

**RESILIENCY IN CHILD WELFARE WORKERS THROUGH
THE COVID-19 PANDEMIC**

Honors Thesis

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Abstract

The purpose of this study is to understand the overall impact of the COVID-19 pandemic on child welfare workers. First a deep investigation into resiliency in social work, strategies for resiliency, and worker resiliency through the pandemic in general was done. Next, a section on child welfare workers explains the challenges they face along with research on resiliency in the field. Lastly a section on COVID-19 investigates the possible impacts of the pandemic on child welfare workers and globally to give context. This research has found that child welfare workers have felt burnt out, isolated, and negatively impacted by the COVID-19 pandemic.

Literature Review

Resiliency in Social Work

Social work is often described as a difficult career because of its emotionally taxing qualities. Managing client well-being, hearing about trauma, and managing personal emotions can be difficult on social workers in any field. Often, social workers are at risk of compassion fatigue, a term that describes possible “behavior and emotions experienced by those who help people who have experienced trauma” (Kapoulitsas & Corcoran, 2014, p. 86). Finding tools and strategies to support social workers in their challenging work is vital in the success and effectiveness of the profession.

Resiliency is discussed frequently in social work in the context of resilient clients or how to practice resiliency as a social worker. Resilience involves aspect of an individual’s biology, psychology, and social situation. It develops naturally as a response to adversity and all people have the potential to be resilient. In the social work profession, resiliency is developed through one’s career and personal life. Professional resilience is a common term in the human services fields referring to the process that allows workers to thrive in stressful work condition (Newell, 2019). In a longitudinal study of social work students, it was found that over the course of obtaining their degree they increased traits commonly associated with resilient personality. They also found that social work professionals had more or stronger personality traits associated with resiliency, showing that social workers got more resilient with time in the field. (de las Olas Palma-García & Hombrados-Mendieta, 2017)

Dorado Barbé, Pérez Viejo, Rodríguez-Brioso, & Gallardo-Peralta (2021) defined resilience as “an ecological process that involves multiple layers of systems which allows us to develop the capacity to cope with adversity and prevent nervous breakdown triggered by

stressors” (p. 281). Without resiliency social work would be an extremely difficult profession. Burn out is common in social work, and resilience can help prevent it. Burn out is “the experience of physical, emotional, and mental exhaustion that can arise from long-term involvement in occupational situations that are emotionally demanding” (McFadden, Campbell, & Taylor, 2014, p. 1547). Excessive stress or burnout have even been proven to lead to physical or psychological illness (McFadden et al., 2014). Having resiliency to prevent burn out is vital for social workers. Organizations like the National Association of Social Workers promote self-care, requiring that education programs accredited by them educate students on the importance and practice of professional self-care, directly integrated into student standards, policies, curriculums, and more (Newell, 2019).

Child Welfare

Child welfare is the practice of providing services to ensure safety for children and families as well as ensuring that families have the tools to care for their children. Child welfare agencies work to prevent child abuse and neglect, provide services to protect and care for children, investigate reports of abuse and neglect, find foster homes for children when necessary, support children in foster care, and assess family’s needs and strengths. (U.S. Department of Health and Human Services, 2018)

Child welfare work has many challenges as the content of the work is so serious. It is common for the profession to cause high levels of stress and burnout. This can result in high turnover rates in the field, meaning that people work as child welfare workers for a short time before changing careers. A knowledgeable and experienced workforce is necessary, as there are currently concerns around the number of inexperienced workers in the field, mostly because of demand as there are high levels of turn over (McFadden et al., 2014)

Challenges in Child Welfare Work

Child welfare workers experience burnout, and are especially susceptible due to extreme paperwork requirements, long hours, working conditions, lack of opportunity to advance in the field, and organizational issues. Trauma and vicarious traumatization are also concerns for child welfare workers. Researchers have found that the amount of trauma histories that child welfare workers bring to the job can lead to higher levels of trauma and vicarious trauma. It is important to note that many authors acknowledge that many professionals in “helping professions” join the field as a result of their trauma or experiences. It would be beneficial to find organizational tools that can help create resilience because of this motivation. This research will not investigate this topic, but it is a very important aspect of burnout in the field.

