This is a paper written by a Master of Social Work student. Their faculty mentor was Professor Susan Roll. Though formatted slightly differently for this journal, the style guide used for this paper was the Publication Manual of the American Psychological Association (APA), which is typical of papers in this discipline and used in-text citations.

CHILD WELFARE SOCIAL WORKER RETENTION: THE RELATIONSHIP OF SECONDARY TRAUMA AND PANDEMIC STRESSORS

Christopher Robinson

Abstract

The current study was designed to investigate the relationship between retention, secondary trauma, and pandemic stressors for child welfare social workers that provide direct service to children and families. Using a combination of the Comprehensive Organizational Health Assessment and COVID-19 Stressor Scale, the study utilizes a quantitative survey distributed to social workers of four public child welfare agencies in the Northern and Mountain Valley regions of California. Although the results showed no significant relationship between retention and the other variables, this study is the first to find a significant positive correlation between secondary trauma and pandemic stressors. This new finding suggests that child welfare social workers, and potentially others that are commonly impacted by secondary trauma, may be vulnerable to higher rates of pandemic stress. Due to this finding, the current study recommends that child welfare agencies develop emergency response policies specifically designed to support staff with pandemic stress. Further research to understand the directionality of the relationship between pandemic stress and secondary trauma is also recommended. Finally, due to challenges with locating aggregate retention data for the participating agencies, the study also recommends that retention is measured and monitored at the state level to ensure consistent and accurate measurement across the state.

Introduction

Public child welfare agencies face many hardships providing effective and productive services to their communities. One of the most long standing and difficult issues to solve has been social worker retention. Despite recent retention efforts, public child welfare agencies are losing employees at up to four times the rate of a typical healthy organization (Casey Family Programs, 2017). The cost of this turnover is great including the increased spending on recruitment and training, stress on remaining employees, and a significant impact on reunification outcomes for families. There are many factors that impact a family's reunification outcomes such as participation, mental health, and substance abuse (D'Andrade & Chambers, 2012). However, there is one key factor that the family has very little control over, changes in their social worker. Ryan et al. (2006) found that social worker turnover was related to increased lengths of stay in foster care and a significant decrease in the likelihood of achieving reunification. This suggests that families are being permanently separated due to agencies' inability to maintain a stable and skilled workforce.

Many agencies and states have enacted programs to address retention in child welfare. The Title IV-E program, for example, provides subsidized education to social work students at the bachelor and master levels in exchange for committing to public child welfare work after graduation. This program has shown to significantly increase retention, specifically

during the commitment period, and provides further education which is a key factor in retention (Rosenthal & Waters, 2006). Despite this program's relative success, overall agency retention rates have remained similarly low. De Guzman et al. (2020) found that employee's intent to stay was negatively impacted by a lack of agency support, lack of peer support, and a feeling of incompetency at the job. This suggests a need for agencies to adopt a more supportive agency culture in which employees feel comfortable seeking professional development and process their perceived shortcomings.

One of the key factors for child welfare social worker retention is the impact of secondary trauma. Secondary trauma, the effect of exposure to the trauma and suffering of others, is a harsh reality for many social workers. Social workers in public child welfare agencies witness traumatic events during the removal of children, family interviews, and through the often-graphic reports of abuse and neglect. Lipsky and Burk (2009) explain secondary trauma as an "osmosis" of tragedy and suffering that become a part of the worker and ultimately, change their view of the world. Secondary trauma accumulates over time with each new trauma witnessed and when past traumas are remembered. Child welfare social workers experience abnormally high levels of secondary trauma with 29.6% scoring in the "severe" range (Rienks, 2020). The impact of this may include hyperarousal, avoidance, re-experiencing events, fatigue, confusion, and even feeling hopelessness (Casey Family Programs, 2017). Many of these symptoms have been noted by Casey Family Programs (2017) to be predictors of turnover in child welfare social workers. Without direct agency interventions to support social worker processing, resiliency, and destigmatizing of secondary trauma it will continue to have a significant effect on the majority of social workers in child welfare (Tullberg & Boothe, 2019).

