



Assuring the Sufficiency of a Frontline Workforce:

**A National Study of
Licensed Social Workers**

**SPECIAL REPORT:
SOCIAL WORK SERVICES
FOR CHILDREN & FAMILIES**



Assuring the Sufficiency of a Frontline Workforce Project

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Center for Workforce Studies
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Preface

This report is one of six prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS) of the School of Public Health at the University at Albany. It summarizes and interprets the responses of social workers serving children and their families obtained through a national sample survey of licensed social workers in the United States conducted in 2004. The report is available from the NASW Center for Workforce Studies at <http://workforce.socialworkers.org>

The profile of the licensed social work workforce serving children and their families will be an invaluable resource for educators, planners, and policymakers making decisions about the future of the social work profession and its related education programs. The information will support the development of effective workforce policies and strategies to assure the availability of adequate numbers of social workers prepared to respond to the growing needs of children and their families in the United States.

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Overview of the Study

Social work is a diverse profession,

unique among the human service professions in that the term *social worker* is defined so broadly in different organizations and settings. Predicted changes in the country's demographics landscape over the next several decades are expected to increase the need for social work services. However, the lack of a standard definition has left the social work profession without reliable data upon which to base future projections about the supply of, and demand for, social work professionals. In addition, available data sets were inadequate to describe the scope of professionally trained social workers who provide frontline services to children and families. To better predict the adequacy and sufficiency of the social work labor force to meet the changing needs of society, the National Association of Social Workers (NASW), in partnership with the Center for Health Workforce Studies, University at Albany, conducted a benchmark national survey of licensed social workers in the fall of 2004. Licensed social workers were selected for the sample because they represent frontline practitioners and because state licensing lists provided a vehicle for reaching practitioners who may not have had any other identifiable professional affiliation. This national study provides baseline data that can guide policy and planning to assure that an appropriately trained social work workforce will be in place to meet the current and future needs of a changing population.

A random sample of 10,000 social workers was drawn from social work licensure lists of 48 states and the District of Columbia. Licensure lists were not available from Delaware and Hawaii. The sample was stratified by region. Three mailings were conducted: The first was sent to all social workers in the sample, and two subsequent mailings were sent to nonrespondents. The survey response rate was 49.4 percent. Among the respondents, 81.1 percent reported that they were currently active as social workers.

The majority of licensed social workers in the United States have a master's degree in social work (MSW). In many states, the MSW is the minimum qualification for social work licensure. Other states, however, license social workers with a bachelor's of social work (BSW) degree, utilizing a separate level of licensure for BSW social

Overview of the Study continued

workers. A few states license social workers who do not have a degree in social work; generally, they must have at least a bachelor's degree in a related field.

More MSW degrees than BSW degrees are conferred each year, although BSW programs are rising in popularity. In 2000, social work education programs graduated about 15,000 new BSWs and 16,000 new MSWs. The number of social workers graduating with bachelor's degrees increased by about 50 percent between 1995 and 2000, while the number of social workers graduating with master's degrees rose by about 25 percent during the same period (National Center for Education Studies [NCES], 2000).

Of the survey respondents:

- Seventy-nine percent of the social workers have a MSW as their highest social work degree,
- Twelve percent have a BSW only,
- Two percent hold a doctorate, and
- Eight percent of the respondents did not have degrees in social work.¹

This report summarizes the key findings related to two important groups of social workers providing frontline services to children and their families: 1) social workers whose practices are not specifically focused on children, but who provide services to young people in a wide range of community settings; and 2) social workers whose primary practice areas are Child Welfare and Adolescents and whose practices are specifically centered on services to young people under the age of 21.

Key Findings

The following five key findings have important implications for children and their families and the social workers who provide services to them.

- ① *The social work profession has maintained its commitment as a frontline service provider to children and their families.*
- ② *The social work profession needs to strengthen the diversity of its recruitment of new social workers to provide services to children and their families.*
- ③ *Social workers provide services to the country's most vulnerable children.*
- ④ *Organizations serving children and families are experiencing stressors that hinder their ability to retain licensed social work professionals.*
- ⑤ *The supply of licensed social workers is insufficient to meet the needs of organizations serving children and families.*

Background

Although the term *social worker* has been used generically to refer to someone offering social assistance, there is a need to clarify the educational preparation, knowledge, skills, and values that are embodied in professional social work². The discipline of professional social work is over 100 years old, and has a well-developed system of professional education governed by national educational policy and accreditation standards.³ Professional social work practice is legally defined and regulated in all state jurisdictions in this country. However, there is no universal definition of professional social work that federal agencies use to collect and analyze labor force information. Consequently, available data resources are inadequate to reliably gauge the sufficiency of the current workforce or to project future needs for the profession. There are many indicators that the demand for social work services will increase in the near future, primarily because of the changing demographics within our society.

Every day in America an average of three children die as a result of child maltreatment. (Administration for Children and Families [ACF], 2003).

Numerous indexes of health and well being indicate that too many of the nation's 72 million children and their families face risks related to poverty, abuse, neglect, violence, and inadequate health, educational opportunities, and child care. Social work, as a profession dedicated to assisting individuals, families, and communities in achieving the best life possible, finds itself at a crossroads with the imperative to assure there will be a qualified workforce to meet the needs of these vulnerable children who will ultimately determine this nation's future. The social work profession has always advocated on behalf of those affected by poverty, neglect, and disadvantage. From this perspective, social work's efforts on behalf of at-risk children and their families are perhaps the profession's most perfect fit.

Social workers are often associated with the disarray and tragedy that usually accompanies media coverage of child welfare systems and the children they serve. All too often, social workers themselves are blamed for failing to act, or acting insufficiently to protect children from the tragic circumstances they encounter. Despite these hurtful and often misguided accusations, social workers have been

Background continued

steadfast in their professional and personal commitments to protect children and preserve families. These commitments are demonstrated through their clinical interventions and direct work with children and families, by developing programs and social supports that help prevent child abuse, and by influencing social policies that provide children and families with safety nets and needed services when they find themselves in crisis.