However, more and more researchers are finding child welfare workers who excel, despite the numerous factors in their work that could cause burn out. One study found that even in situations where negative indicators are present at the workplace, around 50-70 percent of child welfare workers do not present symptoms of burnout or dysfunction (Conrad & Kellar-Guenther, 2006). It is vital to find traits or skills associated with resiliency to reduce turnover and burnout in the field. This can create organizational change to strengthen child welfare agency’s ability to retain successful child welfare workers.

There has been research on what causes child welfare workers to be successful in their profession. Repeatedly, research has shown that supervisor and co-worker support can reduce or prevent burnout and turn over (McFadden et al., 2014). Good supervision provides support, education, and connection in an otherwise very challenging field. A comparative study of England, Sweden, and Australia found that lack of managerial support coupled with lack of peer support causes burnout to be increased (Healy, Meagher, & Cullin, 2009). Many social welfare

agencies, like the Department of Children and Families, have built organizational structures focused around supervision and dedicated time with superiors to help reduce burnout.

Social workers must also be motivated to remain in the field. One study of child welfare workers found that feeling committed to the agency, connection with a supervisor, and positive perception about job conditions increased retention (Weaver, Chang, Clark, & Rhee, 2007).

Education can also support child welfare workers in being successful. A large-scale study with 839 participants found that if a worker had attendant a funded social work education program increased retention could be predicted. Another study with 369 participants found that internship or work experience in the field increased retention (Rosenthal & Waters, 2006).

COVID-19 Pandemic

General

In March of 2020 the WHO characterized COVID-19 as a pandemic and most of the United States encouraged citizens to stay home unless they were an essential worker or shopping for essential needs (Katella, 2021). Hospitals quickly became overwhelmed, there were massive job losses, and schools closed (Katella, 2021). Almost half of physicians, advanced practice providers, residents/fellows, and nurses had symptoms of depressive disorder or acute stress directly related to the COVID-19 pandemic (Shechter, Diaz, Moise, Anstey, Ye, Agarwal, Birk, Brodie, Cannone, Chang, Claassen, Cornelius, Derby, Dong, Givens, Hochman, Homma, Kronish, Lee, Manzano, Mayer, Schwartz, Shapiro, Shaw, Sullivan, Vose, Wasson, Edmondson, & Abdalla, 2020). Today, more variants are spreading internationally, and vaccines have been offered to the general population.

At the same time, protests erupted around the death of George Floyd and Breonna Taylor as well as many other people of color due to police violence. The United States, and some parts

of the world, became divided on topics like mask wearing, the seriousness of the virus, and eventually vaccines. American Indians and African Americans became some of the most at-risk populations for the COVID-19 virus and food security increased by 17 million people (Centers for Disease Control and Prevention, 2021).

Impact on Child Welfare Workers

Child welfare professionals have been challenged further by the COVID-19 pandemic. For example, restrictions in court have taken a toll on child welfare work. The National Conference on State Legislatures found that court restrictions have dramatically slowed child welfare and prevented workers from performing duties (2020). Child welfare workers had to transition very quickly to virtual or remote work, something that had not previously been practiced in the field (Merritt & Simmel, 2020). In many child welfare agencies there are requirements to see families and children in person once a month. This was impossible during the pandemic, and some families even abused communication difficulty during the pandemic.

However, some child welfare workers have had to continue practicing in the field through the pandemic. This has caused greater stress and concerns around proper personal protective equipment and exposure to the COVID-19 virus (Fadel, 2020). Fear around being exposed to the virus or exposing family at home was very extreme, especially when being asked to go into people's homes. A lack of information early in the pandemic and confusion around correct information even today leaves people confused and nervous.

In a study of 1,996 child welfare workers in 2020 it was found that nearly half of all participants indicated mild to severe peritraumatic distress related to the COVID-19 pandemic (Miller, Niu, & Moody, 2020).

Methods

This qualitative and quantitative research study uses statistical analysis and descriptive statistics to analyze survey results. The study was completed using an anonymous survey asking both multiple choice and open-ended questions about child welfare workers experience. It asked questions both about the pandemic specifically as well as general questions around resiliency. The purpose of this study is to examine the frequency of some traits (education, work experience, personal support systems, impact of COVID, and resiliency) of child welfare workers in relation to the COVID-19 pandemic. The study was designed around the core values of social work which are service, social justice, dignity and worth of the individual, importance of human relationship, integrity, and competence.