The coronavirus (COVID-19) pandemic has introduced a lot of stress and anxiety across the globe. Child welfare social workers are not immune to the fear of infection, fear of socioeconomic impacts, anxiety about infecting loved ones or clients, or logistical stressors such as childcare and self-care during lockdowns. Rienks (2020) identified having a clear self-care plan, participating in activities or hobbies, and having a work-to-home transition plan were the most common coping strategies among successful copers. However, for many, self-care plans and hobbies were disrupted by the fear of infection and lockdowns. Further, working from home disrupted the work-to-home transition plan many utilized. With increased stress, anxiety, and the disruption of typical coping strategies, child welfare social workers are likely more vulnerable to secondary trauma during the pandemic, however, prior to the current study there was no research on this connection. This suggests that agency support and interventions are even more crucial while facing crises such as COVID-19.

This study hypothesized that public child welfare agencies with social workers reporting low intent to stay would have higher secondary trauma rates and increased impact of pandemic stressors. This study's secondary hypothesis was a positive correlation between secondary trauma and pandemic stressors. This quantitative approach aimed to gather the intent to stay of social workers in participating public child welfare agencies across the Northern and Mountain Valley regions of California. Additionally, surveys measuring secondary trauma, pandemic stressors, support culture in the agency, and other measures of organizational health were distributed to the agency social workers. Findings from this study provide insight directly to the participating county agencies and field of child welfare on the effect of secondary trauma and pandemic stressors on their employees. An in-depth literature review found no evidence of a correlation between secondary trauma and pandemic stressors making this study the first to identify a relationship between these variables.

Literature Review

Retention

Retention, the ability for an agency to maintain its employees, is a consistent issue for many child welfare agencies across the U.S. Retention rates for public child welfare agencies across the country average between 80 – 60 percent with California averaging around 39 percent (Casey Family Programs, 2017). Kim and Kao (2014) found that on average, 7 to 10 percent of child welfare positions are vacant at any one time. This inability to maintain a stable workforce has severe consequences for the employees, the agency, and the families that they serve. Further, they found that high vacancy rates and vacant positions were taking an average of seven to thirteen weeks to fill, with remaining employees being left with dangerously high caseloads.

These increased caseloads cause emotional exhaustion, lack of supervisory/administrative support, and increase the likelihood of remaining employees terminating their employment (Kim & Kao, 2014). Low retention rates have a major cost for the agency as well. Filling a vacant position and training a new employee can cost between 1/3 to 2/3 of the employee's annual salary and agencies with lower retention rates are less compliant with mandated service requirements (Social Work Policy Institute, 2010). With the average tenure of child welfare social workers being less than two years, families often have multiple social workers throughout their case. Each social worker change reduces the likelihood of reunification, increases the length of stay in foster care for the children, and increases foster care placements (Ryan et al., 2006; Social Work Policy Institute, 2010).

Unfortunately, for child welfare agencies across the country, increasing retention rates is not a simple feat. According to Casey Family Programs (2017) and Kim and Kao, (2014), there are many factors with varying levels of effect on retention. Employee demographic factors such as race, gender, education, and age have a low to moderate effect. Agency climate factors such as inclusion, organization/supervisory support, policy, and organizational commitment have a medium to high effect. The greatest average effect are employee stress factors such as emotional exhaustion, job satisfaction, well-being, safety concerns, role conflict, and coping (Casey Family Programs, 2017; Kim & Kao, 2014). De Guzman and authors (2020) found that not only did self- reported intent to stay predict actual retention rates, but that organizational/peer supports were key predictors of intent to stay for child welfare social workers. This suggests that agencies may have some success increasing retention rates by implementing research and changes to their support policies (de Guzman et al., 2020). Further, Rosenthal and Waters (2006) found that funded social work education programs can be powerful incentives to increase retention while developing education in their workforce. One such program, Title IV-E, funds child welfare social workers to gain social work degrees and in return requires an employment commitment.

For every year an employee receives funding they are obligated to maintain employment for a year after graduation. During this employment period, the risk of termination decreased by 52% (Rosenthal & Waters, 2006). Although there are some successful interventions for increasing retention, there is still much research needed to address this issue. One factor that is often overlooked in previous research is child welfare social worker's high level of exposure to trauma and the resulting impacts of secondary trauma.