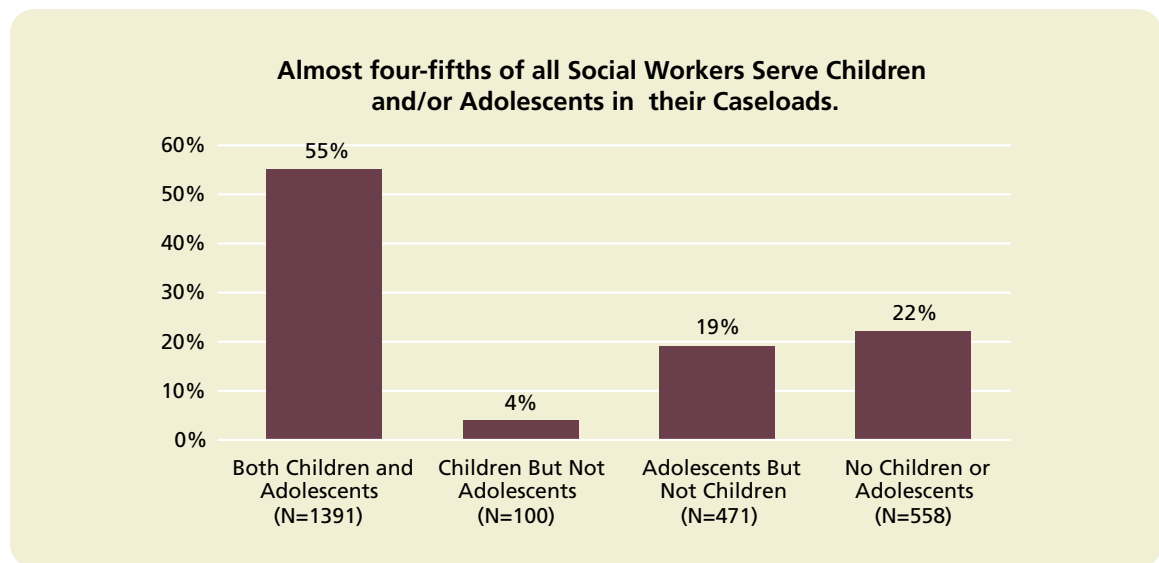
Discussion of the Findings

- 1 The social work profession has maintained its commitment as a frontline service provider to children and their families.

In 2001, 12.4 out of every 1,000 children were victims of child abuse or neglect. Children in the age group of birth to three years accounted for 28 percent of victims. (ACE, 2003).

The study confirms that licensed social workers are highly involved in providing direct services to children and their families in a variety of community settings. In fact, 78 percent of all licensed social workers provide services to clients age 21 or younger, regardless of the practice setting or focus (Figure 1). More than half of these social workers carry caseloads that are more than 50 percent children and/or adolescents. Working with children is a part of their practice for the majority of social workers, with the exception of those who specialize in Aging.

FIGURE 1. SOCIAL WORKERS' INVOLVEMENT WITH YOUTH AND THEIR FAMILIES



Educational preparation of this professional sector is predominately at the master's degree level (80%), although 12 percent of social workers who provide services to children are trained at the baccalaureate level. Licensed social workers who work with children and adolescents have a median of 12 years experience in the field of social work.

The majority of these social workers believe they were well prepared for their practice roles by their formal degree programs (61%) and their post degree training (72%).

Sixty percent of licensed social workers serving children and/or adolescents report many opportunities for continuing education and training in social work. In fact, 94 percent of social workers who provide services to children and/or adolescents have participated in continuing education related to these populations, and 89 percent desire additional training. However, social workers working in agencies in the public sector and the private nonprofit sector (which employs the greatest number of new social workers) were more likely to report limited training options for new workers.

Providing direct services to clients is the most common role that social workers serving children and families perform (95%), with the most common tasks reported as information/referral (92%), screening/assessment (92%), and crisis intervention (91%). Although they are primarily involved in providing direct client services, social workers reported they spend some time in other roles such as consultation (53%), administration/ management (50%), and planning (44%).

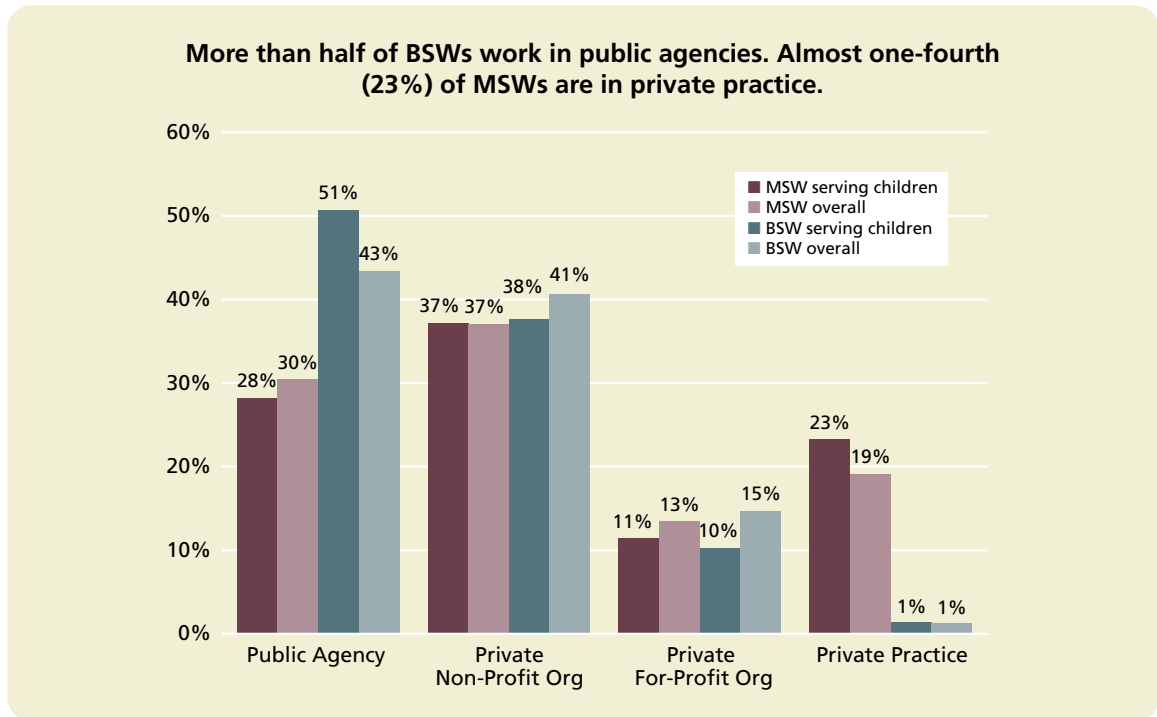
In addition to communicating with other professionals and other social workers, the social workers in the study reported frequently including the following activities as part of their services to children, adolescents, and their families:

- Communicating with families;
- Accessing community resources;
- Using agency resources;
- Acting as advocates; and
- Participating in interdisciplinary activities.