Participants

Research participants were child welfare workers at any position or level. They must have currently worked in a child welfare position or have held a position as a child welfare worker during the pandemic (any time after March 2020) regardless of current work status.

Study Procedure

The survey was completed online through Survey Monkey and the questions were asked in a mix of multiple choice, Likert scale, and open response based on the question and which style of question will be most useful in determining meaning and answer. Each section of the survey (demographics, education and work experience, personal support systems, impact of COVID personally, impact of COVID on work, and resiliency) ended by asking if there is anything else the participant would like to include. The goal was to allow participants to express their experiences if they feel their answers had not done so already. Snowball sampling was used

to get as many participants as possible. Also used was a prize drawing as an incentive for completing the survey.

At the start of the survey, the participants had to sign an informed consent form which went over the purpose of the study, as well as the importance of anonymity. It explained to the participant that all of their answers are anonymous and none of their personal or identifying information would be expressed in the final study or be required in the survey. After the survey an email expressing thanks was sent.

Results

Demographics

The sample (N=14) were majority female, with 92.9% (n=13) female and 7.1% (n=1) male. Most of the participants (71.4%, n=10) described themselves as Caucasian or white, and 7.1% (n=1) black, 7.1% (n=1) Hispanic, 14.3% (n=2) prefer not to answer. There was a range of ethnicities self-reported from 57.1% (n=8) not Hispanic or Caucasian/white, 21.4% (n=3) Hispanic, 7.1% (n=1) black, 7.1% (n=1) multi race, and 7.1% (n=1) Moroccan. Ages ranged from 25 to 57 years old with an average age of 36.6 years. Respondents were 50% (n=7) 20-29, 28.6% (n=4) 40-49, 14.3% (n=2) 50-59, and 7.1% (n=1) 30-39. The two most common religious choices were no religion (35.7%, n=5) and Christian (28.6%, n=4). Heterosexual was the most common selection for sexuality (84.6%, n=11) with other choices including pansexual (7.1%, n=1), bi-sexual (7.1%, n=1), and prefer not to answer (7.1%, n=1). Regarding physical health, respondents reported mostly having good health (43.9%, n=6), 35.7% fair health (n=5), and 14.3% excellent health (n=2). For mental health the most common responses were good (35.7%, n=5), fair (35.7%, n=5), poor (14.3%, n=2), and very poor (14.3%, n=2). See table 1 in the

appendix for complete data set. It is interesting to note that four of the 14 (n=4, 28.6%) participants rated their mental health to be “poor” or “very poor”.

Education and Work Experience

Of all earned degree’s listed, a Bachelor of Social Work was the most common (42.9%, n=6), followed by other bachelor’s degrees (35.7%, n=5), Masters of Social Work (21.4%, n=3). Other earned degree’s listed by participants include Bachelor’s in Criminal Justice, Sociology, Psychology, and Human Services. Based on all of the degree’s listed for all participants (19 degrees total), 57.9% were in the social work or human services field, 15.8% were in the psychology field, and 10.5% were in the criminal justice field. 50% (n=7) of the participants had active Social Work licensure with the most common type of licensure being a LSW (21.4%, n=3) followed by LCSW (14.3%, n=2). Most participants had been employed in the human services for 3-5 years (35.7%, n=5) or 6-10 years (35.7%, n=5). Similarly, participants had been employed as a child welfare worker for 3-5 years (35.7%, n=5) or 6-10 years (35.7%, n=5). See table 2 in the appendix for the complete data set.

Personal Support

Almost all the participants personal income came directly from their salary (71.4%, n=10) meaning they had only one job. One participant however stated, “I have 3 side jobs just to make ends meet”. There was a range of 0-6 children with 0 children being the most common (42.9%, n=6) and the average being 1.7 children. More than half of the participants (57.1%, n=8) were married. When asked how connected they felt to their neighborhood, 57.1% (n=8) said they were somewhat connected and 42.9% (n=6) said they don’t feel connected at all to their neighborhood. On average, participants felt like they were somewhat capable of handling a major expense, but only 28.6% (n=4) felt completely confident that they had people they could

call on for help financially if they needed. 28.6% (n=4) felt they did not have anyone who they could call on for help financially. Participants did feel that they had people to call on for help emotionally with 64.3% (n=9) saying that they connected “very well” or “completely” to the statement “I have people I can call on for help emotionally if I need it”. See table 3 in the appendix for the complete data set.

