sup>10</sup> Miller, J.J., Donohue-Dioh, J., Niu, C., and Shalash, N. (2018) Exploring the self-care practices of child welfare workers: A research brief. *Children and Youth Services Review* 84: 137-142.

<sup>11</sup> The benefits and barriers were identified in the [Quality Improvement Center for Workforce Development Workforce Research Catalog](#), which is designed to help people explore scientific research about workforce issues in child welfare. See this resource for more information on the connections between the various predictors and workforce outcomes.

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