Services provided to children/adolescents are most likely provided in the non-profit sector (37%), followed by the public sector (32%)⁴, private practice (21%)⁵, and private for-profit sector (11%). The public sector was the most common employment sector among those specializing in Child Welfare/Family (53%) and those serving children/adolescents as more than half of their

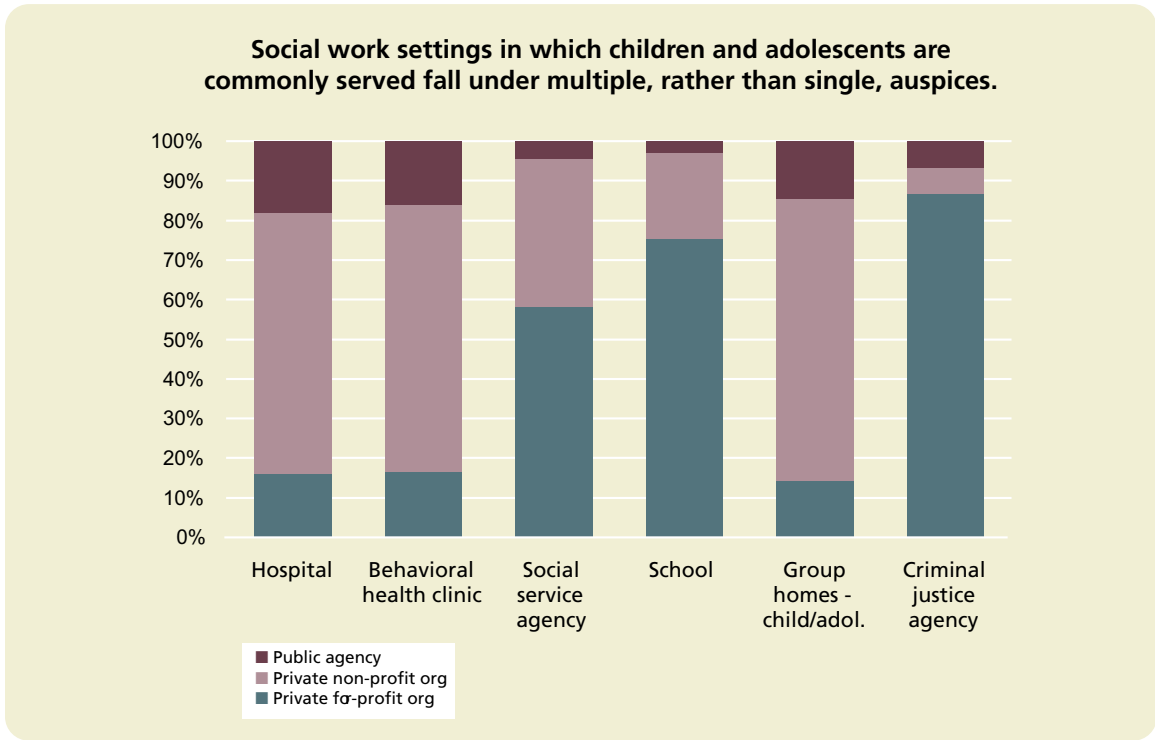
caseload (47%). Half of BSWs working with children and adolescents are employed in the public sector (51%) as compared to fewer than one-third of MSWs (28%) (Figure 2).

FIGURE 2. PERCENTAGES OF SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS WORKING IN SELECTED EMPLOYMENT SECTORS, BY HIGHEST SOCIAL WORK DEGREE



Agency settings that employ social workers fall into multiple sectors and illustrate the broad range of systems of care for young people (Figure 3). Perhaps contrary to popular beliefs, the most common setting for social workers providing services to some children and adolescents is private practice (21%), followed by social service agencies (15%), hospitals (12%), and schools (12%).

FIGURE 3. EMPLOYMENT SETTINGS AND SECTORS



Social workers’ practice areas are related to the settings where they work. Child Welfare/Family is the predominant practice area reported by social workers in social service agencies (67%); the majority of those working in group homes targeted to younger populations identify their practice area as Adolescents (73%); and Mental Health is the most commonly reported practice area of social workers in behavioral health clinics (76%) (Table 1).

TABLE 1. PERCENTAGES OF SOCIAL WORKERS IN SELECTED EMPLOYMENT SETTINGS REPORTING DIFFERENT PRACTICE AREAS

Employment Setting	Top Practice Area	Percent
Hospital	Medical Health	64%
Behavioral Health Clinic	Mental Health	76%
Social Service Agency	Child Welfare/ Family	67%
School	School Social Work	81%
Group Home – Child/Adolescent	Adolescents	73%
Criminal Justice Agency	Criminal Justice	63%

Settings also varied by degree and prevalence of children/adolescents within caseloads. The most common setting for MSWs who serve children and adolescents is private practice (24%), followed by schools (13%), hospitals (13%), and behavioral health clinics (12%). Social service agencies are the most common setting for BSWs who serve children/adolescents, followed by hospitals (13%), and schools (11%).

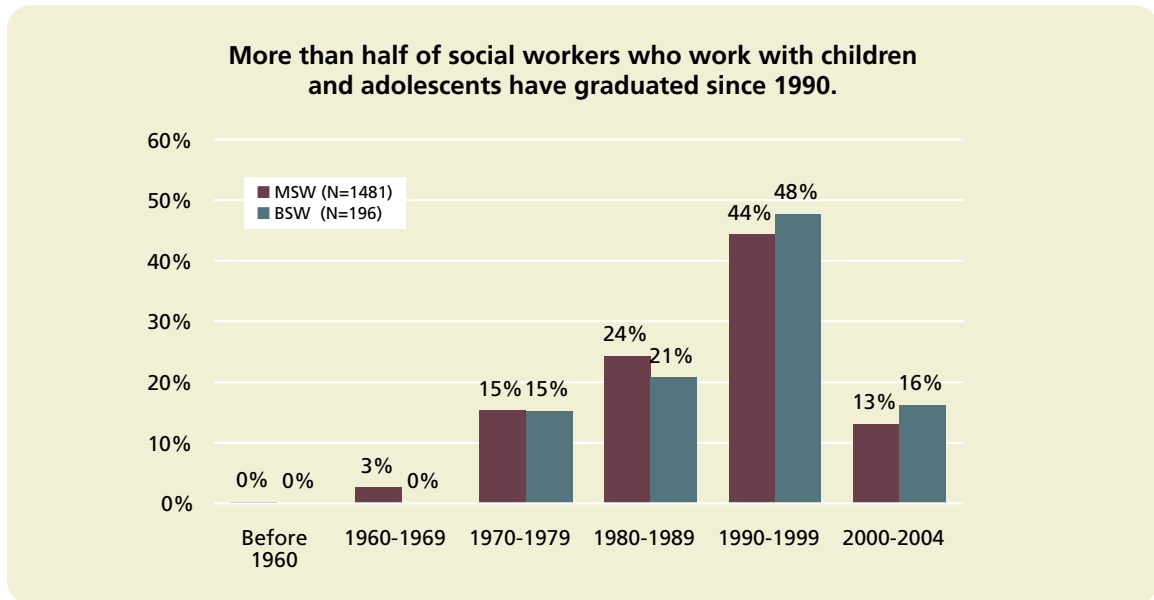
In terms of their continuing commitment to children and their families, the majority (71%) of social workers plan to continue to provide services to children and adolescents and 70 percent plan to remain in their position for the next two years.