Secondary Trauma

Secondary trauma, particularly for child welfare social workers, is the indirect exposure of trauma at work. Through working in a trauma-adjacent field, engaging in trauma related discussion with clients, and reading various reports on traumatic events, child welfare social workers are regularly exposed to the trauma

of others (Tullberg & Booth, 2019; Lipsky & Burk, 2009). Tullberg and Booth (2019) found that secondary trauma, or secondary traumatic stress, has been included in more broad terms such as compassion fatigue, vicarious trauma, and burnout. Unfortunately, the similarity across these terms has created some incoherence in the research. Focusing solely on secondary trauma allows researchers to measure its effect more directly rather than including it in a larger measure of a broader issue. In 2016, Potter et al. (2016) created the Comprehensive Organizational Health Assessment (COHA) which included multiple scales adapted from previous research as well as novel scales for coping strategies, agency supports, secondary trauma, and more. Through multiple studies, the COHA has shown to be successful in providing agencies with a comprehensive understanding for future development, but also provide powerful and actionable results for individual scales (Rienks, 2020; Potter et al., 2016; Sedivy et al., 2020).

Rienks (2020) found that child welfare social workers had high levels of secondary trauma, with 29.6% of their sample scoring in the "severe" range and 27.3% scoring in the "moderate to high" range. These high rates are not surprising, as most child welfare cases begin after a traumatic event, lead to detention which is often traumatic, and can result in a traumatizing failure to reunify. Not to mention the events that often occur throughout the case such as placement changes, separating sibling groups, court hearings, and more. Symptoms of secondary trauma include helpless/hopelessness, feeling incompetent or ineffective, hypervigilance, lack of creativity, struggling with complexity, minimizing, chronic exhaustion, physical ailments, dissociative moments, avoidance, feeling persecuted, guilt, fear, anger, cynicism, numbness, grandiosity, and even addiction (Lispky & Burk, 2009). These many symptoms make it more difficult for child welfare social workers to be effective, proud, or present at their jobs. Without appropriate coping mechanisms or agency support, it is clear how the exposure to secondary trauma would cause so many child welfare social workers to leave their positions. Although there is no way for child welfare social workers to avoid secondary trauma completely, there are ways to successfully cope and manage the exposure to other's trauma. Newell and MacNeil (2010), and Tullberg and Boothe (2019) found that social workers who demonstrate the healthiest coping skills and least secondary trauma symptoms have a clear self-care plan. The best self-care plans involve both physical and emotional well-being. Exercise, nutrition, and adequate sleep are powerful coping strategies for social workers' physical health. For emotional well-being, creativity, spirituality, and social support from friends or professionals are often utilized (Newell & MacNeil, 2010; Tullberg & Boothe, 2019). Tullberg and Boothe (2019) found that social workers that utilized a self-care plan were more likely to maintain their coping skills over a three-year period and showed reduced secondary trauma symptoms throughout the study. However, due to crises such as COVID-19 pandemic, even the best coping social workers could have a significant disruption in their normal self-care plan along with an increase in external stress and anxiety which could increase vulnerability to secondary trauma.

Pandemic Stressors

The COVID-19 pandemic presented challenges for most people, but it had a particular impact on child welfare social workers. In a recent study utilizing the COVID-19 Stressors Scale (CSS), Americans were found to have high levels of stress exposure with specific populations being especially vulnerable (Park et al., 2020). In a study of almost 2000 child welfare social workers, 46.4% reported experiencing mild or severe distress suggesting that this population is particularly affected by pandemic stressors (Miller et al., 2020). Following a study demonstrating the validity of the CSS, Russel and researchers (2021) expanded the measure to identify family routine stressors. This study found that, during the COVID-19

pandemic, parent resilience was linked to familial stress, caregiver burden, and parent-child relationship quality (Russel et al., 2021; Tambling et al., 2021). These findings suggest that caregivers are particularly vulnerable during crises such as the COVID-19 pandemic and that parent experiences of pandemic stressors are likely to impact relational health of the family.

Pandemic stress can come in many forms and impact the whole life of a child welfare social worker. For example, in a national survey of 1500 U.S. adults, 12.1% reported personally knowing somebody who passed away from COVID-19 (Palsson et al., 2020). While 77.6% child welfare professionals (attorneys, social workers, and therapists) in a recent study reported increased fear about the safety of the families and children they work with as well as 55.1% reporting increased worry about their own safety (Goldberg et al., 2021). Further, 83% of participants in a U.S. national survey reported staying at home for several weeks due to the pandemic (Palsson et al., 2020). This has clear implications for social workers' self-care plans, many of which include support from friends and activities outside of the home (Rienks, 2020).