Impact of COVID-19 Personally

Over 50% of the participants related “very little” or “not at all” to the statement “The pandemic caused my financial situation to worsen” (57.1%, n=8). One participant said that “lack of travel normally required for job improved finances”. Six of the fourteen participants completely agreed that the pandemic had a negative impact on their mental health (42.9%, n=6). Participants saw friends and family much less than usual and stayed home much more than usual during the pandemic. Notably, only one participant saw friends and family about the same as usual and stayed home as much as usual during the pandemic (7.1%, n=1). When asked if there was anything else they would like to include, one participant stated that “after the lockdown, I felt weird not being stuck at home”. Complete data set can be found in table 4 of the appendix.

Impact of COVID-19 on Work

In this section, participants were asked about an aspect of work followed by how that aspect of work was impacted through the pandemic. Data from each question can be found on table 5 in the appendix.

Notably, 50% of the participants (n=7) felt “somewhat” connected to their coworkers, with an average response of “somewhat” connected. 78.6% of participants felt that the statement “I feel effective in my work” either “very well” (35.7%, n=5) or “somewhat” (42.9%, n=6) matched how they felt. 50% of participants felt that the statement “I find my work meaningful”

“completely” (50%, n=7) matched how they felt while others felt it only “somewhat” (28.6%, n=4) connected. There was an average response of “very little” connection to the statement “I feel motivated or excited to go to work each day” with 0 participants (0%, n=0) feeling “completely” connected to the statement. The statement “I feel supported at work” had a range of answers from “completely” (14.3%, n=2) to “not at all” (21.4%, n=3) with an average response of “somewhat” (35.7%, n=5). Participants mostly felt they had someone to talk to if they had questions at work with 28.6% (n=4) selecting “completely”, 35.7% (n=5) selecting “very well” and 28.6% (n=4) selecting “somewhat”. Complete data set can be found in table 5 in the appendix.

In respect to how these feelings changed through the pandemic, participants were asked to select how positively or negatively these feelings changed on the related topics. 42.9% (n=6) of respondents felt that their connection to coworkers was very negatively impacted by the pandemic, but notably 28.6% (n=4) felt that their connection was somewhat positively affected through the pandemic. This could be because some of them began working at the beginning of the pandemic and were just starting to get to know other coworkers. Complete data set can be found in table 5 in the appendix.

Participants felt neutral or negative change in terms of feeling effective in their work with 28.6% (n=4) selecting “neither negatively or positively”, 42.9% (n=6) selecting “somewhat negatively”, and 21.4% (n=3) selecting “very negatively”. 57.4% (n=8) of participants felt that their feelings around finding working meaningful were somewhat negatively impacted through the pandemic. Feelings around change in motivation were spread out with 0% (n=0) reporting “very positively”, 14.3% (n=2) reporting “somewhat positively”, and 28.6% (n=4) reporting “neither negatively or positively”, “somewhat negatively”, or “very negatively”. Having support

and finding people to ask questions were negatively impacted by the pandemic. Many of the participants felt that their feelings around support at work were “somewhat” (35.7%, n=5) or “very” (21.4%, n=3) negatively impacted. 35.7% (n=5) of participants felt their ability to ask questions at work was “very negatively” impacted by the pandemic and 35.7% (n=5) felt it was “neither negatively or positively” effected. Complete data set can be found in table 5 in the appendix.