- ② The social work profession needs to strengthen the diversity of its recruitment of new social workers to provide services to children and their families.

As a percentage, there are more children of color in the foster care system than in the general U.S. population. However, child abuse and neglect occur at about the same rate in all racial/ethnic groups (National Foster Care Month).

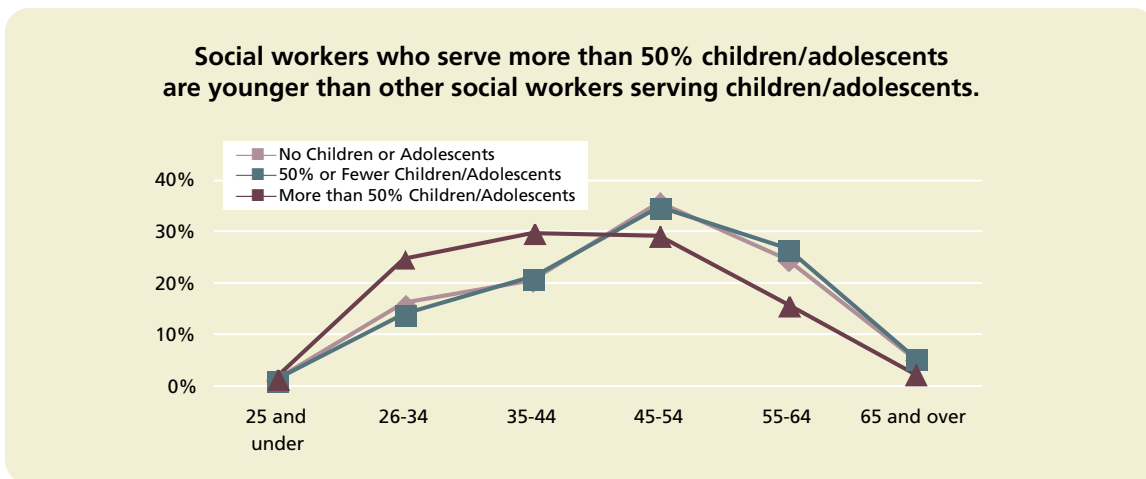
To meet the growing needs of vulnerable children and their families, the social work profession has successfully attracted new professionals to provide services to this population. Eighty-four percent of new graduates (2000-2004) work with some children and/or adolescents. Twenty-two percent of social workers in Child Welfare/Family are recent graduates, compared to 11 percent of social workers serving children and adolescents overall. Approximately three-fifths of those serving children and adolescents (58%) graduated from their first social work degree program since 1990, and 14 percent graduated between 2000 and 2004 (Figure 4).

FIGURE 4. YEAR OF GRADUATION AND INVOLVEMENT WITH YOUTH



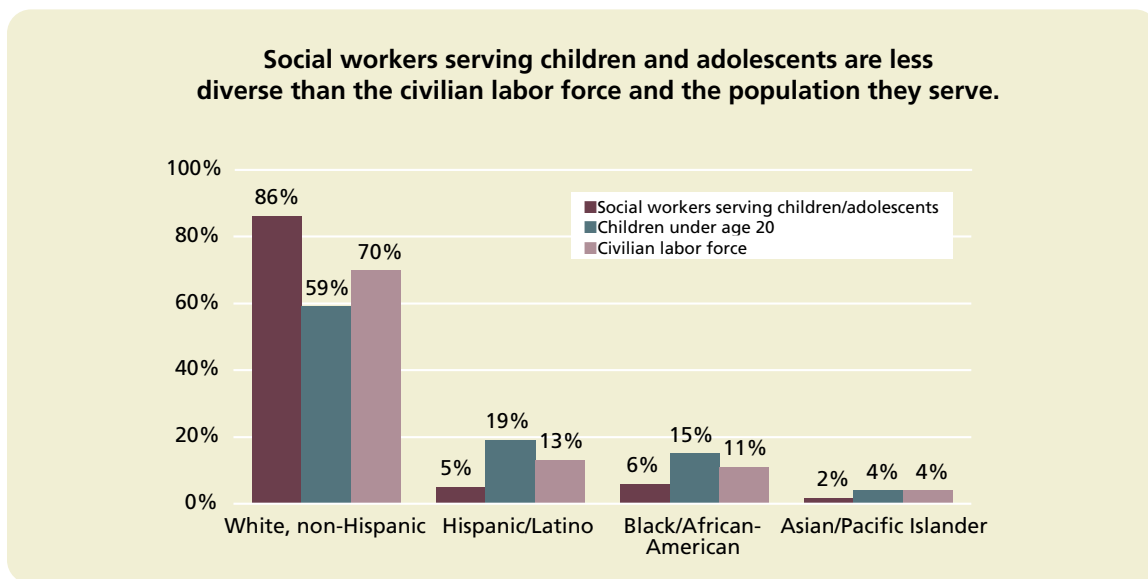
Social workers providing services to children and/or adolescents are slightly younger than licensed social workers overall, with a median of 46 years of age as compared with 49 years. Those in the practice areas of Child Welfare/Family and Adolescents had median ages of 43 and 42 years compared to a median of 48 years for social workers in other practice areas. BSWs who work with children/adolescents were younger than MSWs, with median ages of 40 and 47 respectively. One-fourth (25%) of social workers whose caseloads were predominantly children/adolescents were under the age of 35, compared to 14 percent of those seeing fewer than half children/adolescents. Similarly, only 17 percent of social workers who saw predominantly child/adolescent caseloads were age 55 or older, compared to 31 percent of those who saw fewer than half children/adolescents (Figure 5).

FIGURE 5. AGE DISTRIBUTION OF SOCIAL WORKERS SERVING CHILDREN/ADOLESCENTS



In terms of racial and ethnic diversity, overall, the profession has not kept pace with population trends in terms of its ability to attract social workers of color. Social workers serving children and adolescents are not as diverse as the population they serve (Figure 6). As frontline providers, social work needs to expand the racial and ethnic diversity within its ranks, particularly because children and adolescents are the most racially and ethnically diverse age group in the U.S. population. Data show improvement in the number of students of color recruited into social work education programs. Clearly, this trend needs to be accelerated as well as strategies developed to retain social workers of color who are currently in practice (Lennon, 2004).