An increase in social media use, to remain in contact with loved ones and stay informed on the pandemic, is common during the pandemic. However, Zhong and authors (2021) found that increased social media usage at this time was related to both depression and secondary trauma. This suggests that finding support from family and friends, a key coping strategy for secondary trauma, is not as effective through social media and can actually become harmful (Rienks, 2020; Zhong et al., 2021).

Large scale pandemics, such as COVID-19, also impact the financial stability of families For example, 38% of adults reported having reduced income or losing a job in their household due to the COVID-19 pandemic. While 25.5% of child welfare professionals reported experiencing other stressors in their job such as adapting to new technology, increased work demands, lack of boundaries between personal and professional life, decreased sense of mastery at one's job, and deteriorating mental health (Goldberg et al., 2021). Overall, 55% of survey participants reported experiencing more life stress during the pandemic with 23% reporting "much greater" stress (Palsson et al., 2020). Child welfare social workers face a great deal of stress at their positions during normal circumstances, the many added pandemic stressors will likely lead to unprecedented levels of secondary trauma and ultimately reduce retention rates in child welfare agencies.

Methodology

The current study utilized a quantitative design to examine the relationship between the following variables: secondary trauma, pandemic stressors, and social worker intent to stay. The first hypothesis suggested that public child welfare agencies with social workers reporting low intent to stay (dependent variable) would have higher secondary trauma rates and increased impact of pandemic stressors (independent variables). Further, the study also hypothesized that there would be a significant relationship between secondary trauma and pandemic stressors such that increased secondary trauma scores would be correlated with increased pandemic stress scores. Agencies were recruited from the Northern and Mountain Valley Regions of California (see Appendix A) to ensure accessibility and comparability of the agencies. Prior to the data collection stage of this study, the California State University, Chico Internal Review Board completed a full board review and approved the study.

Population and Sample

Utilizing purposive and self-selection sampling methods, county child welfare agencies were recruited to participate in the study at the University of California Davis facilitated Program Manager Meetings and Director Meetings for

the Northern and Mountain Valley Regions of California (see Appendix A). These agencies were provided information on the data collection process, survey domains, potential risks and benefits, and timeline for data collection and analysis. From these participating agencies, participants were recruited utilizing a self-selection sampling method through email, staff meeting, recruitment flier, and an one-hour information session in-person and via Zoom virtual meetings with the head researcher. Inclusion criteria for participation included currently holding a direct service social work position in a participating agency and being at least 18 years old. Staff were excluded from participating if they were not currently employed at a participating Northern or Mountain Valley region child welfare agency, had any previous knowledge of the survey that would bias their data collection, or if they currently held administrative, supervisory, or aide roles.

A total of 54 respondents participated in the survey. Twenty respondents were removed from the data pool due to incomplete survey responses. Seven respondents were removed from the data pool due to currently holding positions in their agency which did not meet the inclusion criteria (non-supervisory, direct service providing social workers). Of these seven, two were in a supervisory role, one was in a support staff role, and four reported being in roles that did not provide direct services such as court workers or family finding workers. The remaining 27 participants met the inclusion criteria and completed the survey in its entirety.

Findings and Results

This study hypothesized that public child welfare agencies with social workers reporting low intent to stay would have higher secondary trauma rates and increased impact of pandemic stressors. Results from the data collected indicated no significant finding. The study's secondary hypothesis was there would be a positive correlation between secondary trauma and pandemic stressors. As seen in Table 2, the relationship between secondary traumatic stress (as measured by the COHA) and pandemic stressors (as measured by the CSS) was investigated using Pearson product-moment correlation coefficient via IBM Statistical Package for the Social Sciences.

Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a medium correlation between the two variables, such that $r = .446$, $n = 27$, $p < .02$, with high levels of secondary traumatic stress associated with high levels of pandemic stressors. Cronbach's alpha was calculated to ensure reliability of the variable measures.

Discussion of the Findings

The current study was designed to test the hypotheses that retention would be mediated by secondary trauma and pandemic stressors, and that secondary trauma and pandemic stressors will have a positive correlation. Contrary to the primary hypothesis, there was no significant relationship between intent to stay and the independent variables of secondary trauma and pandemic stressors. This finding suggests that secondary trauma and pandemic stressors have no impact on retention or intent to stay. With previous literature finding a relationship between secondary trauma and retention (Rienks, 2020 & Rosenthal, 2006), it is likely that including pandemic stressors led to the lack of significant relationship. This may be interpreted as pandemic stressors having no clear impact on retention; however, it may also be that financial stressors from the COVID-19 pandemic have impacted participants differently. Some participants, facing financial instability from the pandemic, may not be able to leave their current position without having another position available. While other participants, consistent with the literature, have lower intent to stay due to the impact of secondary trauma. This combination of competing effects may account for the lack of significance with the main hypothesis. However, the