When asked if there were any notable things that they enjoyed about working from home, participants listed positive aspects like less commuting, flexibility, and feeling more effective. For example, participants reported enjoying “not having to commute to and from work”, “flexibility”, “no distractions”, “time at home for family”, “more effective as less distractions”, and “less expenses related to gas and wear and tear of vehicle”. Other positives include “if weather was bad it was good to stay home. I can work when I’m sick”, and “being home with my kids, less travel expense, less wasted time waiting at court”. Two participants did not have any notable things they enjoyed about working from home, one reporting that they “did not enjoy much”. Participants were also asked if there were any notable things that they did not enjoy about working from home. One participant responded by saying “not being able to separate work from home. Not having an appropriate office area. Not being able to keep family and work separate”. Two other responses were similar to this one, stating that not being able to separate work from home was a major challenge. Isolation was another major challenge for participants with “feeling isolated”, “lack of communication, lack of emotional support”, “isolation”, “limited contact with other workers”, and “harder to reach management and feel super supported” were all being listed as concerns with working from home. Logistical challenges

were also noted with “poor network support and equipment”, “distractions”, and “not having an appropriate office area” all being mentioned by participants.

Interestingly, 50% (n=7) of the participants “completely” related to the statement “The pandemic caused me to feel burnt out”. 3 participants (n=21.4%) felt the statement matched their feelings “very well”. 14.3% (n=2) felt this statement matched their experience “somewhat” and 14.3% (n=2) felt this statement matched their experience “very little”. Complete data set can be found in table 5 in the appendix.

Resiliency

Participants were asked to list their top five most frequently used self-care actions. A total of 62 self-care actions were listed (n=62). Taking a walk or exercising was mentioned 9 times (14.5%, n=5) as was talking to friends or family (14.5%, n=9). The next most popular self-care actions were listening to music (9.7%, n=9) and reading (9.7%, n=9). Mentioned four times each were cooking (6.5%, n=4), taking a shower or bath (6.5%, n=4), and being with pets (6.5%, n=4). Watching TV or movies was mentioned 3 times (4.8%, n=3). Mentioned two times each were drinking alcohol (3.2%, n=2), drawing or crafting (3.2%, n=2), and napping or sleeping (3.2%, n=2). Mentioned only one time were deep breaths (1.6%, n=1), going out to eat (1.6%, n=1), travel (1.6%, n=1), puzzles and games (1.6%, n=1), video games (1.6%, n=1), sunlight (1.6%, n=1), podcasts (1.6%, n=1), driving UberEATS (1.6%, n=1), gardening (1.6%, n=1), mindfulness (1.6%, n=1), and yoga (1.6%, n=1). The complete data set can be found in table 6 in the appendix.

When asked how effective their self-care actions were 0% (n=0) of the 14 participants said they were excellent. The most popular answer was “fair” with 64.3% of the participants (n=9). 14.3% (n=2) said their self-care actions were “good”, 7.1% (n=1) said they were “poor”,

and 14.3% (n=2) said their self-care actions were “very poor”. The complete data set can be found in table 6 in the appendix. When asked if they noticed any change in the effectiveness of their self-care actions during the pandemic, only three (21.4%, n=3) participants said they noticed no change in effectiveness. Eleven participants (84.6%, n=11) said that they did notice a change in effectiveness. One participant noted that “I had to learn different self-care options” while another stated that “Yes, they weren’t as helpful during the pandemic”.

There was a range of answers when asked how participants related to the statement “If I am starting to feel burnt out, I feel comfortable telling my supervisor” with “completely” being the most common response (35.7%, n=5). When asked how much they related to the statement “If I am starting to feel burnt out, I will be supported sufficiently by my supervisor” there was also a range of answers with the most common being “not at all” (28.6%, n=4). 21.4% (n=3) felt that statement “completely” matched their situation, 14.3% (n=2) said it matched “very well”, 21.4% (n=3) said it matched “somewhat”, and 14.3% (n=2) said it matched “very little”. The complete data set can be found in table 6 in the appendix. One participant reported that “I was told ‘it is what it is,’ when I told my superiors that I felt burn out”. Another noted that “the number of workers leaving the profession has caused feelings of burnout I never had before the pandemic”.

50% (n=7) of the participants reported that they currently regularly see a therapist and 50% (n=7) said they do not. Only 28.6% (n=4) of participants saw a therapist regularly during the pandemic, and only one participant (7.1%) said they regularly saw a therapist before the pandemic but had to stop due to telehealth or restriction issues. One participant reported that they completed intake for a therapist recently and that it was “another step towards self-care”.