FIGURE 6. RACIAL/ETHNIC DISTRIBUTION OF SOCIAL WORKERS SERVING CHILDREN



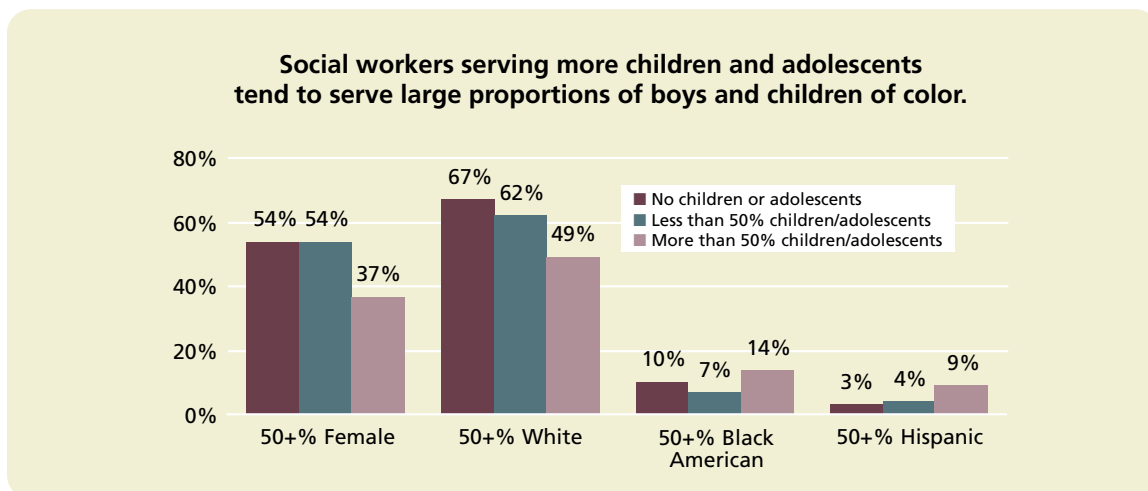
Although social workers who serve children and adolescents are predominantly female (83%), client caseloads tend to be primarily male. More social workers with a practice area of Adolescents are male (23%); nonetheless, 52 percent of social workers in Child Welfare/Family, and 61 percent of those in the practice area of Adolescents serve predominantly male caseloads.

③ Social workers provide services to the country’s most vulnerable children.

In 2001, services to prevent abuse or neglect were provided by state and local government and private agencies to an estimated two million children (ACE, 2003).

Social workers’ young clients and their families face an array of challenges. These youths are more likely to be children of color and to come from environments that are plagued by socioeconomic disadvantages. Fifty-five percent of social workers providing services to children and/or adolescents carry caseloads that are predominantly children of color. Social workers with caseloads of more than 50 percent children and/or adolescents are more likely than other social workers to work with Black/African-American and Hispanic/Latino clients (Figure 7).

FIGURE 7. GENDER AND RACIAL-ETHNIC MIX OF CASELOADS, BY LEVEL OF INVOLVEMENT WITH CHILDREN AND ADOLESCENTS



“Child poverty has increased by over 1.4 million children since 2000, accounting for more than a quarter of the 5.4 million people overall who have fallen into poverty. More than one out of every six American children were poor in 2004” (Children’s Defense Fund, 2005).

Almost half of social workers who serve some children and adolescents report that their clients are most likely to receive health coverage through Medicaid (44%). Private insurance (29%) and Medicare (10%) are the next most often named sources of coverage. Social workers in Child Welfare/Family are much more likely than other social workers to report Medicaid as their clients’ most common health care coverage (74% versus 38%), and less likely to report private insurance (13% versus 32%). Those in the practice area of Adolescents are also more likely to serve primarily Medicaid clients (54%), but do not differ as dramatically from other social workers. BSWs are more likely to report that Medicaid is the most common source of client health coverage than MSWs (65% compared to 41%), and less likely to report that private insurance is the most common source (7% compared to 32%).

The percentage of social workers reporting that Medicaid is the most common source of health coverage among their clients is much higher in the public sector and non-profit sector (61% and 51%) than in the for-profit sector or in private practice (37% and 10%). Among social workers who serve children and adolescents, client coverage varies strikingly by setting as seen in Table 2.

TABLE 2. MOST COMMON SOURCE OF CLIENT HEALTH COVERAGE, BY EMPLOYMENT SETTING

Type of Insurance	Hospital (N=202)	Behavioral Health Clinic (N=172)	Social Service Agency (N=247)	School (N=268)	Group Home (N=37)	Criminal Justice Agency (N=29)
Medicaid	34%	58%	71%	51%	88%	33%
Medicare	38%	3%	4%	2%	0%	5%
Private Insurance	19%	25%	12%	15%	0%	5%
Private Pay	1%	2%	3%	3%	4%	0%
Not Insured	8%	10%	5%	5%	4%	29%
Don't Know	2%	3%	4%	24%	4%	29%

Problems with alcohol or drug abuse are estimated to exist in up to 80 percent of the families known to the child welfare system (Substance Abuse and Mental Health Services Administration, [SAMHSA], 2003).

Social workers in rural areas are much more likely than those in small towns and micropolitan areas to have caseloads with children who have Medicaid coverage (70% versus 56% and 57%), while those in metropolitan areas are least likely to report such caseloads (42%). Those in metropolitan areas are more likely to work with privately insured populations (31%) compared to those in micropolitan areas (19%), small towns (11%), and rural areas (12%).

Family functioning (76%), mental health conditions (65%), school problems (61%), abuse/neglect (47%), and socioeconomic disadvantage (47%) are the most frequent presenting problems of children and adolescents (Table 3).

The most common presenting problems of children seen by social workers in Child Welfare/Family are family functioning (84%), abuse/neglect (81%), and socioeconomic disadvantage (66%). The most common presenting problems of youths seen by social workers in Adolescents are family functioning (85%), school problems (83%), and mental health conditions (75%). Indicative of their desire to respond to client needs, social workers in Child Welfare/Family and in Adolescents were more interested in substance abuse training than were social workers in other practice areas. Social workers in Child Welfare/Family also expressed more dissatisfaction than other social workers with their clients' access to medications, medical care, and mental health care.

TABLE 3. PERCENTAGES REPORTING PROBLEM IS FREQUENT AMONG THEIR CHILD/ADOLESCENT CLIENTS (BASED ON A 4 OR 5 ON 5-POINT SCALE)

Presenting Problem	All	MSWs	BSWs	Child Welfare/		NPA
				Adolescents	Adolescents	
Family Functioning	76%	78%	64%	84%	85%	74%
Mental Health						
Conditions	65%	68%	50%	58%	75%	66%
School Problems	61%	63%	45%	52%	83%	60%
Abuse/Neglect	47%	45%	51%	81%	50%	39%
Socioeconomic						
Disadvantage	47%	46%	55%	66%	50%	43%
Substance Abuse	30%	29%	36%	42%	44%	26%
Foster Care	21%	19%	33%	58%	27%	14%
Medical Conditions	21%	19%	29%	15%	7%	24%
Disability	20%	18%	28%	13%	6%	22%
Juvenile Justice	19%	17%	25%	23%	45%	16%
Adoption/						
Reunification	15%	13%	25%	48%	11%	8%
End-of-Life/						
Palliative	5%	4%	7%	2%	0%	6%