current study did provide the first significant evidence of a positive correlation between the impact of secondary trauma and pandemic stress such that increased rates of secondary trauma were consistently associated with increased rates of pandemic stress. Although correlational relationships provide no evidence of directionality, this finding suggests that child welfare social workers may be at greater risk of pandemic stress due to their high exposure to secondary trauma. With further research, this finding may be able to be expanded to other fields commonly impacted by secondary trauma such as mental health, health care, and emergency services (Mott et al., 2019, Rekiewicz et al., 2022).

Limitations of the Study

One of the major limitations of the current study was the length of the survey. In order to get buy-in from agencies, the current study utilized the full COHA and CSS which provided actionable information over multiple domains for the agency. With over 500 items included in the survey, participants completed the survey in roughly 60 - 90 minutes. Sixty-three percent of participants completed the survey in its entirety. It is possible that the social workers most impacted by secondary trauma and pandemic stress were unable to complete the survey due to having the least capacity in their schedule and energy. Further, participants with the lowest intent to stay may be less incentivized to complete the survey as they are less concerned with agency improvement if they intend to leave the agency in the near future.

In a similar vein, the agencies most impacted by low retention, high secondary trauma and high pandemic stress are also the least likely to have the capacity to engage in the study. In fact, multiple agencies originally planning to participate in the project regrettably removed themselves from participation following turnover in their staff which led them to struggle to meet the needs of their community, let alone have the capacity to participate in the research process. Limiting the scope of the project to the Mountain Valley and Northern regions of California allowed the project to ensure accurate comparison across agencies and maintain access to agencies and participants, however, findings from these smaller rural agencies may not be applicable to larger urban agencies. This lack of generalizability continues to be a limitation with the chosen study population as well. Although other fields may be similarly impacted by secondary trauma and pandemic stress, without further research there is no evidence that the found correlation can be expanded outside of direct service child welfare social workers. With the limitations on response and completion rates, the final sample which met all inclusion criteria included 27 participants. With this small of a sample size, quantitative data becomes less accurate to the population, more impacted by outliers, and more vulnerable to confounding variables and bias. This is particularly concerning when using a self-report method, such as the current study, as self-reported data is unable to be verified and is open to a number of biases both implicit and explicit.

Finally, one of the most challenging and impactful limitations of the study was the lack of accurate aggregated retention data. Despite contacting multiple sources, including the California Department of Social Services, University of California Davis Training Academy, California Social Work Education Center, and the participating agencies themselves, the researcher was unable to locate retention data with consistent methodology and reporting periods. Fortunately for this study, the COHA included a measure of intent to stay which has already been found to accurately predict future retention (de Guzman et al., 2020). This measure of intent to stay was utilized in place of the unavailable retention data. However, the lack of literature on the variables and their impacts on staff, agencies, and child welfare involved families limits the validity, reliability, and generalizability of the current study results and utilized instruments.

Conclusions

Child welfare agencies face a number of challenges including low retention rates, high rates of secondary trauma, and most recently the unique impacts of COVID-19. The current study hypothesized that agencies with the lowest retention rates would have the highest rates of secondary trauma and pandemic stress. Further, the secondary hypothesis was a positive correlation between secondary trauma and pandemic stressors. Four child welfare agencies from the Northern and Mountain Valley regions of California participated in the project. Utilizing a voluntary non-random sampling method, direct service providing child welfare social workers from these agencies were recruited to complete a survey which included the COHA and the CSS. Following data collection, the researchers utilized correlational and multivariate analysis to test their hypotheses. Results included no relationship between intent to stay (a replacement measure for unavailable retention data) and the impacts of secondary trauma and pandemic stress. However, this study did find a significant positive correlation between secondary trauma and pandemic stress, the first evidence of a relationship between these two variables. This finding suggests that stress from the pandemic and similar crisis situations is more impactful on individuals that experience high levels of secondary trauma.