Another participant stated, “I started seeing a therapist due to burn out and negative impact on mental health”.

Limitations

Like all studies, there are limitations to this research. One of the major limitations is the sample size. There were only 14 respondents who completed the survey. This means that statistical analysis consistently came through as inconclusive or not reliable. Without a larger sample size there is no way to analyze or compare different traits like education level, work experience, or personal support with their self-reported changes through the pandemic. This means this study was unable to find a correlation between resiliency factors and actual ability to be resilient.

Another limitation is that many child welfare workers today are facing high levels of burnout, resulting in not many child welfare workers being willing to complete a survey about their work. While there was a good amount of activity with the survey, only 14 people responded to the entirety of the survey. This could be because of length, but the participant would not have known the length of the survey at the introduction page. It could also be because of the topic of the survey, which may bring up uncomfortable feelings. If someone is already dealing with burnout due to the pandemic or other factors, they may not want to spend additional time in their day reflecting on it.

Another limitation is that the pandemic is not over. Individuals have unique responses, feelings, and relationships with the COVID-19 pandemic. For some people, they may feel that the worst of the pandemic has past and that they have returned to normal life. For others, they may feel they are still in the thick of it and haven't felt a return to normal. This can make surveying individuals difficult as some may be processing the pandemic as something that has

past while others may be answering questions with the context that they are still dealing with the pandemic.

Implications

While there are not clear correlations between personal traits and resiliency through the pandemic in this study, there are many implications for future research. Many of the child welfare workers surveyed felt burnt out, isolated, and noted that the pandemic had a negative impact on their work and personal lives. Many of the respondents also reported feeling like they had ineffective tools for self-care, and that if they were burnt out, they would not be adequately supported. These topics need to be researched more in order to build a better understanding of how to support child welfare workers as we move through the pandemic and in general.

This study also highlights the fact that child welfare workers have experienced major challenges through the pandemic. State child welfare agencies should look to do interagency surveying on the impact of the pandemic on workers personal life, work, and resiliency. With this information they will be in the position to make policy changes to better support workers, increase resiliency, reduce burnout, and in turn reduce turn-over.

Conclusion

Resiliency in social work is an important topic as it protects social workers from burn out, leading to lower turnover and higher rates of client growth and satisfaction. While we know that resiliency grows over time in the field (de las Olas Palma-García & Hombrados-Mendieta, 2017), new social workers still need to be supported in finding ways to be resilient. Through a global pandemic, resiliency has much more difficult to grow and develop. Workers have reported feeling “isolated” and have felt negative impacts on their relationships with coworkers, feelings of effectiveness, and feel burnt out. Hearing from child welfare workers about how the pandemic

impacted their work and ability to be resilient is extremely important if the field is going to reduce turn over and have effective, confident social workers.

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Appendix A

Complete Data Tables

<i>Demographics (N=14)</i>		
Variable	<i>N<14</i>	<i>%</i>
Gender		
Female	13	92.9%
Male	1	7.1%
Race		
Caucasian/white	10	71.4%
Black	1	7.1%
Hispanic	1	7.1%
Prefer not to answer	2	14.3%
Ethnicity		
Hispanic	3	21.4%
Not Hispanic (Caucasian/white)	8	57.1%
Black	1	7.1%
Multi race	1	7.1%
Moroccan	1	7.1%
Age		
20-29	7	50%
30-39	1	7.1%
40-49	4	28.6%
50-59	2	14.3%
60+	0	0%
Religion		
None	5	35.7%
Christian	4	28.6%
Jewish	1	7.1%
Muslim	1	7.1%
Spiritual	1	7.1%
The Church of Jesus Christ of Latter-Day Saints	1	7.1%
Agnostic	1	7.1%
Sexuality		
Heterosexual	11	84.6%
Pansexual	1	7.1%
Bi-sexual	1	7.1%
Prefer not to answer	1	7.1%
Physical health		
Excellent	2	14.3%
Very good	0	0%
Good	6	43.9%
Fair	5	35.7%
Poor	1	7.1%
Very poor	0	0%
Mental health		
Excellent	0	0%
Very good	0	0%

Good	5	35.7%
Fair	5	35.7%
Poor	2	14.3%
Very poor	2	14.3%

Table A1. This table is the data set for the demographics section of the survey.