TABLE 4. PERCENTAGES REPORTING PROBLEM IS FREQUENT AMONG THEIR CHILD/ADOLESCENT CLIENTS (BASED ON A 4 OR 5 ON 5-POINT SCALE), BY EMPLOYMENT SECTOR

Problem Category	Public	Non-Profit	For-Profit	Private Practice
Abuse/Neglect	60%	47%	38%	27%
Adoption/Reunification	16%	15%	12%	11%
Disability	27%	19%	23%	5%
End-of-Life/Palliative	2%	8%	7%	1%
Family Functioning	77%	74%	72%	81%
Foster Care	27%	21%	18%	11%
Juvenile Justice	26%	17%	15%	12%
Medical Conditions	21%	27%	26%	8%
Mental Health Conditions	61%	61%	69%	78%
School Problems	64%	54%	56%	65%
Socioeconomic Disadvantage	62%	51%	40%	20%
Substance Abuse	36%	25%	35%	24%

Certain types of presenting problems are more likely to be characterized as frequent by social workers in different sectors. Those in the public sector are more likely than other social workers to see problems related to abuse/neglect, foster care, juvenile justice, and socioeconomic disadvantage (Table 4).

The presenting problems of children/adolescents varied by setting. Despite this variation, family functioning was among the most frequent three problems in all six settings. Mental health conditions and school problems were each in the top three in three of the six settings (Table 5).

TABLE 5. TOP THREE PRESENTING PROBLEMS FOR SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS, BY EMPLOYMENT SETTING

Employment Setting	Top 3 Presenting Problems
Hospital	Medical conditions
	Family functioning
	Socioeconomic disadvantage
Behavioral Health Clinic	Family functioning
	Mental health conditions
	School problems
Social Service Agency	Family functioning
	Abuse/neglect
	Socioeconomic disadvantage
School	School problems
	Family functioning
	Mental health conditions
Group Home	Family functioning
	Abuse/neglect
	Mental health conditions
Criminal Justice Agency	Juvenile justice
	Family functioning
	School problems

TABLE 6. PERCENTAGES REPORTING PROBLEM IS FREQUENT AMONG THEIR CHILD/ADOLESCENT CLIENTS (BASED ON A 4 OR 5 ON 5-POINT SCALE), BY PRACTICE LOCATION

Problem Category	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Abuse/Neglect	44%	57%	65%	66%
Adoption/Reunification	14%	20%	20%	19%
Disability	20%	18%	20%	28%
End-of-Life/Palliative	5%	3%	4%	3%
Family Functioning	76%	78%	80%	84%
Foster care	20%	28%	28%	27%
Juvenile Justice	18%	22%	29%	27%
Medical Conditions	22%	16%	22%	23%
Mental Health Conditions	66%	60%	68%	71%
School Problems	61%	61%	60%	66%
Socioeconomic Disadvantage	46%	51%	58%	64%
Substance Abuse	28%	32%	45%	36%

Presenting problems also vary by practice location. Social workers in small towns and rural areas are more likely to say that abuse/neglect, juvenile justice, socioeconomic disadvantage, and substance abuse are frequent issues among the children in their caseload (Table 6).

Poor children are more likely to experience a wide array of chronic health problems, particularly severe conditions such as mental retardation, heart problems, poor hearing, and digestive disorders (Currie, 2005).

Social workers were asked about the complexity of problems addressed among the children in their caseload at three levels: very complex, complex, and not complex. Almost all reported having some child clients with very complex or complex problems (96% and 97%, respectively), while fewer reporting having some child clients with problems that were not complex (69%).

Nearly half (46%) said that more than half of their caseload had very complex problems; nearly one-third (32%) said that more than half of their caseload had complex problems; and only 6 percent said that more than half had problems that were not complex. This varied little by highest social work degree.

Those in Child Welfare/Family and Adolescents were more likely than others to report that more than half of the children in their caseload had very complex problems (57% and 52%, respectively).

The complexity of cases varied substantially by setting, Social workers in group homes were most likely to have caseloads that were predominantly very complex (68%), while those in social service agencies and private practice were most likely to have caseloads that were predominantly not complex (7%) (Table 7).

TABLE 7. DEGREE OF COMPLEXITY OF PRESENTING PROBLEMS REPORTED BY SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS, BY EMPLOYMENT SETTING

More than 50% of children in caseload have problems that are...

	Private Practice	Hospital	Behavioral Health Clinic	Social Service Agency	School	Group Home	Criminal Justice Agency
Very complex	40%	40%	50%	53%	40%	68%	50%
Complex	33%	25%	27%	33%	31%	26%	37%
Not complex	7%	5%	5%	7%	5%	0%	4%

④ Organizations serving children and families are experiencing stressors that hinder their ability to retain licensed social work professionals.

Although the profession has successfully recruited new graduates to practice with children, adolescents, and their families, retention of these social workers is a paramount concern. Almost half of social workers serving children and/or adolescents have worked with their current employer for five or fewer years.

Changes in the work environment are evident and have placed additional demands on social workers that may affect their retention in the field. In the past two years, more than three-fifths of social workers who provide services to children and adolescents report increases in paperwork (74%), severity of client problems (73%), caseload size (68%), and waiting lists for services (60%). Approximately half report services eligible for funding decreased (52%); eligibility requirements for services increased (51%); and clients presenting for reasons other than personal choice (e.g. being court-mandated to receive services) increased (46%).

Social workers in the practice area of Child Welfare/Family were more likely than social workers in other practice areas to report that oversight had increased (62% versus 49%), that clients receiving services for reasons other

than personal choice had increased (58% versus 43%), and that social work staffing had decreased (39% versus 31%). Those in Adolescents were more likely to report that the severity of client problems had increased (82% versus 72%). In addition, social workers who carry caseloads of more than 50 percent children and adolescents were more likely than those who saw fewer children/adolescents to report that the severity of client problems had increased (78% versus 69%).

Social workers who served children and adolescents were most likely to be satisfied with the amount of their time to provide clinical services and address presenting problems, and most likely to be dissatisfied with their time to perform administrative tasks and conduct investigations. This dissatisfaction may be particularly important for retention, as the failure to investigate reports of abuse/neglect is an area where social workers frequently receive the most public criticism.

Compensation is also an issue for this cohort of social workers. Although 70 percent of social workers who provide services to children and/or adolescents are satisfied with their compensation packages, the more social workers identify with this practice focus, the less they earn. For instance, social workers in the practice areas of Child Welfare/Family and Adolescents earn less than other social workers regardless of degree. Social workers in these practice areas are less satisfied with their wages, but more satisfied with benefits. Also, MSWs and BSWs carrying caseloads of more than 50 percent children/adolescents earn less than social workers with similar degrees serving fewer children and adolescents.