Recommendations

Given the finding of secondary trauma and pandemic stress being positively correlated, child welfare agencies with higher levels of secondary trauma should develop emergency response policies centered around supporting their staff during pandemics and similar crisis events. Further, in order to reduce the impact of low retention on family outcomes, the researcher recommends that child welfare agencies develop a policy for more healthy transitions between social workers, ideally reducing traumatic re-experiencing for the family and allowing the incoming social worker to be better prepared to meet the family's needs. Future research is also needed to better understand the relationship between secondary trauma and pandemic stress including directionality of the relationship, expansion into other trauma-facing fields, and expansion beyond the mostly rural Mountain Valley and Northern regions of California. Further, given the current study's demographic sample being 63% White, 14.8% Hispanic and only 3.7% Black, research in other regions, states, and even countries with more diverse populations are needed, especially considering the evidence of racial differences in experiences of secondary trauma (Shell et al., 2021). Future research specific to the child welfare field may look to identify the impact of the pandemic and social worker secondary trauma on child welfare outcomes, as well.

Finally, throughout the literature review, recruitment, and data analysis the researcher identified two clear needs for the field of child welfare. First, child welfare social workers are continuing to be heavily impacted by secondary trauma suggesting a need for increased and accessible support. With this need in mind, the researcher recommends that child welfare agencies develop internship positions for Masters in Social Work and Marriage and Family Therapy students to provide on-site clinical support to staff. Accessible and free support available directly after the experience of secondary trauma may reduce the long-term impact on the social worker. This program will also allow the agency to develop connections to local universities and potentially identify new employees through the increased internship opportunities. Secondly, one of the greatest challenges of this project was the lack of aggregate retention data available not only to the public, but to the agencies themselves. With retention being a statewide issue for child welfare agencies for decades, it is clear to the researchers that developing consistent retention methodology and collecting retention data at the state level would support future research on this impactful issue and allow agencies to better understand their own reten-

tion challenges. Utilizing the current California Child Welfare Indicators Project (CCWIP) and collaboration with University of California, Berkeley, the California Department of Social Services should be able to seamlessly implement a measure methodology for retention, collect this data from each county agency in California, and present the data on the CCWIP site for agencies, researchers, and the public to utilize.

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Table 1

Demographic Information of Participants

Variables	Agency A		Agency B		Agency C		Agency D		Total	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Gender										
Female	8	72.7	4	80	3	100	8	100	23	85.2
Male	3	27.3	1	20	0	0	0	0	4	14.8
Age										
20-29	1	9.1	0	0	0	0	1	12.5	2	7.4
30-39	6	54.5	2	40	1	33.3	5	62.5	14	51.9
40-49	3	27.3	2	40	2	66.7	2	12.5	9	33.3
50-59	0	0	1	20	0	0	0	0	1	3.7
60+	1	9.1	0	0	0	0	0	0	1	3.7
Race										
Black	0	0	0	0	0	0	1	12.5	1	3.7
White	9	81.8	1	20	2	66.7	5	62.5	17	63
Hispanic	1	9.1	2	40	0	0	1	12.5	4	14.8
Hmong	0	0	1	20	0	0	0	0	1	3.7
Multiracial	1	9.1	1	20	1	33.3	1	12.5	4	14.8
BIPOC										
No	10	90.9	3	60	2	66.7	7	87.5	22	81.5
Yes	1	9.1	1	20	0	0	1	12.5	3	11.1
Unsure	0	0	1	20	0	0	0	0	1	3.7
Prefer Not to Say	0	0	0	0	1	33.3	0	0	1	3.7
Education Level										
High School	0	0	0	0	0	0	1	12.5	1	3.7
Associate's	0	0	0	0	0	0	1	12.5	1	3.7
Bachelor's	8	72.7	2	40	1	33.3	3	37.5	14	51.9
Master's	3	27.3	3	60	2	66.7	2	25	10	37
Other	0	0	0	0	0	0	1	12.5	1	3.7
Social Work Degree										
No	7	63.6	2	40	1	33.3	6	75	16	59.3
BSW	1	9.1	1	20	0	0	0	0	2	7.4
MSW	2	18.2	2	40	0	0	2	25	6	22.2
BSW & MSW	1	9.1	0	0	2	66.7	0	0	3	11.1
Job Function										
Investigations	3	27.3	2	40	2	66.7	3	37.5	10	37
Family Support	1	9.1	0	0	0	0	1	12.5	2	7.4
Family Preservation	1	9.1	3	60	0	0	1	12.5	5	18.5
Adoptions	1	9.1	0	0	1	33.3	1	12.5	3	11.1