<i>Education and Work Experience (N=14)</i>		
Variable	<i>N<14</i>	%
Highest degrees earned		
BSW	6	42.9%
MSW	3	21.4%
Other bachelor degrees	5	35.7%
Licensure held		
None	7	50%
LSWA	1	7.1%
LSW	3	21.4%
LCSW	2	14.3%
LMSW	1	7.1%
Years in the human services field		
0-2 years	1	7.1%
3-5 years	5	35.7%
6-10 years	5	35.7%
11-15 years	0	0%
16-20 years	1	7.1%
20+ years	2	14.3%
Years as a child welfare worker		
0-2 years	3	21.4%
3-5 years	5	35.7%
6-10 years	5	35.7%
11-15 years	0	0%
16-20 years	1	7.1%
20+ years	0	0%

Table A2. This table is the data set for the education and work experience section of the survey.

<i>Personal Support (N=14)</i>		
Variable	<i>N<14</i>	%
Personal income other than salary		
Yes	3	21.4%
No	10	71.4%
Prefer not to answer	1	7.1%
Children		
0	6	42.9%
1 - 2	4	28.6%
3 - 4	2	14.3%
5 - 6	2	14.3%
Relationship		

Married	8	57.1%
Single	2	14.3%
Dating	4	28.6%
You feel _____ connected to your neighborhood		
Very	0	0%
Somewhat	8	57.1%
Not at all	6	42.9%
<i>How does this match your situation?</i>		
Could handle a major unexpected expense		
Completely	2	14.3%
Very well	2	14.3%
Somewhat	5	35.7%
Very little	3	21.4%
Not at all	2	14.3%
<i>How does this match your situation?</i>		
I have people I can call on for help financially		
Completely	4	28.6%
Very well	2	14.3%
Somewhat	3	21.4%
Very little	1	7.1%
Not at all	4	28.6%
<i>How does this match your situation?</i>		
I have people I can call on for help emotionally		
Completely	4	28.6%
Very well	5	35.7%
Somewhat	3	21.4%
Very little	1	7.1%
Not at all	1	7.1%

Table A2. This table is the data set for the personal support section of the survey.

<i>Impact of COVID-19 Personally (N=14)</i>		
Variable	<i>N<14</i>	<i>%</i>
<i>How does this match your situation?</i>		
The pandemic caused my financial situation to worsen		
Completely	1	7.1%
Very well	2	14.3%
Somewhat	3	21.4%
Very little	4	28.6%
Not at all	4	28.6%
<i>How does this match your situation?</i>		
The pandemic had a negative impact on my mental health		
Completely	6	42.9%
Very well	3	21.4%
Somewhat	2	14.3%
Very little	3	21.4%
Not at all	0	0%
I saw friends and family _____ usual during the pandemic		
Much more than	0	0%

Slightly more than	0	0%
About the same amount as	1	7.1%
Slightly less than	4	28.6%
Much less than	9	64.3%
I stayed home ____ usual during the pandemic		
Much more than	12	85.7%
Slightly more than	1	7.1%
About the same amount as	1	7.1%
Slightly less than	0	0%
Much less than	0	0%

Table A4. This table is the data set for the impact of COVID-19 personally section of the survey.

<i>Impact of COVID-19 on Work (N=14)</i>		
Variable	<i>N<14</i>	<i>%</i>
Connection to coworkers		
<i>How does this match your situation?</i>		
I feel connected to my coworkers		
Completely	2	14.3%
Very well	3	21.4%
Somewhat	7	50%
Very little	1	7.1%
Not at all	1	7.1%
How did this change through the pandemic?		
Very positively	0	0%
Somewhat positively	4	28.6%
Neither negatively or positively	1	7.1%
Somewhat negatively	3	21.4%
Very negatively	6	42.9%
Effectiveness in work		
<i>How does this match your situation?</i>		
I feel effective in my work		
Completely	0	0%
Very well	5	35.7%
Somewhat	6	42.9%
Very little	1	7.1%
Not at all	2	14.3%
How did this change through the pandemic?		
Very positively	1	7.1%
Somewhat positively	0	0%
Neither negatively or positively	4	28.6%
Somewhat negatively	6	42.9%
Very negatively	3	21.4%
Meaning in work		
<i>How does this match your situation?</i>		
I find my work meaningful		
Completely	7	50%
Very well	2	14.3%
Somewhat	4	28.6%