Median salaries for full-time social workers working for a single employer vary according to demographic characteristics such as gender, race/ethnicity, and practice location (Table 8). For instance, men earn \$5,834 per year more than women in the practice areas of Child Welfare/Families and Adolescents.

TABLE 8. MEDIAN SALARIES OF FULL-TIME SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS, BY DEMOGRAPHIC CHARACTERISTICS AND DEGREE

Characteristic or Degree	Median Salary MSW	Median Salary BSW
Gender		
Male	\$52,778	\$39,238
Female	\$46,207	\$34,108
Race/Ethnicity		
Non-Hispanic white	\$47,097	\$34,524
Black/African-American	\$48,181	\$29,387
Hispanic/Latino	\$49,268	\$38,552
Asian/Pacific Islander	\$50,132	\$39,855
Native American/Alaskan Native	\$41,082	\$34,558
Practice Location		
Metropolitan	\$47,649	\$34,294
Micropolitan	\$43,759	\$33,918
Small town	\$42,152	\$38,571
Rural	\$49,595	\$31,343

Job safety is also a concern for social workers who provide services to children, adolescents, and their families. More than half (55%) of social workers face personal safety issues on the job; and 68 percent of these social workers indicated that their employers have *not* adequately addressed their concerns. Social workers in Child Welfare/Family were more likely than those not in this practice area to have job safety concerns (60% versus 46%) and less likely to report that their concerns were addressed (59% versus 71%). BSWs were more likely to identify job safety concerns than MSWs (61% compared to 54%), but were no more or less likely to report that their issues were adequately addressed.

Social workers employed in criminal justice agencies were most likely to report such issues (77%), followed by social service agencies (62%), group homes (61%), and behavioral health clinics (60%). Those in schools and hospitals were least likely to report such issues (51% and 46%, respectively). Social workers in criminal justice agencies and group homes were, however, most likely to report that their issues are adequately addressed (78% and 76%), while those in social service agencies were least likely to report that their issues are addressed (56%).

- 5 The supply of licensed social workers is insufficient to meet the needs of organizations serving children and families.

Staff vacancies, difficulty in filling vacancies, and outsourcing positions are frequently symptomatic of labor market shortages. Study findings indicate that all three dynamics are reported by respondents in organizations serving children and families. Staff vacancies are a concern for most agencies that provide services to vulnerable children and their families and for the larger community as well. In fact, 72 percent of social workers who serve children and adolescents rate adequate staffing as important to improving care provided to children and their families.

Twenty-one percent of social workers who work with children/adolescents report that vacancies in their agencies are common, and 21 percent report that vacancies are difficult to fill. This does not differ substantially by degree. The practice area of Child Welfare/Family appears the most vulnerable to both the number of staff vacancies and the difficulty of filling vacancies as illustrated by Table 9.

TABLE 9. RATINGS BY SOCIAL WORKERS OF VACANCIES AND RESPONSES

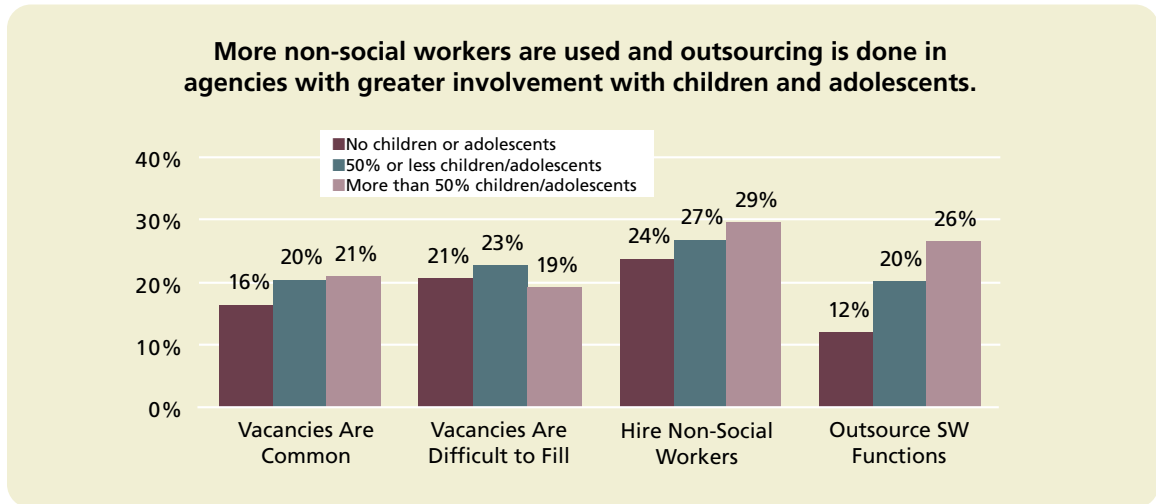
Vacancy Situation	All	Child Welfare/ Family		Adolescents		Not practice area	
		MSWs	BSWs	MSWs	BSWs	MSWs	BSWs
		Vacancies are common	21%	36%	47%	18%	17%
Vacancies are difficult to fill	21%	19%	30%	22%	17%	22%	16%
Hire non-SWs	28%	44%	42%	26%	36%	23%	29%
Outsource SW functions	23%	41%	36%	34%	13%	19%	18%

Reports of vacancies were more common among social workers in the public sector (26%) than in either the for-profit or non-profit private sectors (both 17%). Social workers in private for-profit organizations were most likely to report that vacancies were difficult to fill (25%), followed by public agencies (22%). Those in non-profit organizations were least likely to report difficulty in filling positions (19%).

Social workers were much less likely to report that vacancies were common in metropolitan areas (17%) than in micropolitan areas, small towns, or rural areas (26%, 26%, and 28% respectively). They were also much less likely to report that vacancies were difficult to fill (18%) than those in micropolitan areas (27%), small towns (35%), and rural areas (37%).

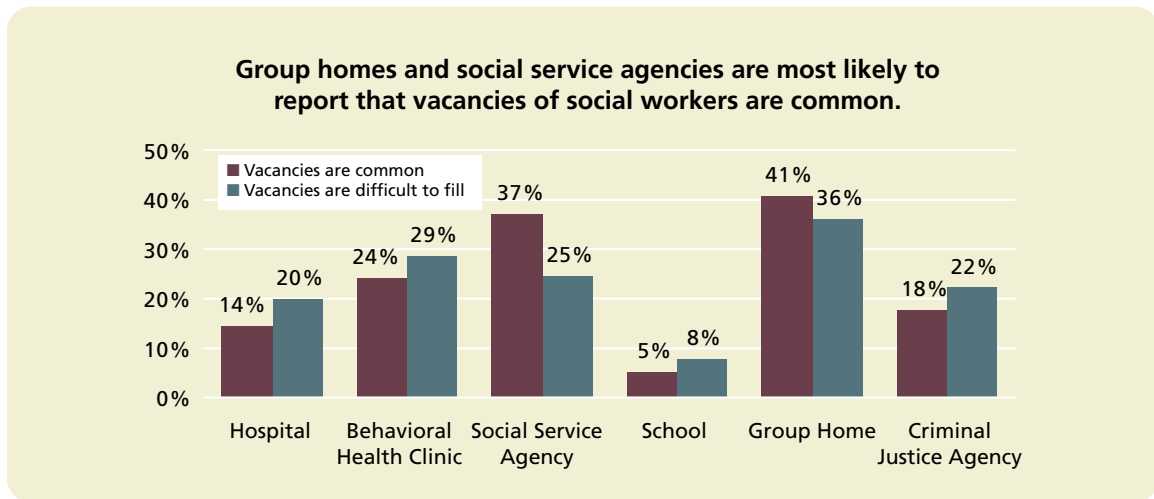
Variation in agency social work hiring experiences by level of involvement with children/adolescents is shown in Figure 8. It is interesting to note that the use of non-social workers and outsourcing increases in agencies with greater involvement with children and adolescents.