Very little	1	7.1%
Not at all	0	0%
How did this change through the pandemic?		
Very positively	0	0%
Somewhat positively	2	14.3%
Neither negatively or positively	3	21.4%
Somewhat negatively	8	57.14%
Very negatively	1	7.1%

Motivation/excitement to go to work

How does this match your situation?

I feel motivated or excited to go to work each day

Completely	0	0%
Very well	2	14.3%
Somewhat	5	35.7%
Very little	4	28.6%
Not at all	3	21.4%
How did this change through the pandemic?		
Very positively	0	0%
Somewhat positively	2	14.3%
Neither negatively or positively	4	28.6%
Somewhat negatively	4	28.6%
Very negatively	4	28.6%

Support at work

How does this match your situation?

I feel supported at work

Completely	2	14.3%
Very well	2	14.3%
Somewhat	5	35.7%
Very little	2	14.3%
Not at all	3	21.4%
How did this change through the pandemic?		
Very positively	2	14.3%
Somewhat positively	2	14.3%
Neither negatively or positively	2	14.3%
Somewhat negatively	5	35.7%
Very negatively	3	21.4%

People to ask questions at work

How does this match your situation?

I have people I can talk to if I have questions at work

Completely	4	28.6%
Very well	5	35.7%
Somewhat	4	28.6%
Very little	0	0%
Not at all	1	7.1%
How did this change through the pandemic?		
Very positively	2	14.3%
Somewhat positively	0	0%
Neither negatively or positively	5	35.7%
Somewhat negatively	2	14.3%
Very negatively	5	35.7%

Burn out

How does this match your situation?

The pandemic caused me to feel burnt out

Completely	7	50%
Very well	3	21.4%
Somewhat	2	14.3%
Very little	2	14.3%
Not at all	0	0%

Table A5. This table is the data set for the impact of COVID-19 on work section of the survey.

<i>Resiliency</i>		
Variable	<i>N</i> <62	%
Top 5 most frequently used self-care actions		
Taking a walk/exercise	9	14.5%
Talking to friends/family	9	14.5%
Music	6	9.7%
Reading	6	9.7%
Cooking	4	6.5%
Taking a shower/bath	4	6.5%
Being with pets	4	6.5%
TV/Movies	3	4.8%
Drinking alcohol	2	3.2%
Drawing/crafting	2	3.2%
Napping/sleeping	2	3.2%
Deep breaths	1	1.6%
Going out to eat	1	1.6%
Travel	1	1.6%
Puzzles/game	1	1.6%
Video games	1	1.6%
Sunlight	1	1.6%
Podcasts	1	1.6%
Driving UberEats	1	1.6%
Gardening	1	1.6%
Mindfulness	1	1.6%
Yoga	1	1.6%
Variable	<i>N</i> <14	%
How effective are your self-care actions		
Excellent	0	0%
Good	2	14.3%
Fair	9	64.3%
Poor	1	7.1%
Very poor	2	14.3%
<i>How does this match your situation?</i>		
If I am starting to feel burnt out, I feel comfortable telling my supervisor		
Completely	5	35.7%
Very well	1	7.1%
Somewhat	3	21.4%
Very little	3	21.4%

Not at all	2	14.3%
<i>How does this match your situation?</i>		
If I am starting to feel burnt out, I will be supported sufficiently by my supervisor		
Completely	3	21.4%
Very well	2	14.3%
Somewhat	3	21.4%
Very little	2	14.3%
Not at all	4	28.6%
Do you currently regularly see a therapist		
Yes	7	50%
No	7	50%
Did you regularly see a therapist during the pandemic		
Yes	4	28.6%
No	10	71.4%
Did you regularly see a therapist before the pandemic and stop due to telehealth/restriction issues		
Yes	1	7.1%
No	13	92.9%

Table A6. This table is the data set for the resiliency section of the survey.