FIGURE 8. SOCIAL WORK HIRING EXPERIENCES BY LEVEL OF INVOLVEMENT WITH CHILDREN AND ADOLESCENTS



Frequency of vacancies also varies with employment setting. Social workers in group homes and social service agencies were most likely to report vacancies (41% and 37%, respectively), while those in schools were least likely to do so (5%). Social workers in group homes were also most likely to report that vacancies are difficult to fill (36%), while those in schools were least likely to do so (8%) (Figure 9).

FIGURE 9. SOCIAL WORK HIRING EXPERIENCES BY EMPLOYMENT SETTING



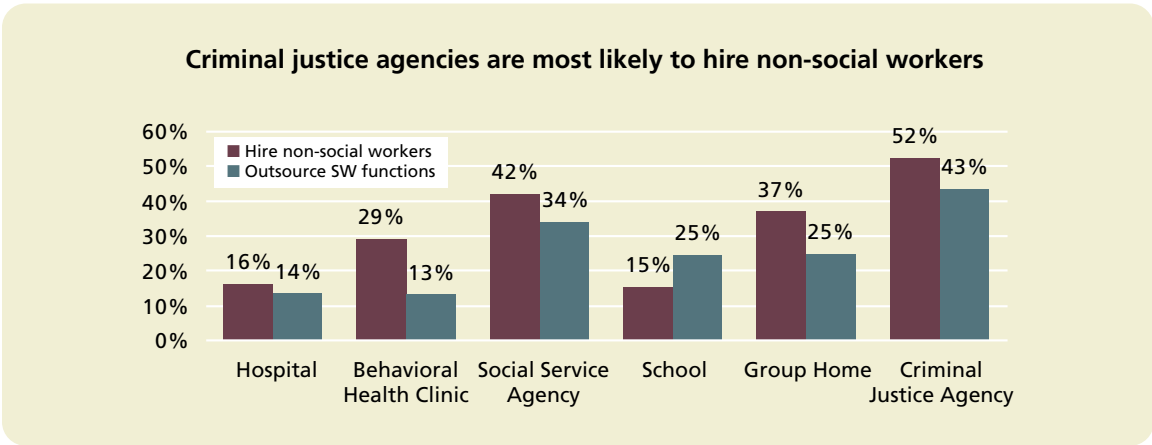
Outsourcing job functions or hiring less qualified applicants is another symptom of labor market shortages. Twenty-three percent of social workers report their agencies outsource social work jobs, and 28 percent report that social work positions were filled by individuals who lack professional social work training. BSWs were much more likely than MSWs to report that their agency hired non-social workers for social work roles (33% versus 23%), but reports of outsourcing did not vary by degree.

Social workers in Child Welfare/Family were more than twice as likely as those not in this practice area to report outsourcing (38% versus 18%) and hiring of non-social workers (45% versus 21%). Those in Adolescents were also more likely to report outsourcing of social work functions (30%).

Hiring of non-social workers was most common in small towns (36%) compared to metropolitan areas (24%), micropolitan areas (28%), and rural areas (28%), while outsourcing was most common in micropolitan areas (27%) compared to metropolitan areas (21%), small towns (22%), and rural areas (23%).

Filling vacant positions is most difficult in public and non-profit agencies serving families and children. Consequently, those organizations are most likely to outsource positions or hire applicants that are less qualified in order to respond to the demand for services within communities. Staffing difficulties are most acute in social service agencies and in criminal justice settings as noted in Figure 10.

FIGURE 10. PERCENTAGES OF SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS REPORTING OUTSOURCING OF SOCIAL WORK FUNCTIONS AND HIRING OF NON-SOCIAL WORKERS TO FILL SOCIAL WORK ROLES, BY EMPLOYMENT SETTING



Conclusion

The 2004 study of licensed social workers serving children and their families was designed to help illuminate the current number, qualifications, roles, and tasks of social workers in providing frontline services to a vulnerable population. In order to plan for and improve care to young people and their families, the social work profession is now better equipped to develop action strategies based on data from the active workforce.

This study affirms the social work profession's commitment to children, adolescents, and their parents, particularly to those families who are disadvantaged and vulnerable. The profession, while successfully recruiting new social workers to become engaged in work with children and families, faces challenges in terms of ensuring that social workers' work environment, levels of compensation, and safety are adequately addressed to retain this crucial segment of the workforce.

One of the critical questions for the social work profession is whether there will be sufficient numbers of social workers to meet the needs of society in the future, especially to provide services to a growing number of vulnerable children and families. Yet, even as demand for services increases, social workers report vacancy rates in their agencies that are alarming. More distressing is the agency practice of hiring individuals without social work training to perform social work jobs. This practice not only disadvantages individuals by placing them in situations for which they are not prepared, but worse, increases the vulnerability of families who turn to these agencies for help.

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Footnotes

- 1 Eight percent of the respondents to the 2004 survey did not have degrees in social work. These individuals are older practitioners who have been permitted to retain licenses earned earlier in their careers even though the formal requirements have since become more stringent. Data related to these practitioners are not reported in tables or charts, but may be referenced in text.
- 2 Estimates of the number of social workers in the United States range from 840,000 self-reported social workers in the 2000 Current Population Survey (only 600,000 of whom have at least a bachelor's degree), to 450,000 employer-classified social work jobs reported to the U.S. Bureau of Labor Statistics, to the 300,000 social workers licensed by the 50 states and the District of Columbia, to the estimated 190,000 clinical social workers described by West et al. in *Mental Health, United States, 2000*.
- 3 Council on Social Work Education (CSWE), <http://www.cswe.org>
- 4 Public sector includes agencies in the federal, state, and local government and the military.
- 5 In the 2004 Licensed Social Worker Study, private practice is separated from the for-profit sector. This permits distinguishing experience and trends of those who are self-employed from those who are employees of for-profit organizations.



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